

**My novel, 'The Death's Head Chess Club,' is available from all good book sellers.  
In hardback, Kindle and audio book. Paperback due October 2015.**

For reviews see:

[www.amazon.co.uk/product-reviews/B00R4NM5MW/ref=acr\\_search\\_all?ie=UTF8&showViewpoints=1](http://www.amazon.co.uk/product-reviews/B00R4NM5MW/ref=acr_search_all?ie=UTF8&showViewpoints=1)

# Preventing relapse in schizophrenia: a real priority or only a tick-box exercise?

**Medicines in Mental Health Ltd**

- Home
- About MMH
- Services
- Education
- Treatment adherence
- Adherence reports
- Patient Information
- Research
- Contact
- Useful links

## Improving the use of medicines in severe mental illness

Medicines in Mental Health Ltd offers a range of services designed to obtain maximum benefit from medicines in the treatment of severe mental illness.

**John Donoghue**  
**Liverpool**

*“L’imagination est plus importante que le savoir”*

**Albert Einstein**



# How important is prevention?

## Fukushima nuclear power station, Japan

### Preventative measures in depth

- Reactors on hydraulic shock absorbers ✓
- Automatic reactor shut-down in event of earthquake ✓
- Each reactor: 2 emergency diesel generators in case of power loss ✓
- Automatic pumps to continue cooling reactor ✓
- 10m high sea wall

**11 March, 2011 – EARTHQUAKE!**

# How important is prevention?



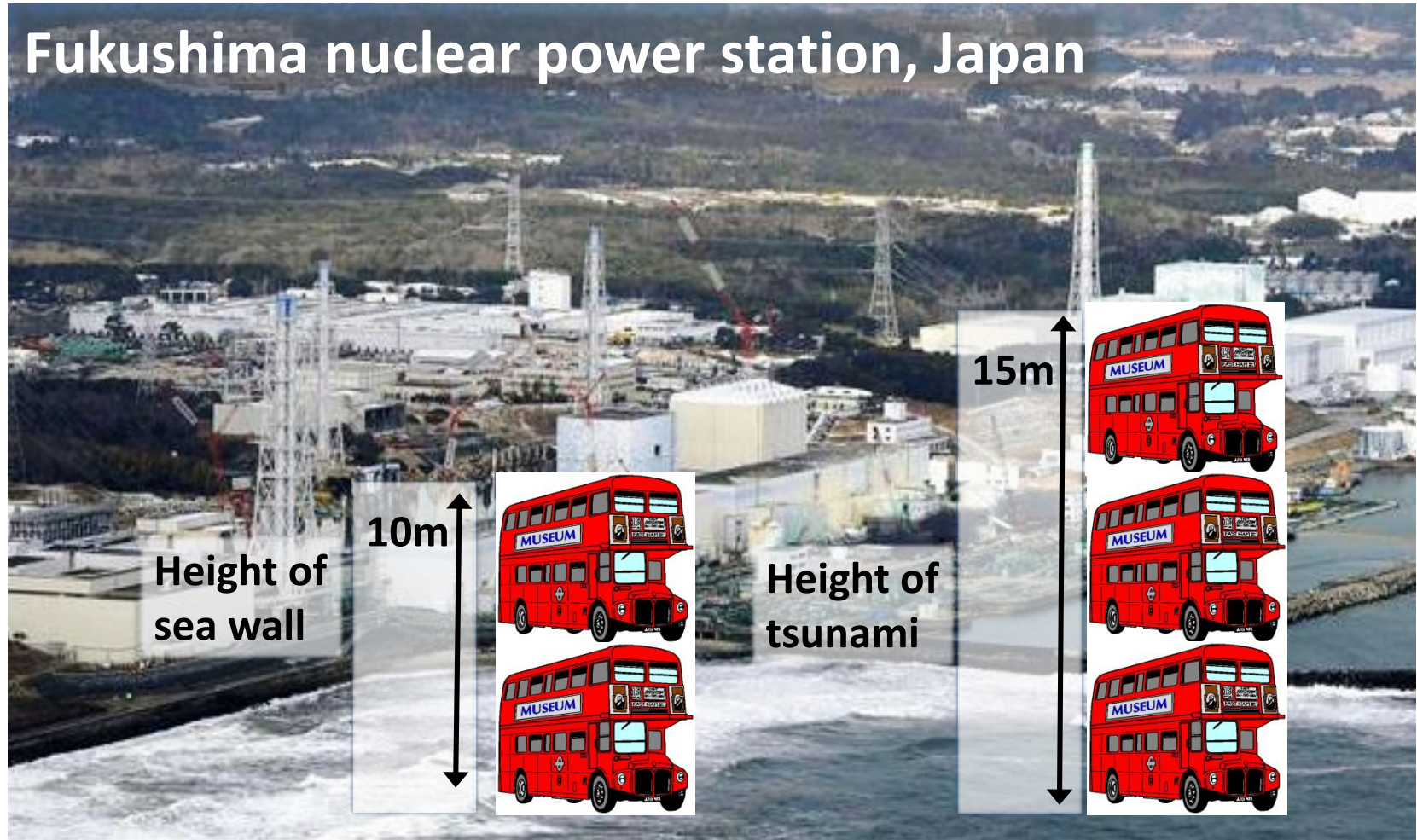
**1 hour later**





# How important is prevention?

Fukushima nuclear power station, Japan

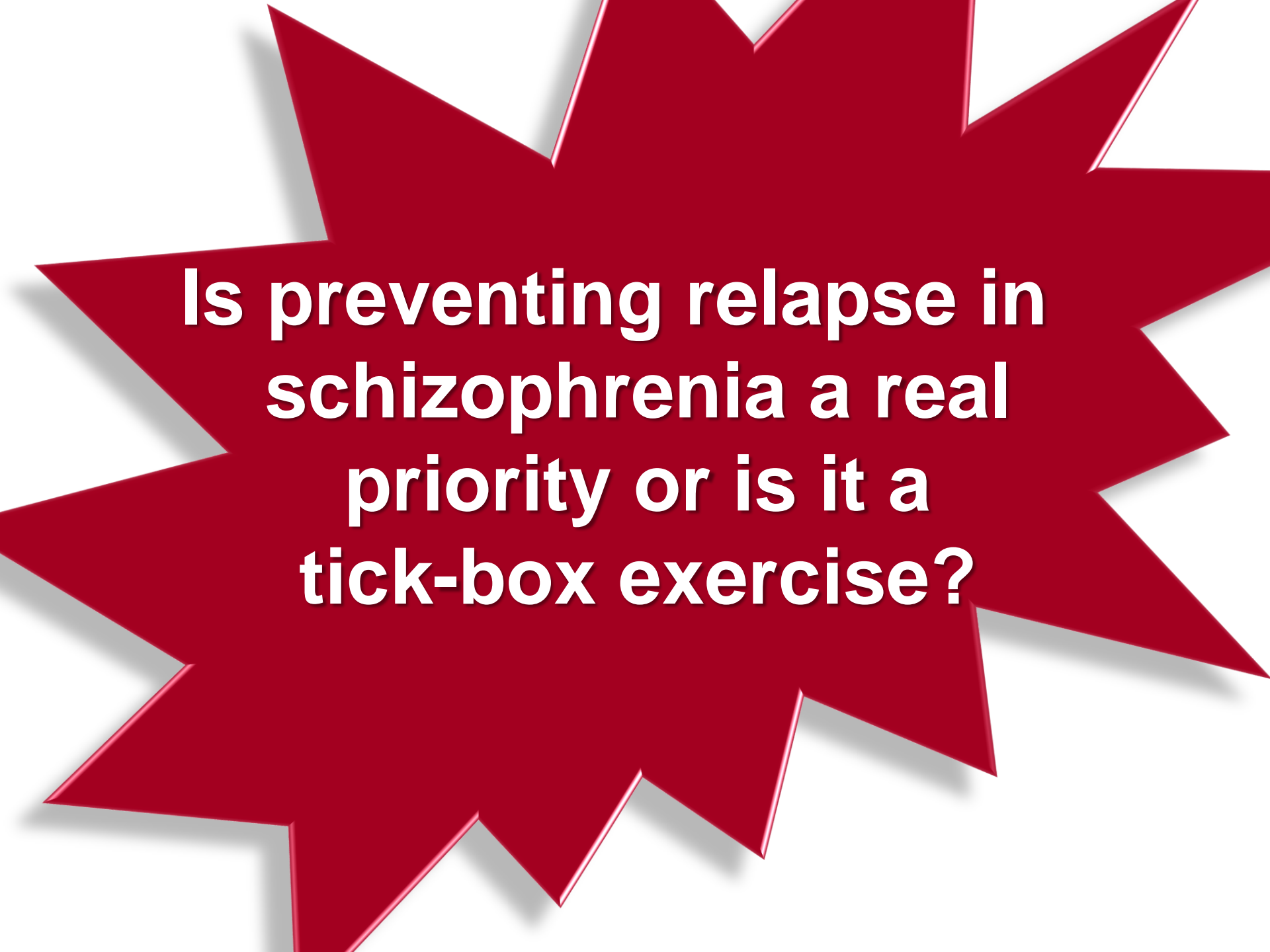


# How important is prevention?

Fukushima nuclear power station







**Is preventing relapse in  
schizophrenia a real  
priority or is it a  
tick-box exercise?**



Improving the lives of people with mental illness



**DISCOVER PSYCHIATRY**

Key facts about psychiatry

**TRAIN IN PSYCHIATRY**

Training, exams & events

**WORK IN PSYCHIATRY**

Supporting members and services

**USEFUL RESOURCES**

Access our shop

▶ Royal College of Psychiatrists

- ▶ Discover Psychiatry
- ▶ Train in Psychiatry
- ▶ Work in Psychiatry
- ▶ Useful Resources
- ▶ Health Advice

## **Trainee psychiatrist survey reveals mental health beds crisis**

Embargoed until 02 June 2014

Cuts to mental health services mean that patients are being sent home in the absence of a bed – or being sectioned to secure one, a survey by the Royal College of Psychiatrists' Psychiatric Trainees' Committee (PTC), has revealed.

“These practices signify serious risk to patients due to a crippling lack of resources. The fact that psychiatrists are having to consider sectioning patients to secure something as basic as a bed is a huge warning sign of extreme under provision.”



# QUESTIONS

- How important is schizophrenia?
  - How important is it to prevent relapse in schizophrenia?
- Is it important enough to do anything meaningful about it?
  - What can be done to support relapse prevention?

# Schizophrenia

- Most common form of psychotic disorder
- Lifetime prevalence 0.4% to 1.4%
- Over 80% of adults have persistent problems with social functioning
- Premature mortality approx 50% above that of the general population



# Outcomes of public concern



“Schizophrenia is arguably the worst disease affecting mankind, even AIDS not excepted”

Editorial. Where next with psychiatric illness?  
*Nature* 1988;336:95-96



# QUESTIONS

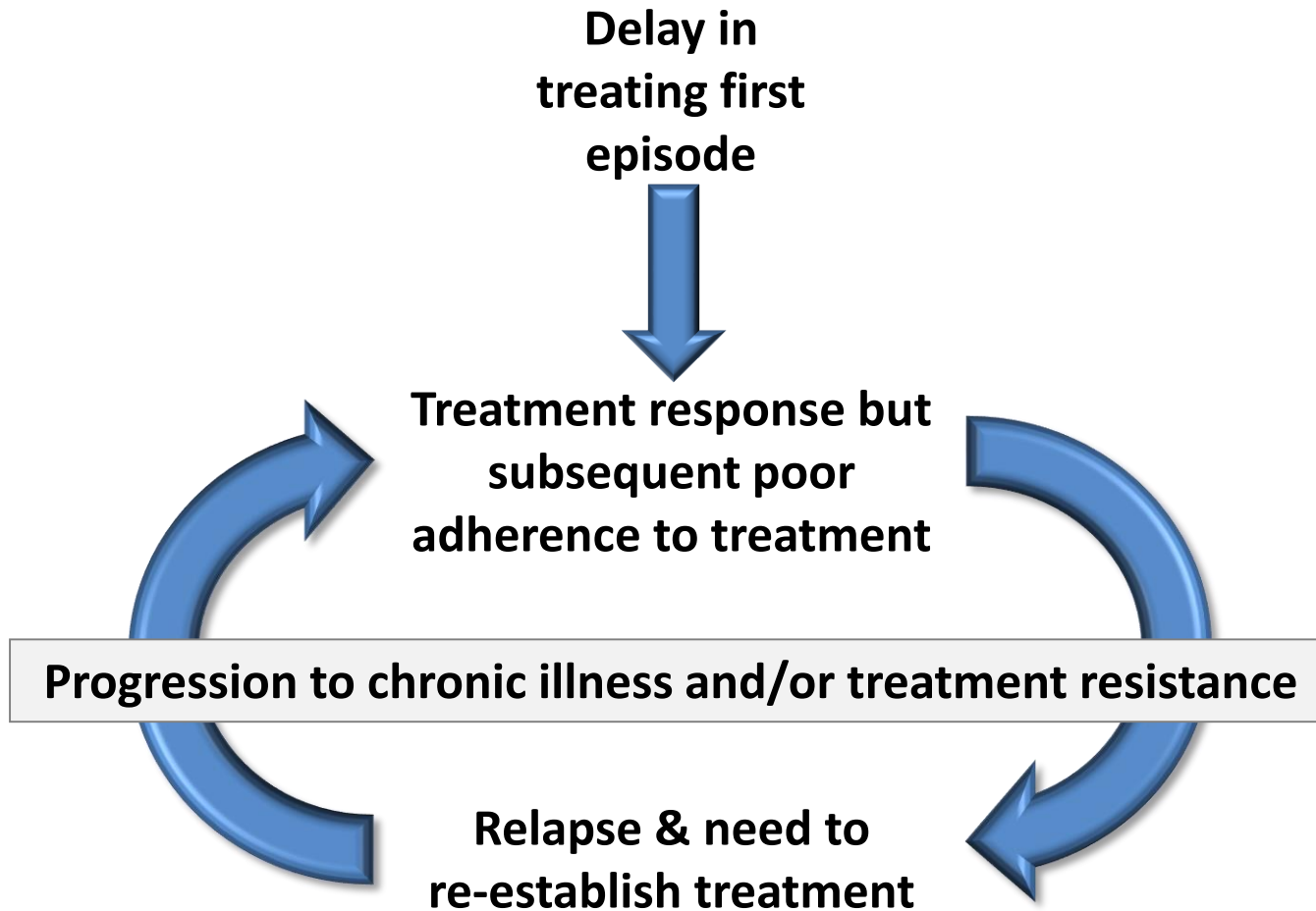
- How important is schizophrenia?

- How important is it to prevent relapse in schizophrenia?

- Is it important enough to do anything meaningful about it?

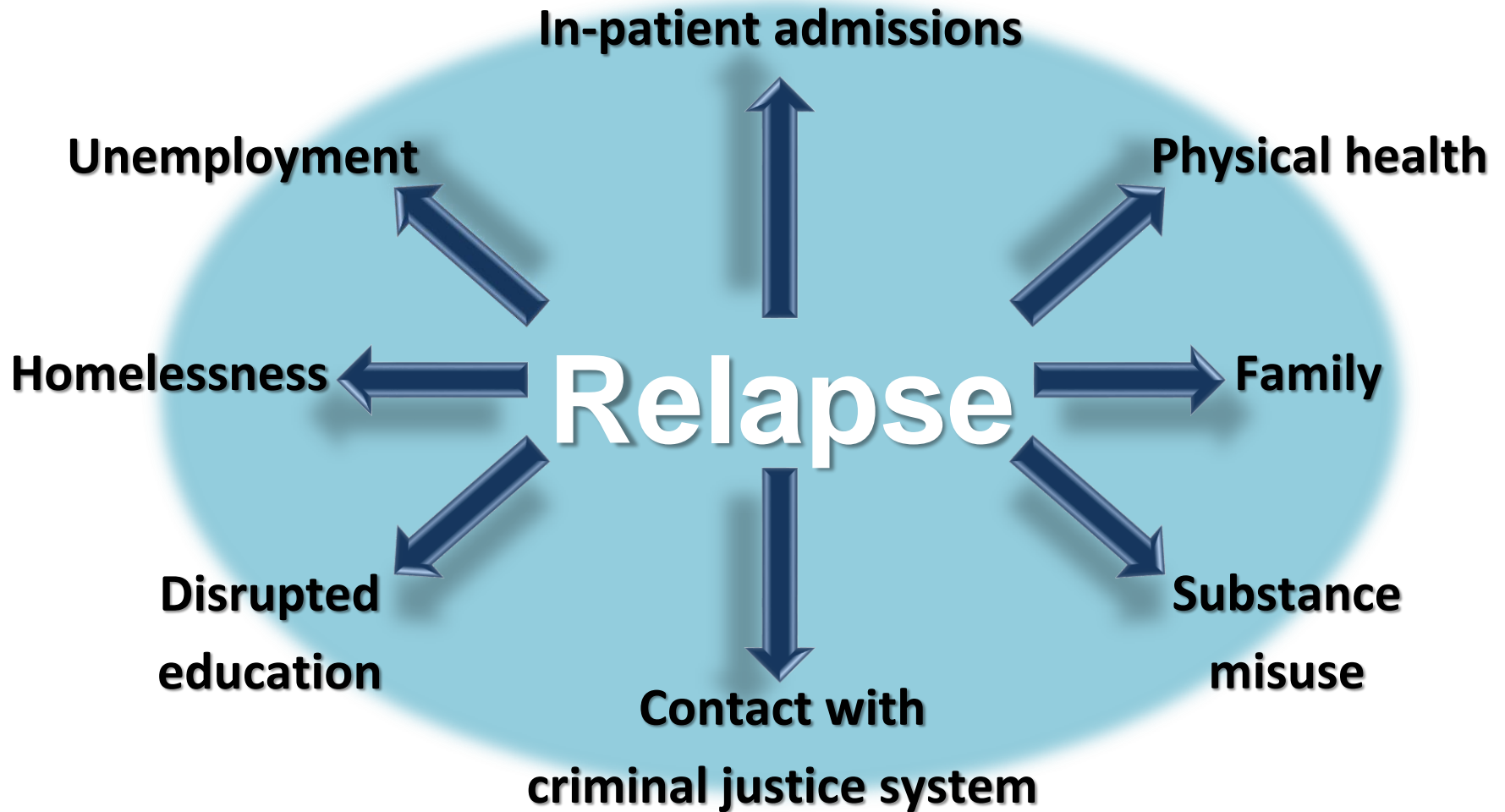
- What can be done to support relapse prevention?

# Revolving door = vicious cycle





# What is the impact of relapse?



# QUESTIONS

- How important is schizophrenia?

- How important is it to prevent relapse in schizophrenia?

- Is it important enough to do anything meaningful about it?

- What can be done to support relapse prevention?

**What does relapse and subsequent admission to an acute psychiatric unit cost your trust?**



# Hospital Episode Statistics

## Unplanned admissions for schizophrenia

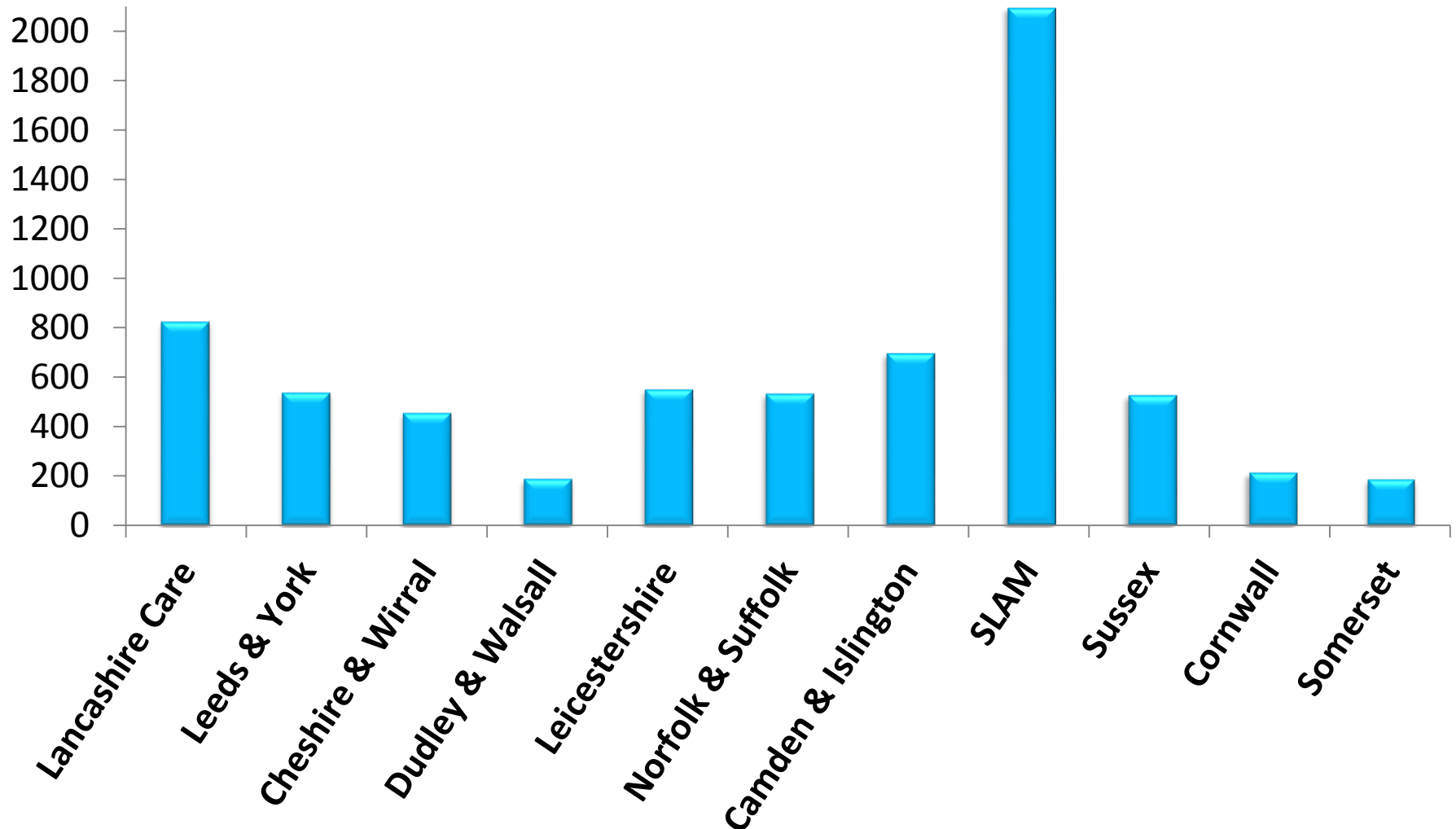
- Number of admissions
- Average length of stay
- Patients re-admitted in same year
- Estimated average cost/admission
- Estimated total cost
- Estimated cost of re-admission

# Selected Mental Health Trusts



# HES: Unplanned Schizophrenia Hospital Admissions

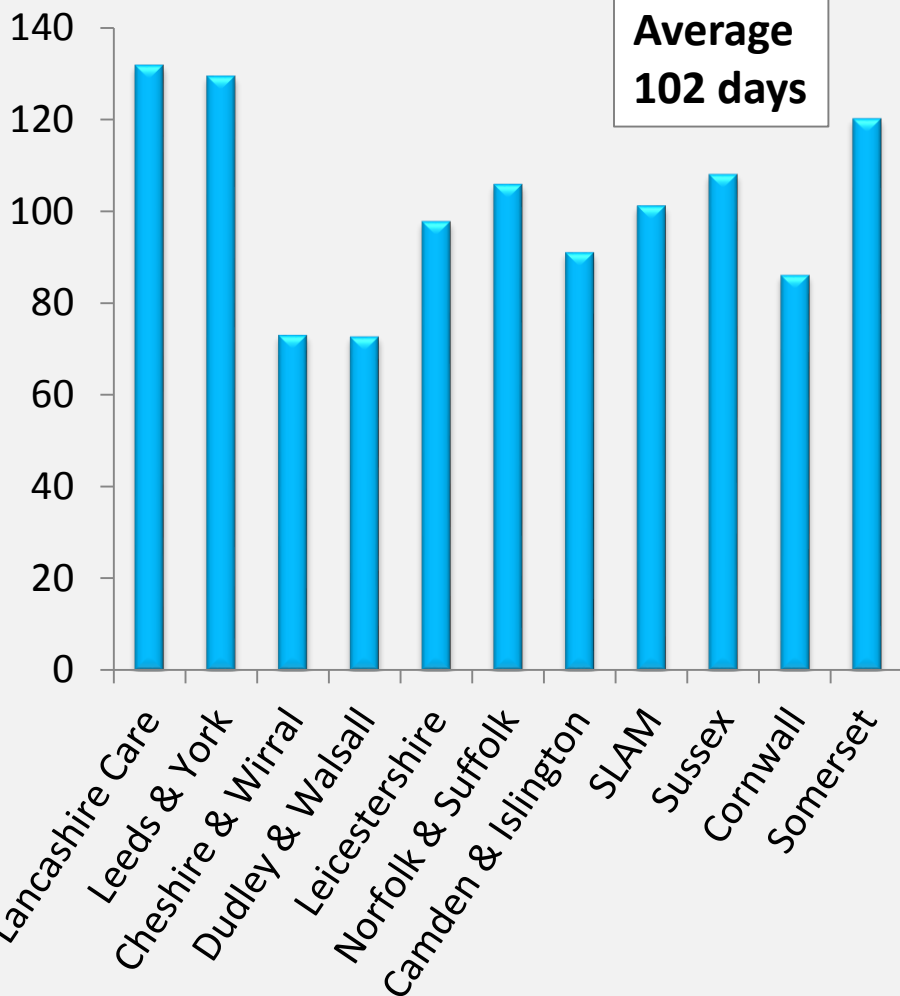
## Total admissions



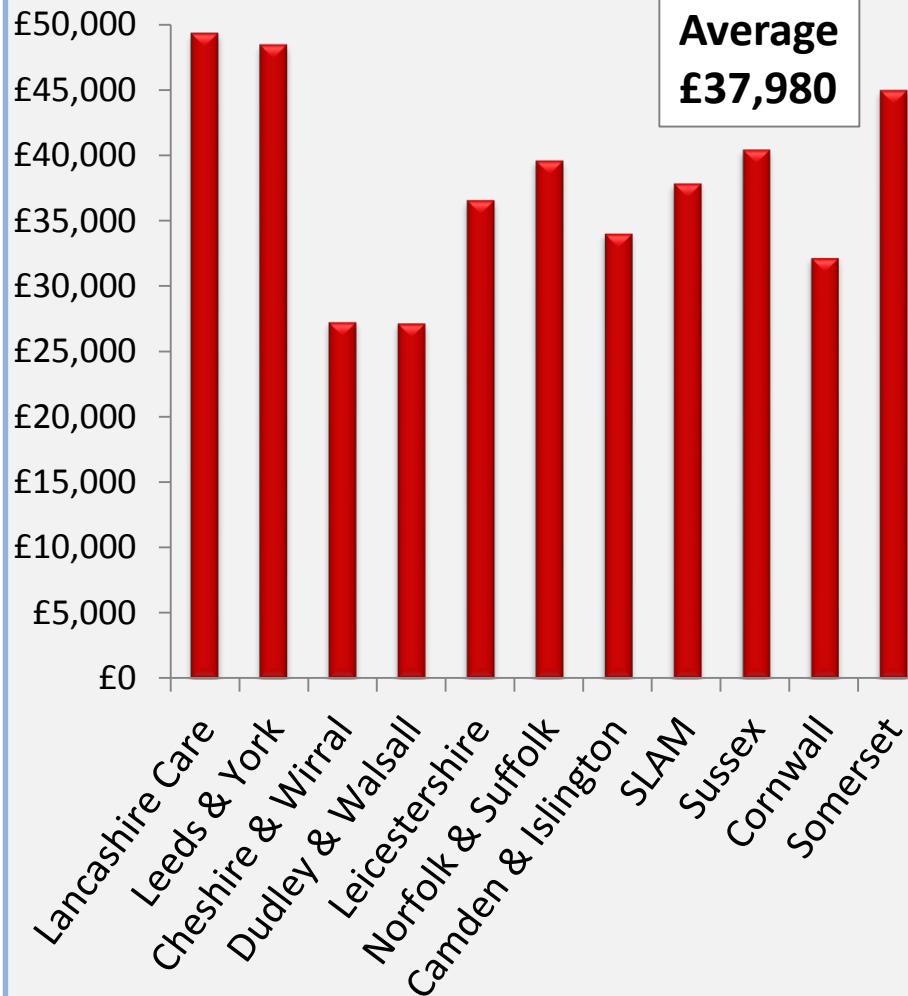


# HES: Unplanned Schizophrenia Hospital Admissions

## Average LoS (days)



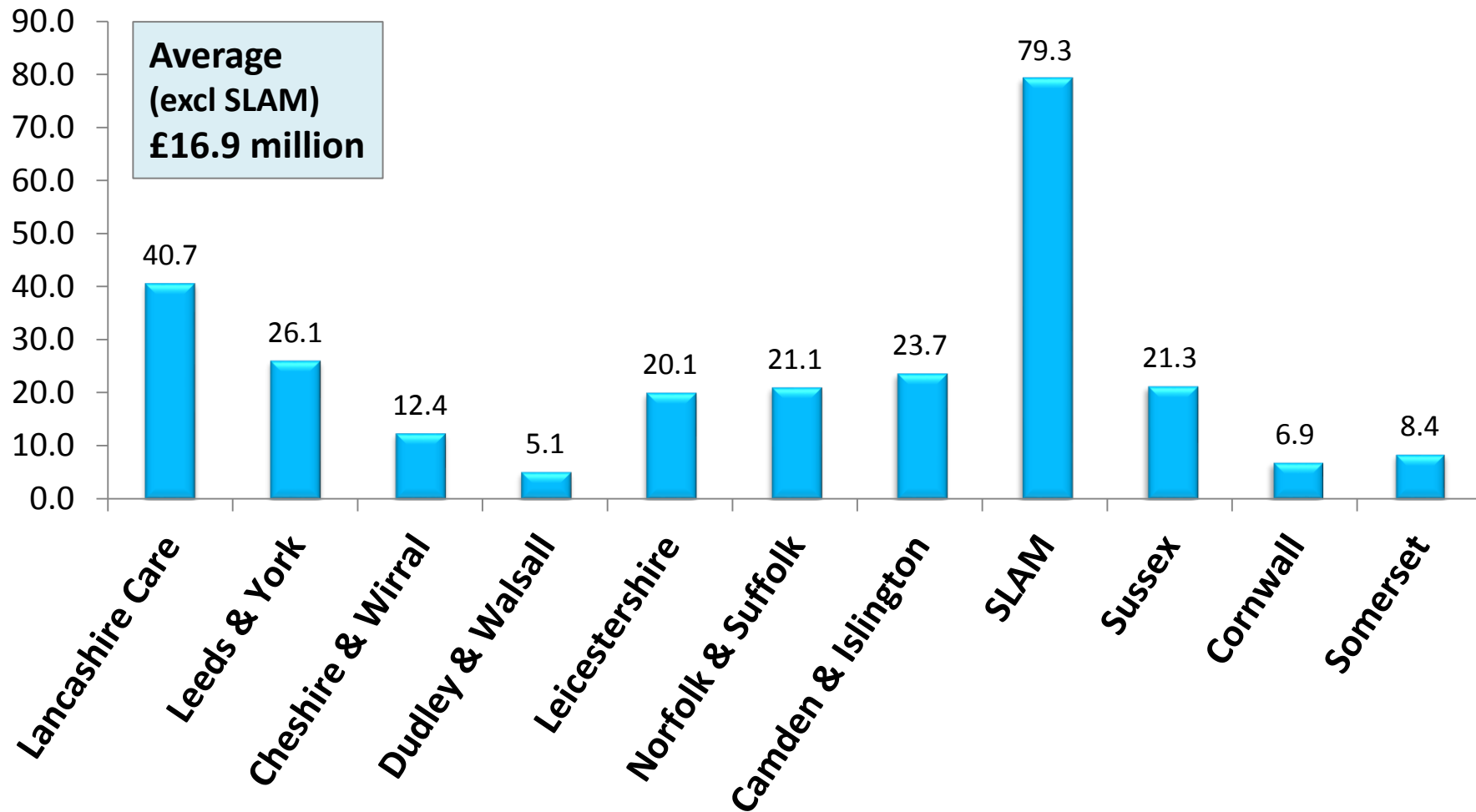
## Average cost / admission (£)



Cost calculations based on: £374/day  
Department of Health Reference Costs 2012-13

# HES: Unplanned Schizophrenia Hospital Admissions

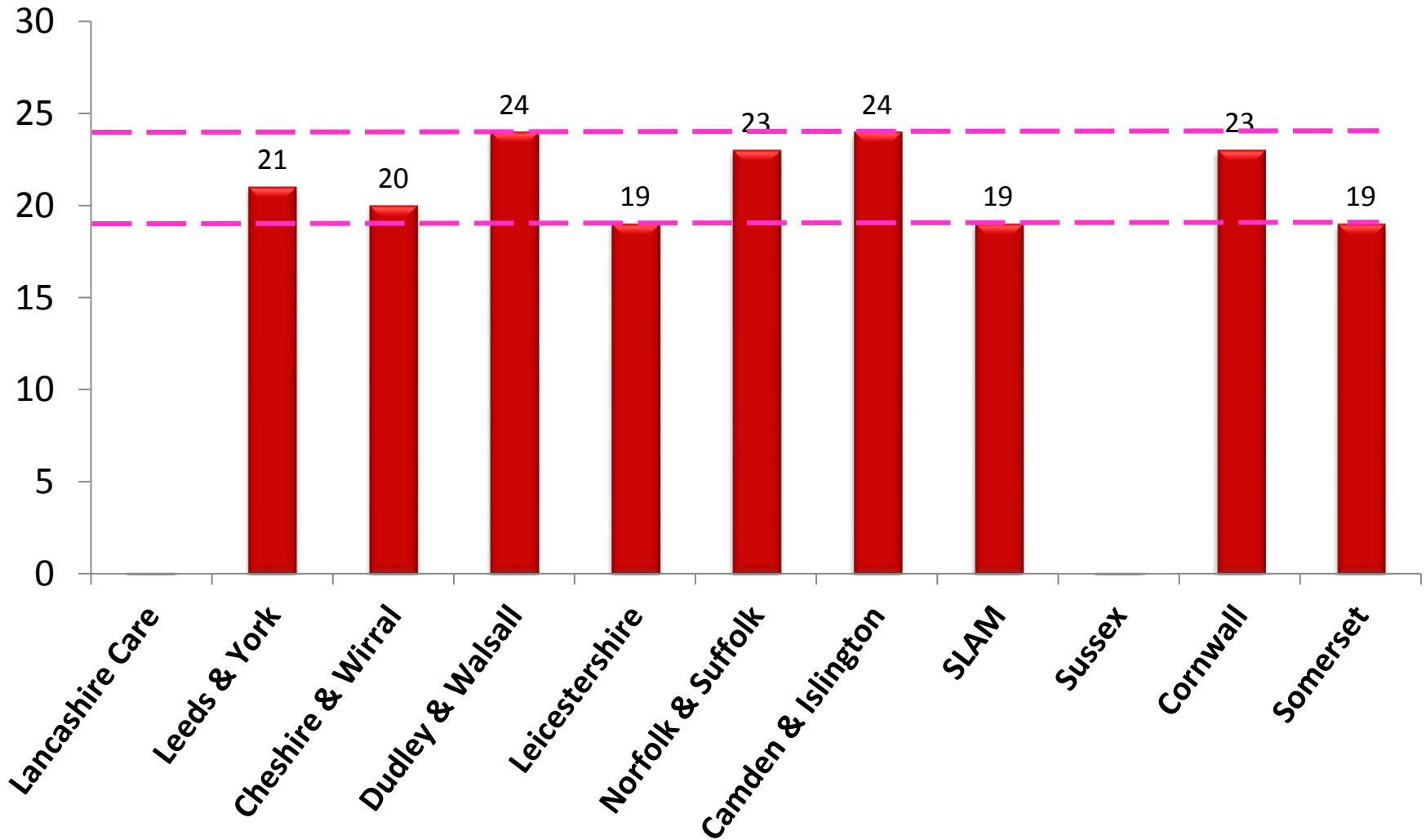
## Annual cost (£ millions)



Average  
(excl SLAM)  
£16.9 million

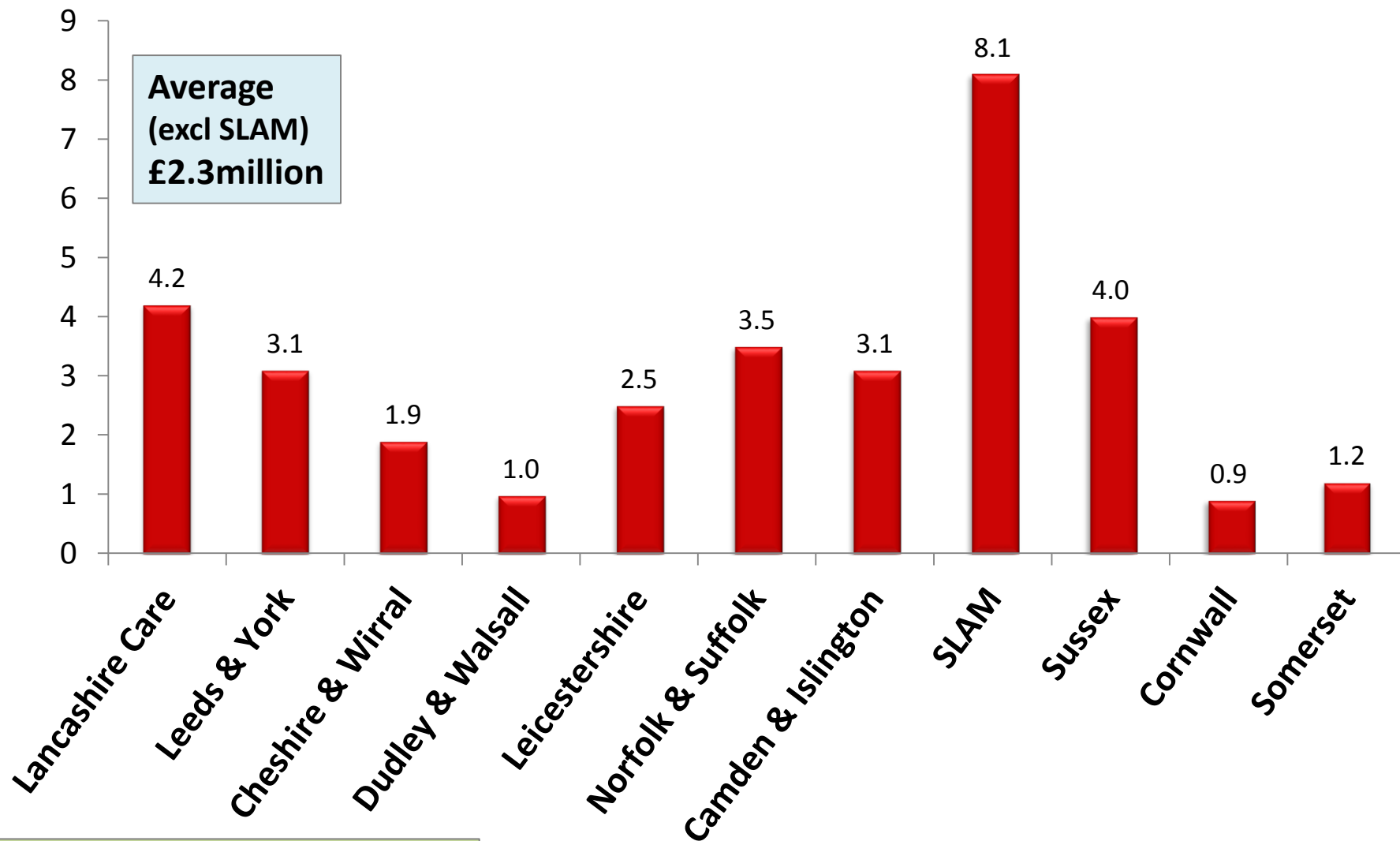
# HES: Unplanned Schizophrenia Hospital Admissions

## Patients re-admitted (%)



# HES: Unplanned Schizophrenia Hospital Admissions

## Cost of re-admission (£ millions)





# Downward pressure on costs

- ✓ Reduce length of stay
- ✓ Reduce total number of admissions
- ✓ Reduce re-admission rate

# QUESTIONS

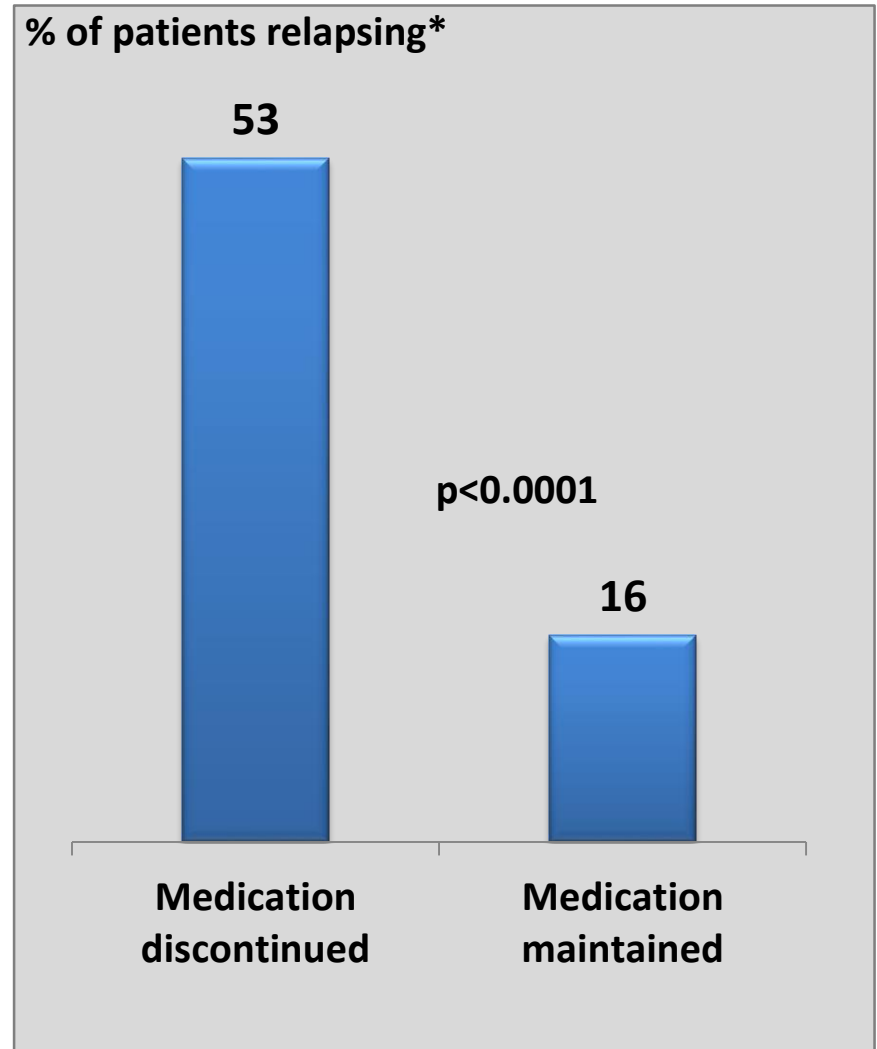
- How important is schizophrenia?
  - How important is it to prevent relapse in schizophrenia?
- Is it important enough to do anything meaningful about it?
  - What can be done to support relapse prevention?

# Chronic schizophrenia: Poor adherence leads to high relapse rates

- Pooled analysis of 66 studies with 4365 patients with chronic schizophrenia
- Relapse rates over 10 month period

- Number needed to harm for antipsychotic withdrawal

**NNH = 3** (95% CI 2-3)



\* Data from 29 of the 66 studies where there were matched withdrawal and treatment maintenance groups

Gilbert PL, Harris MJ, McAdams LA, Jeste DV.  
Neuroleptic withdrawal in schizophrenic patients:  
a review of the literature.

Archives of General Psychiatry 1995;52:173-88

# Poor adherence in schizophrenia: a large and persistent problem

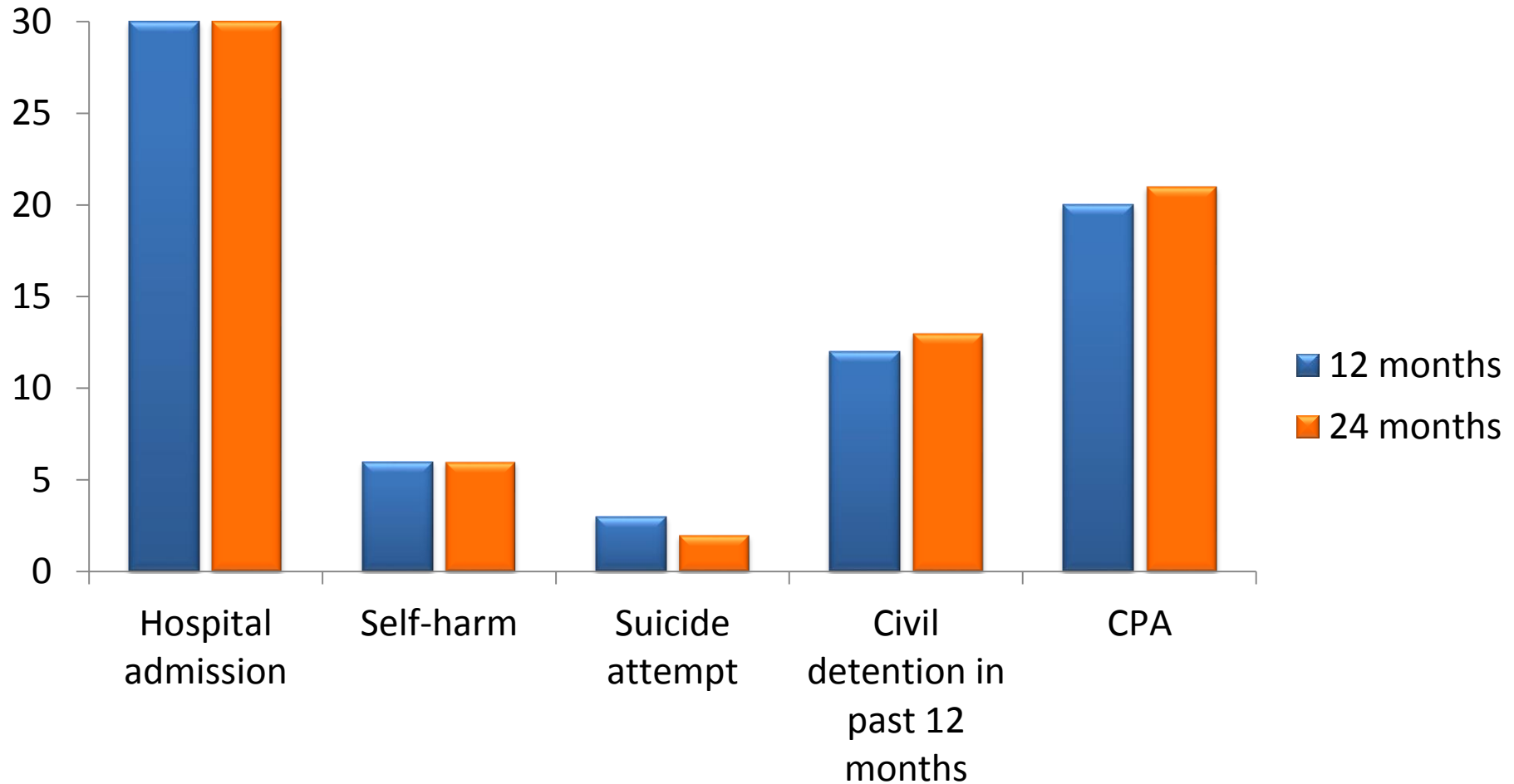
## Systematic review of literature

- 39 studies from 1980 onwards
  - 10 retrospective, 15 cross-sectional, 14 prospective
- Mean duration of illness 9-24 years
- Range of adherence measures
- *“Taking medication as prescribed at least 75% of the time”*

**49.5% of patients non-adherent**

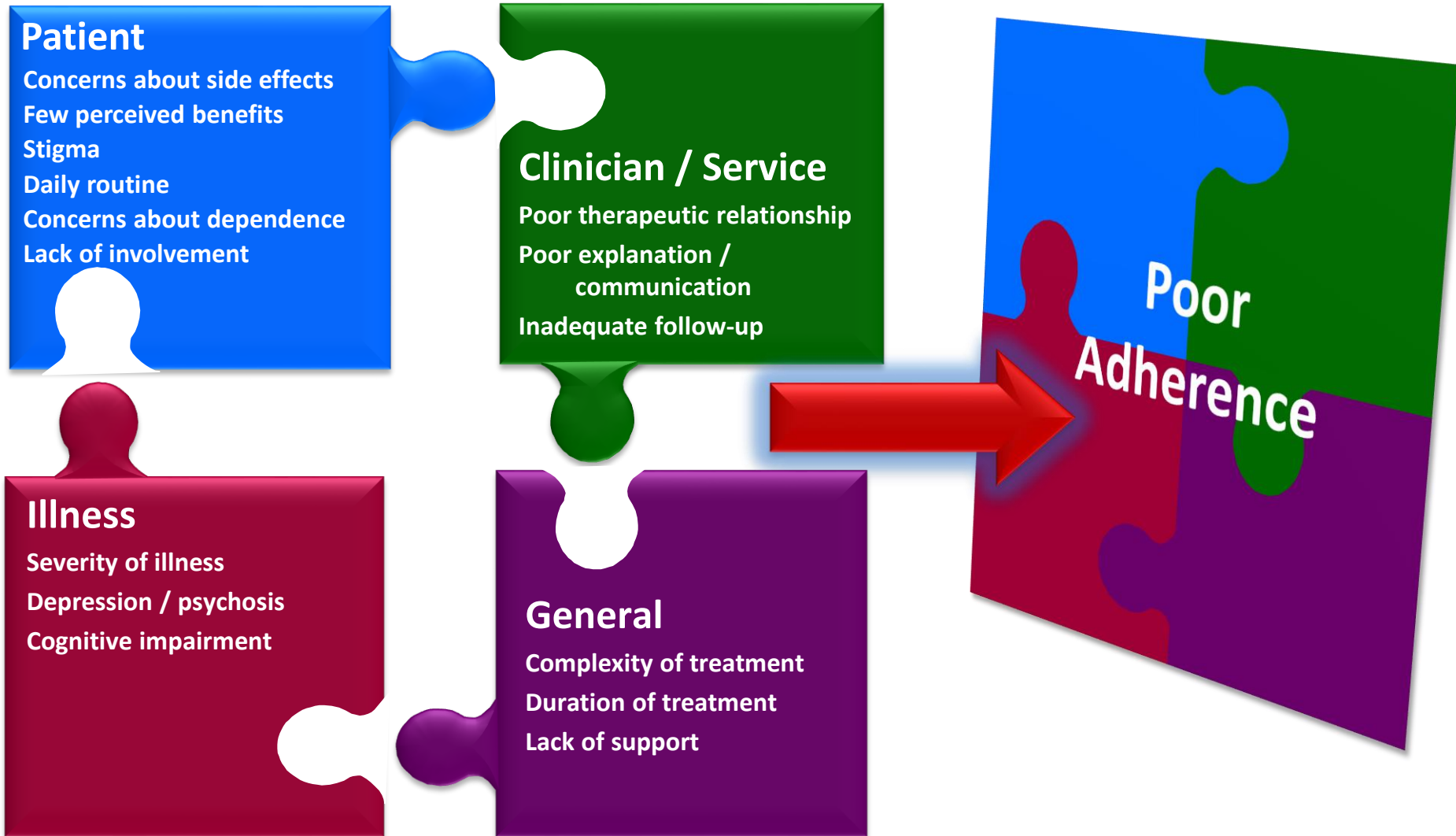
# Schizophrenia: 2-year Outcomes in UK

% of patients (N=1,015)





# Adherence is influenced by multiple factors



# Addressing preventable barriers to adherence

## Patient

- Concerns about side effects
- Few perceived benefits
- Adjustment to suit daily routine
- Concerns about dependence

## Clinician

- Poor therapeutic relationship
- Poor explanation / communication

## Illness

- Cognitive impairment

## General

- Complexity of treatment

Be aware of key side effects

Educate / inform patient about side effects

Work to avoid side effects

Involve patient in treatment decisions

Educate / inform patient about illness and treatment

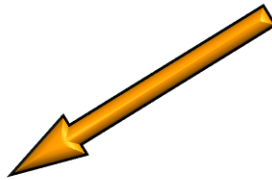
Optimise treatment response

Simplify treatment regimen &

Adjust dose timing to suit patient

# A strategy for preventing relapse

**Medicines management**



**Individualise  
antipsychotic  
treatment**

# Individualising antipsychotic medication

Psychosis and schizophrenia in adults:  
treatment and management

Issue

NICE  
guidance

The choice of antipsychotic medication should be made by the service user and healthcare professional together . . .

Provide information and discuss the likely benefits and possible side effects of each drug, including:

- metabolic (including weight gain and diabetes)
- extrapyramidal (including akathisia, dyskinesia and dystonia)
- cardiovascular (including prolonging the QT interval)
- hormonal (including increasing plasma prolactin)
- other (including unpleasant subjective experiences)

# Individualising treatment

Antipsychotic  
Oral?  
LAI?

Which side-effects  
does the patient  
most want to avoid?

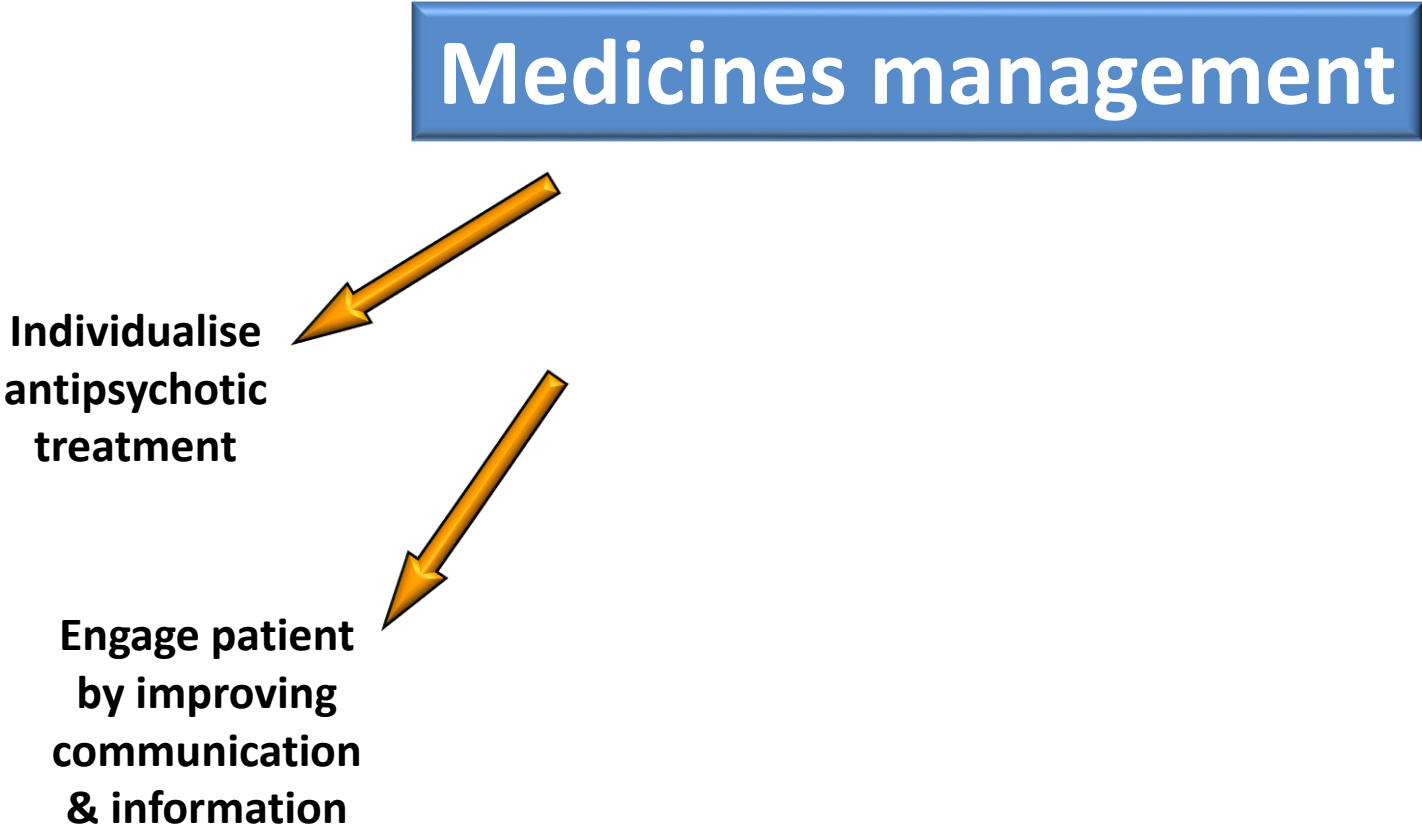
Which treatments  
are least likely to  
cause these  
side-effects?





# A strategy for preventing relapse

## Medicines management



**Individualise  
antipsychotic  
treatment**

**Engage patient  
by improving  
communication  
& information**



*Better information, better  
choices, better health*

Putting information at the centre of health

**Information** “. . . is fundamental to choice and making informed decisions. Without information there is no choice. Information helps knowledge and understanding. It gives patients the power and confidence to engage as partners with their health service.”

# Reaching agreement on the necessity for treatment

- Benefits of treatment vs no treatment
- How likely is it to work?
- How does it compare with other options?
  - Side effects
- Risks associated with poor adherence to treatment

Welcome to NHS Choices. Customise this page from the button to the right, or [leave feedback](#)

Customise this page



## Type 2 diabetes

Up to 80% of cases of type 2 diabetes can be delayed or prevented. It's important to know the risks to reduce the chance of developing the condition

### Before continuing...

Please select which condition or illness the medicine is used for:

- [Mania and Bipolar Disorder](#)
- [Mood Disorders](#)
- [Schizophrenia and Psychosis](#)

CLOSE X

Medicine Information varies according to the condition it is treating. You will be able to switch another condition from the medicine page you want to later

Browse all conditions

Health encyclopaedia

Check your symptoms

Symptom checkers

A-Z of medicines

Medicines Information

Find urgent care

Find everything from care and support services to pharmacies, opticians and gyms

More services

Live Well

Edit

### Healthy living

Hundreds of articles full of information on helping you and your family healthy



# Olanzapine (Olanzapine 10mg oral lyophilisates sugar free)

Overview

About

Side effects

# Olanzapine (Olanzapine 10mg oral lyophilisates sugar free)

Overview

About

- Benefits of treatment vs no treatment
- How likely is it to work?
- How does it compare with other options?
- Risks associated with poor adherence to treatment

## Overview

Information specific to Olanzapine 10mg oral lyophilisates sugar free when used in Schizophrenia and Psychosis.

Olanzapine (Oh-lan-zah-peen) is a medicine which is used in schizophrenia, bipolar disorder and mania.

The information in this Medicine Guide for Olanzapine varies according to the condition being treated and the particular preparation used.

## Your medicine

Olanzapine is used to treat a variety of mental health problems. Olanzapine blocks some of the effects of certain chemicals in the brain which are thought to affect thinking, feelings and behaviour. It can help to treat schizophrenia, mania or bipolar disorder.

## About

Some of the ingredients of the medicine are also added to improve the medicine's taste and appearance and to make it easier to take. Some may be used to prolong the life of the medicine.

This medicine contains olanzapine.

We are unable to list all of the ingredients for your medicine here. For a full list, you should refer to the patient information leaflet that comes with this medicine. You should check that you are able to take the ingredients of your medicine, especially if you have any allergies. You should also check whether any of these ingredients are known to have side-effects.

If you are not able to take any of the ingredients in your medicine, talk to your prescriber or pharmacist to see if they can suggest an alternative medicine.



## Information specific to: Olanzapine 10mg oral lyophilisates sugar free when used in Schizophrenia and Psychosis.

### Side-effects

A medicine is only made available to the public if the clinical trials have shown that the benefits of taking the medicine outweigh the risks.

Once a medicine has been licensed, information on the medicine's effects, both intended and unintended, is continuously recorded and updated.

Some side-effects may be serious while others may only be a mild inconvenience.

Everyone's reaction to a medicine is different. It is difficult to predict which side-effects you will have from taking a particular medicine, or whether you will have any side-effects at all. The important thing is to tell your prescriber or pharmacist if you are having problems with your medicine.

Very common: More than 1 in 10 people who take Olanzapine

- a drop in blood pressure on standing or sitting up
- abnormal gait
- abnormal laboratory test results
- appetite gain
- falls
- metabolic problems
- sedation including certain sleeping problems, lethargy or sleepiness
- sleepiness
- weight gain

I'm looking for checks on...

The national standards | Your experience

1. Service type:

All service types

2. Keywords:

3. Location e.g. Oxford or OX1 1DJ:

Search

You are here: Home ▶ Reports, surveys and reviews ▶ Surveys ▶ Community mental health survey 2013

Print Email Facebook Twitter

## Community mental health survey 2013

Read the results of  
people receiving c

Find out how your NHS  
trust scored

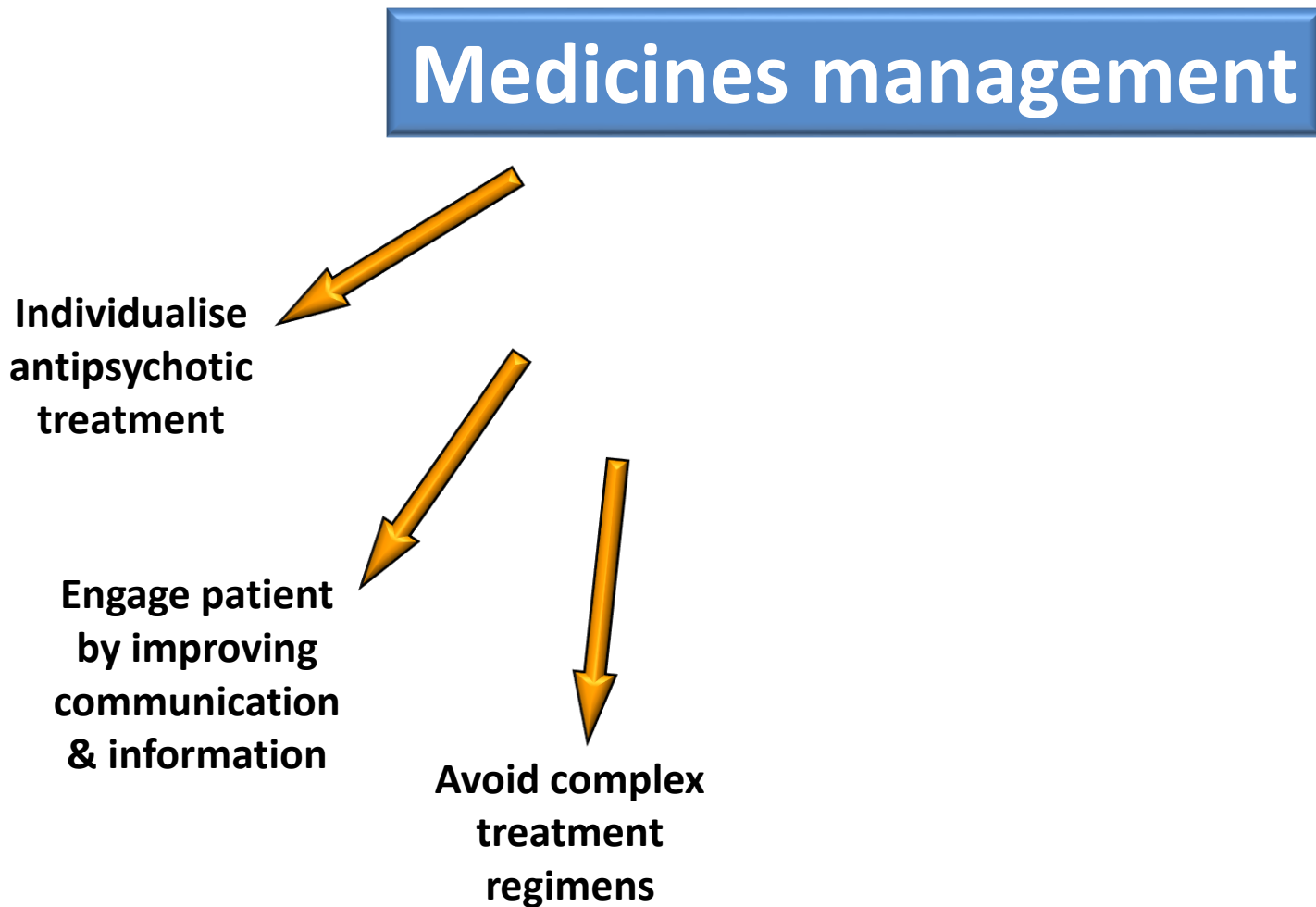
### 58 MH Trusts; >13,000 patients

#### Medicines:

- 32% - views taken into account 'only to some extent'
- Only 43% definitely told of possible side-effects
- 48% not given information in a way they could understand
- 23% - medicines not reviewed in past 12 months

# A strategy for preventing relapse

## Medicines management



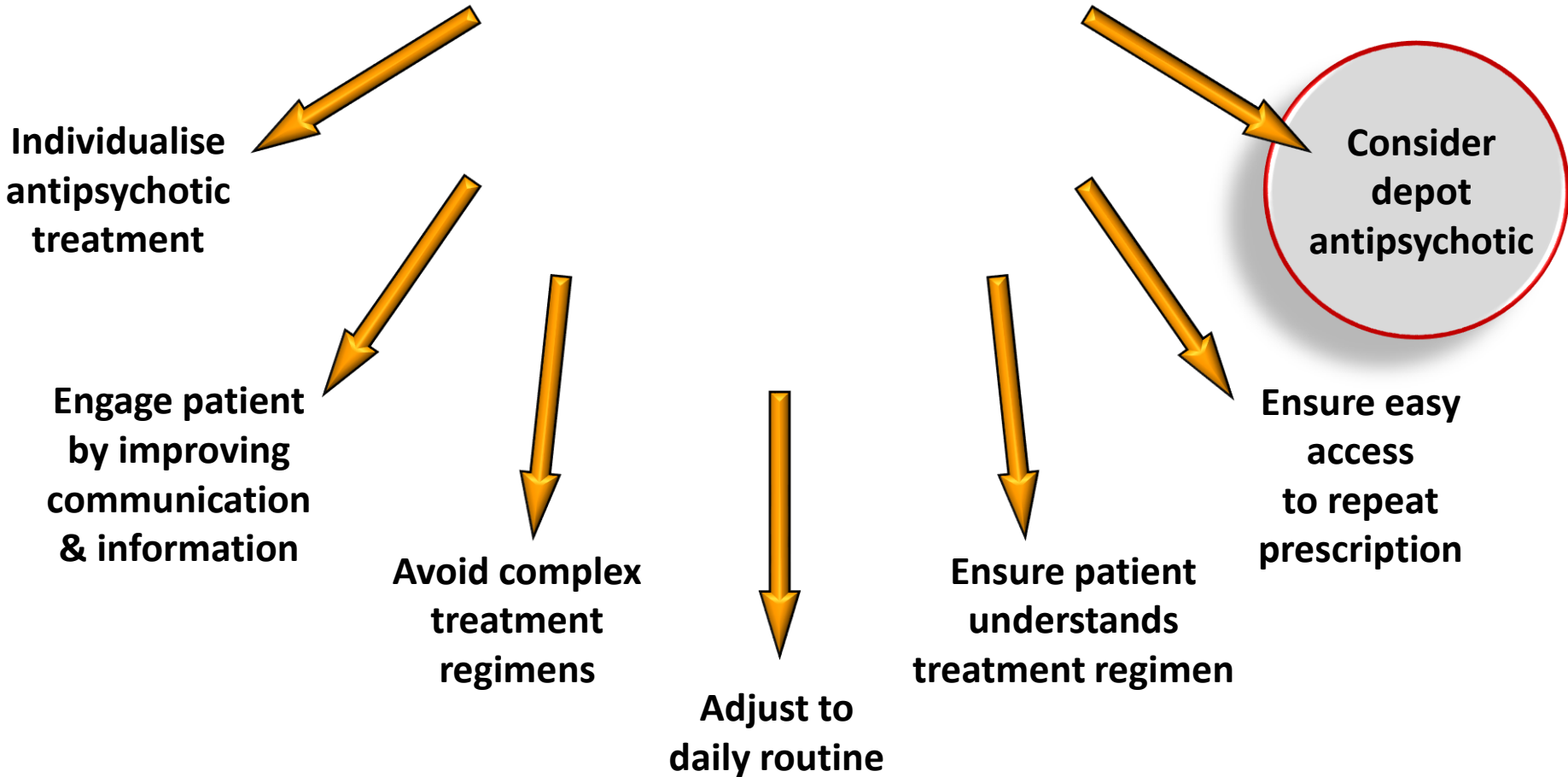
**Individualise  
antipsychotic  
treatment**

**Engage patient  
by improving  
communication  
& information**

**Avoid complex  
treatment  
regimens**

# A strategy for preventing relapse

## Medicines management



## Psychosis and schizophrenia in adults: treatment and management

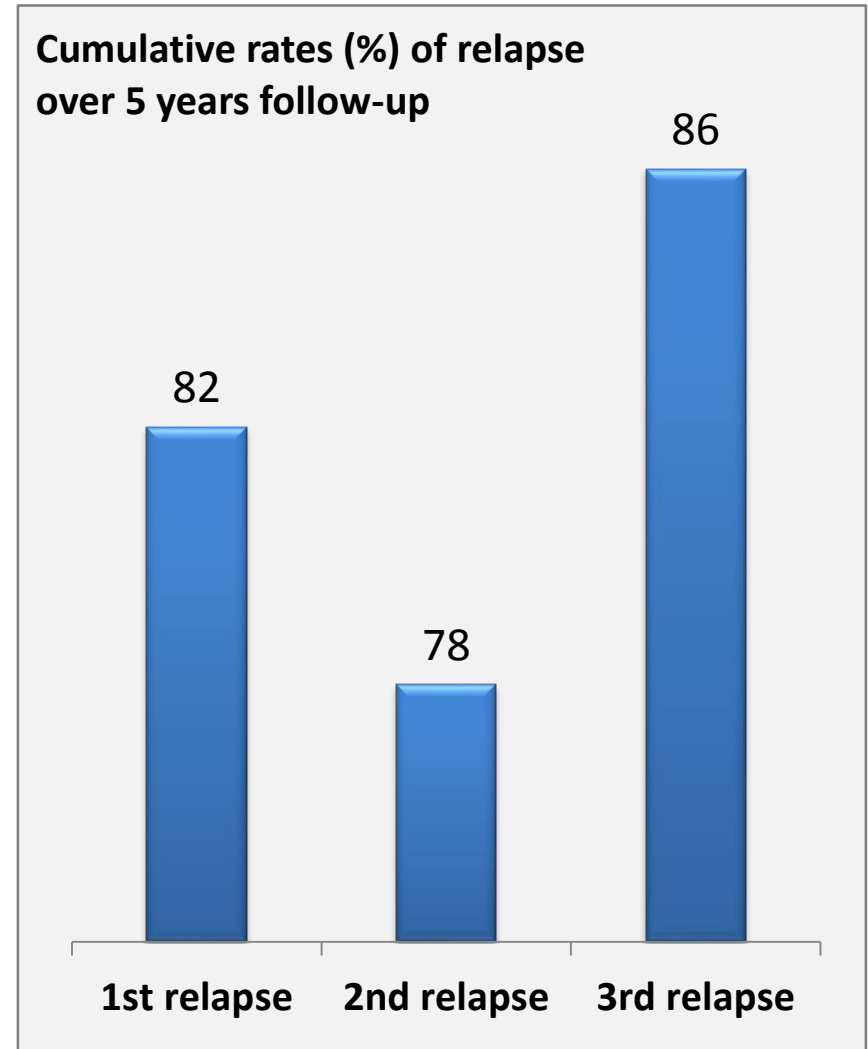
1.5.5.3 Consider offering depot /long-acting injectable antipsychotic medication to people with psychosis or schizophrenia:

- who would prefer such treatment after an acute episode
- where avoiding covert non-adherence (either intentional or unintentional) to antipsychotic medication is a clinical priority within the treatment plan. **[2009]**



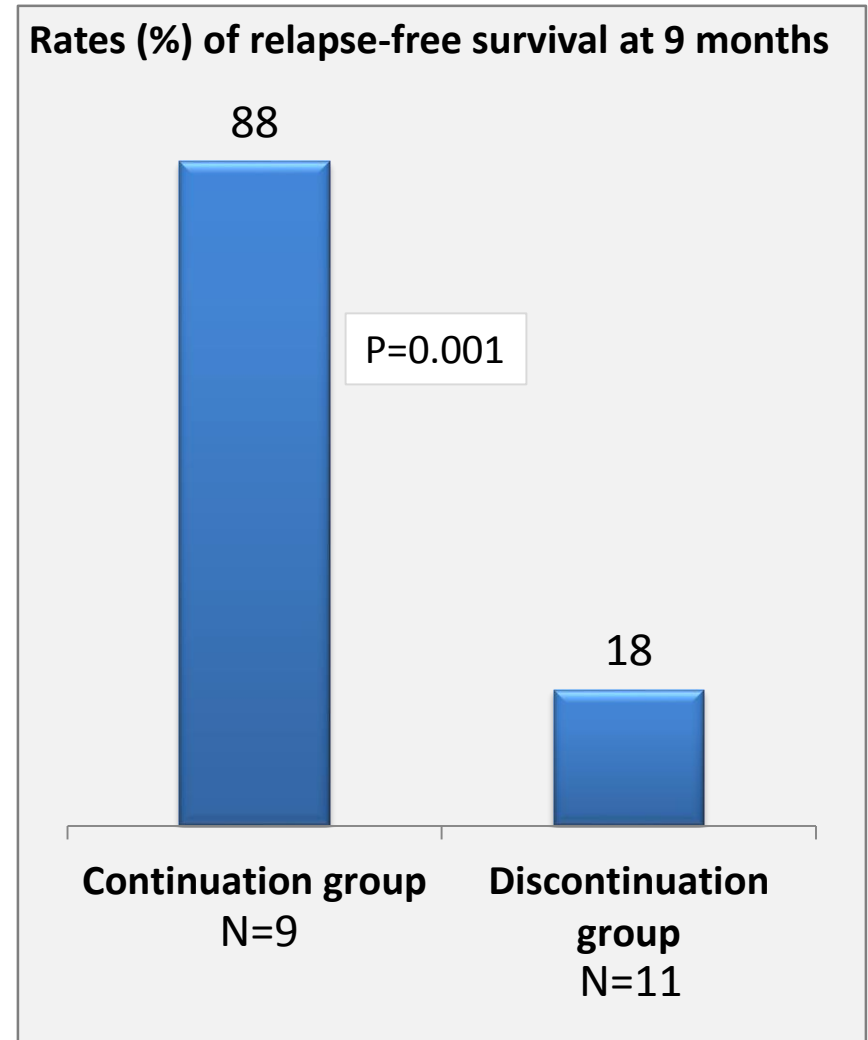
# Poor adherence in 1<sup>st</sup> episode schizophrenia leads to high rates of relapse

- 5-year follow-up study after initial recovery from first episode of schizophrenia or schizoaffective disorder
- Discontinuation of antipsychotic medication increased risk of relapse almost 5-fold



# Antipsychotic discontinuation in 1<sup>st</sup> episode schizophrenia leads to rapid relapse

- Patients stable for 1 year after recovery from first episode of schizophrenia or schizoaffective disorder
- Randomly assigned to continue antipsychotic or gradual withdrawal
- Primary outcome:
  - Relapse-free survival at 9 months
- Study terminated prematurely for ethical reasons



# ADHERENCE TO LONG-TERM THERAPIES

## Evidence for action

### Final thoughts:

- Patients should be supported, not blamed
- Health systems must evolve to meet new challenges
- Health professionals need training in supporting adherence
- A multidisciplinary approach is needed
- **Improving adherence may have a greater impact on health than incremental improvements in medicines**



World Health Organization 2003

# Summary

- Poor adherence in schizophrenia is common and results in
  - Severe psychiatric morbidity
  - High cost burden for the NHS
- Pragmatic interventions could remove barriers to adherence and prevent relapse
  - Individualising treatment
  - Improving patient engagement
  - Reducing complexity of regimens
  - Earlier / wider use of antipsychotic LAI

## Medicines in Mental Health Ltd

Home

About MMH

Services

Education

Treatment adherence

Adherence reports

Patient Information

Research

Contact

Useful links

### Improving the use of medicines in severe mental illness

Medicines in Mental Health Ltd offers a range of services designed to obtain maximum benefit from medicines in the treatment of severe mental illness.



# Thank you

[www.mentalmeds.co.uk](http://www.mentalmeds.co.uk)