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Differential Characteristics of "Good Outcome Schizophrenia" in a Long-Term Ten Years Study, Mumbai, India

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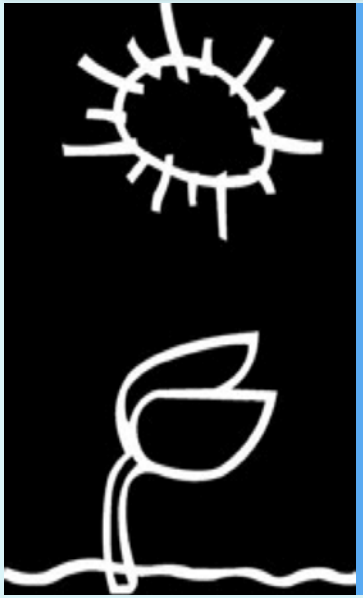
Outcome in Schizophrenia

Differential Characteristics of "Good outcome Schizophrenia" in a Long-Term Ten years study, Mumbai, India



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Declaration

- Declaration of Conflict of Interest
  - Janssen Group
  - Eli Lilly
  - Astra Zeneca
  - Nicholas Piramal-Rosch
  - Sun Pharma- India
  - Prempharma , Canada
- in Capacity of
  - Consultant
  - Advisor
  - Drug trial coordinator
  - Research Investigator
  - Reviewer
  - Speaker
  - Educational Groups

Rolling
STONES

Chirodeep Chaudhuri

18 million

Introduction:

- The illness of schizophrenia has always been a matter of concern for its nature and extent of outcome particularly for its regional and cultural differences.
- The concept of outcome has been evolving and this study examines the scenario of good outcome in developing countries.
- Methods Re-examination of recovered patients in ten years long term, naturalistic, prospective study using Meltzer et al's 13 outcome criteria & on a new outcome scale

Defining outcome

Response

- Often a response is the result of a stimulus.

Remission

- the state of absence of disease activity in patients with a chronic illness, with the possibility of return of disease activity

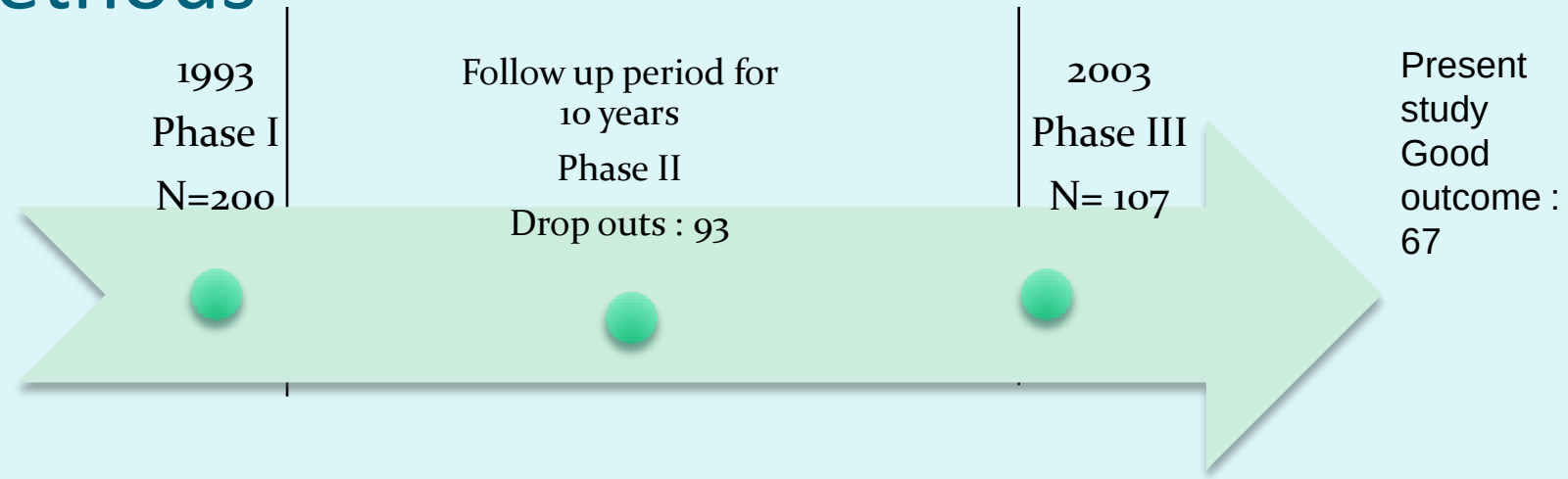
Recovery

- Recovery may be seen within the model as a personal journey requiring hope, a secure base, supportive relationships, empowerment, social inclusion, coping skills, and finding meaning.

Methods

- In a cross sectional, Naturalistic, cohort study, patients showing good outcome at the end of ten years treatment, were recruited as per inclusion criteria.
- These patients were re-assessed for the status and quality of recovery using Meltzer et al's 13 outcome criteria
- Results were analyzed

Methods



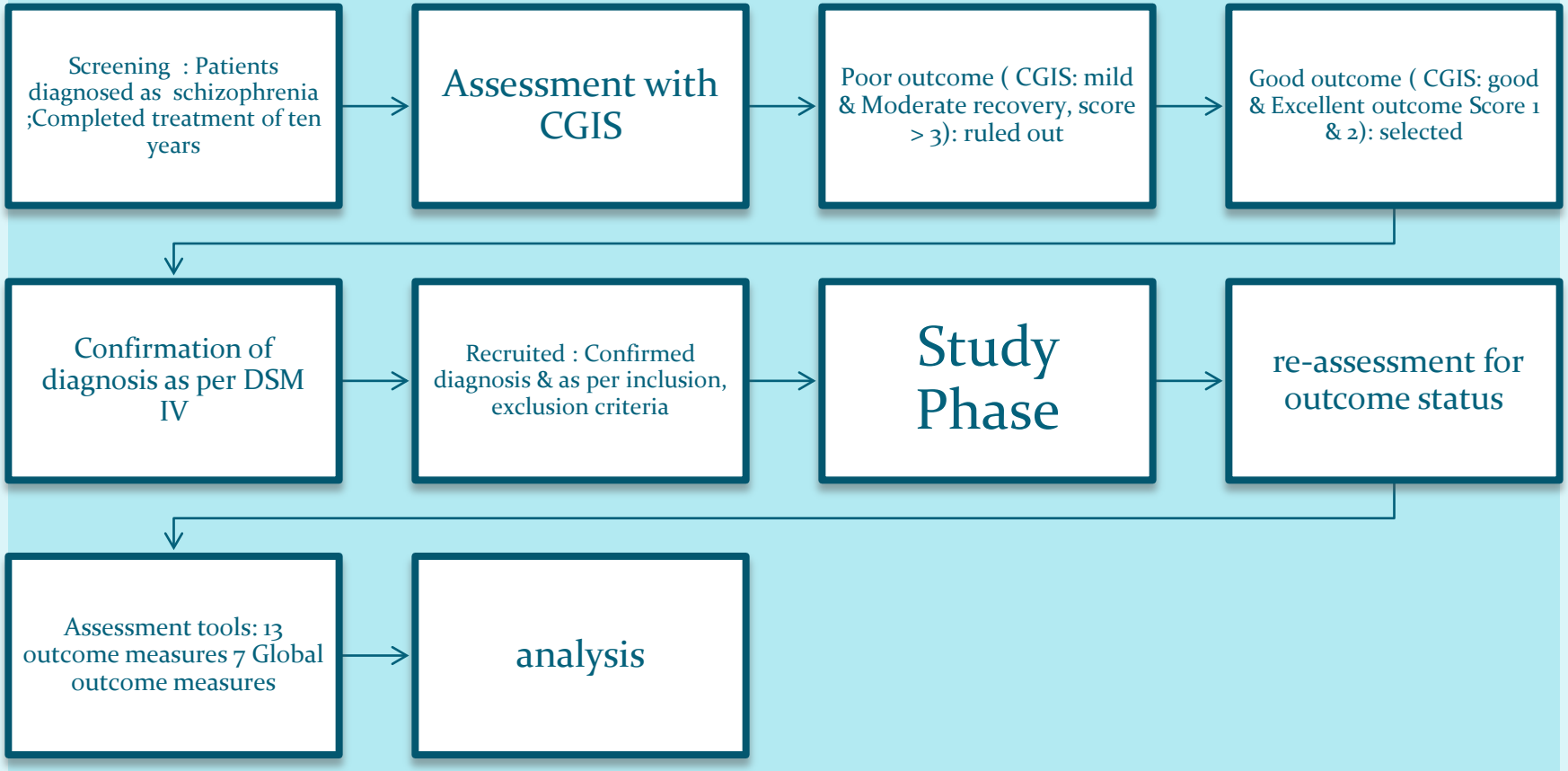
Study parameters:

- Demography
- Clinical parameters
- Meltzer's 13 Outcome criteria
- New outcome measure.
- PANSS
- CGIS

Global outcome criteria in schizophrenia

Scores / Areas	1	2	3	4	5
Social Functioning	Withdrawn behavior	Expressed desire of interaction	. Definitive evidence of improved functioning	Improvement in functioning and relationship	Functioning with satisfaction
Productivity	Unproductive	Expression of productivity	Occasional Productivity	Productive with support	Productive without support
Economic Independence	Complete dependence	Desire to earn	Attempt with failure	Attempt with success	Satisfactorily independent
Education	Unable to resume	Feels confident but unable to start	Attempt but not sustained	Sustained without satisfaction	Sustained with satisfaction
Suicidality	Attempted suicide	Experiencing suicidalcrisis	Contemplating suicide	Occasional death wish	No intent
Rehospitalization	Required due to relapse	Required due to additional stress	Required due to side effects	Required unrelated to current illness	Not required
Exacerbation	Severe exacerbation with hospitalization	Severe exacerbation	Moderate exacerbation	Mild behavioral exacerbation	No exacerbation

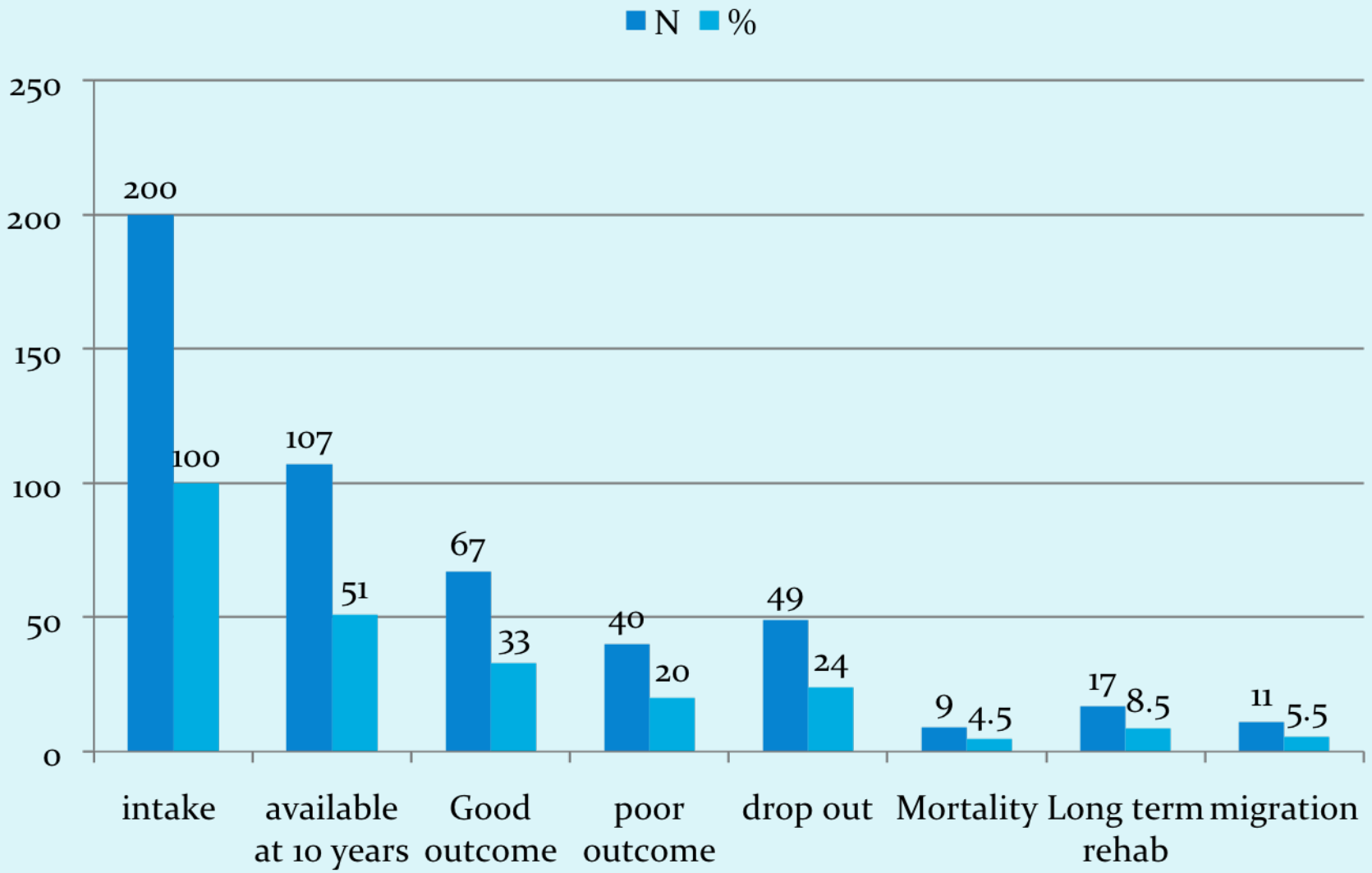
Methods


Screening : Patients diagnosed as schizophrenia ;Completed treatment of ten years
Assessment with CGIS
Poor outcome (CGIS: mild & Moderate recovery, score > 3): ruled out
Good outcome (CGIS: good & Excellent outcome Score 1 & 2): selected
Confirmation of diagnosis as per DSM IV
Recruited : Confirmed diagnosis & as per inclusion, exclusion criteria
Study Phase
re-assessment for outcome status
Assessment tools: 13 outcome measures 7 Global outcome measures
analysis

Results

Study Site	Mumbai, INDIA PRERANA Psychiatric Services & Silver Mind Hospital
Nature of Study	Cross-Sectional, Open level, Cohort Study
Selected & assessed	107
Recruited as per Criteria (Good Outcome)	67

Mean age	49.3 (range 36- 58 years) SD 8,
male	42
female	25
Mean duration of illness	16.5 years
Mean Duration of Treatment	12.5 years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49
24
9
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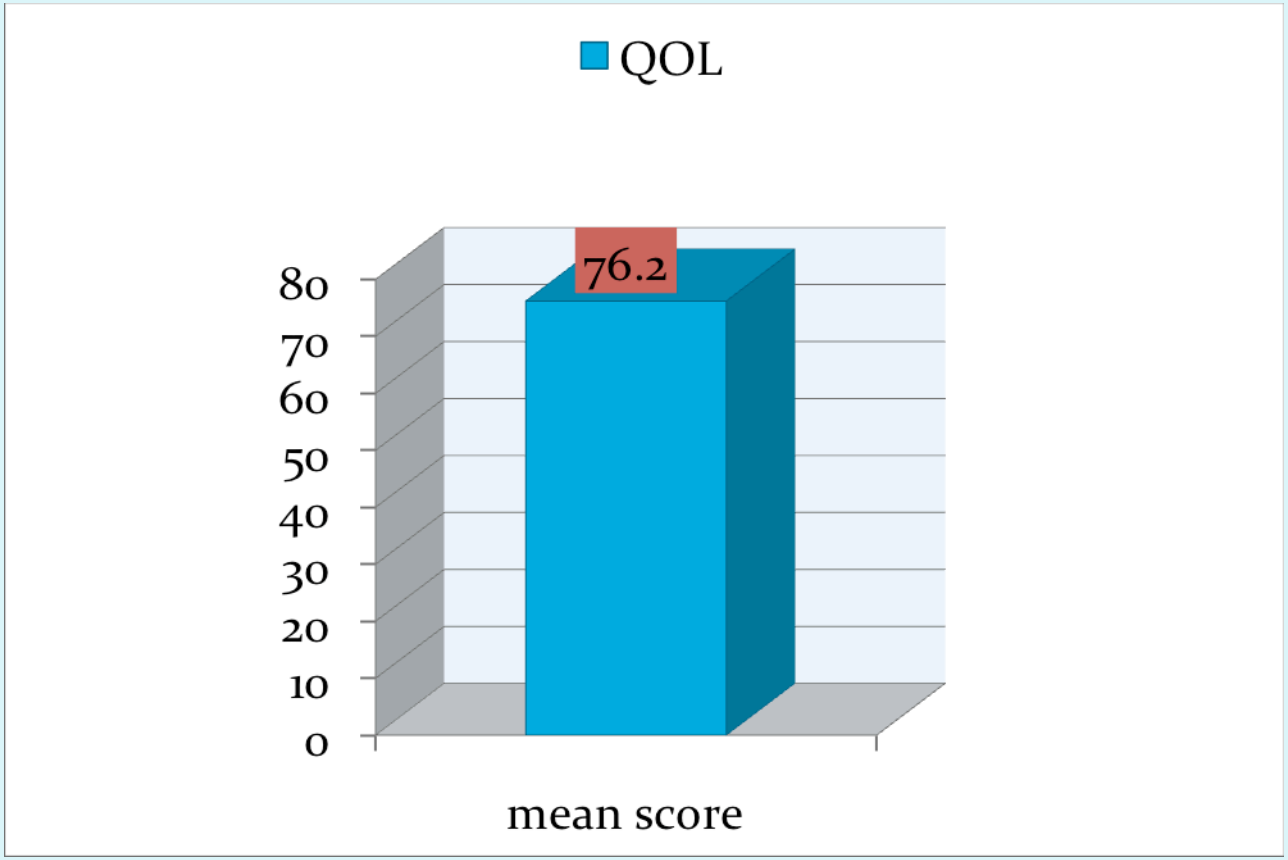
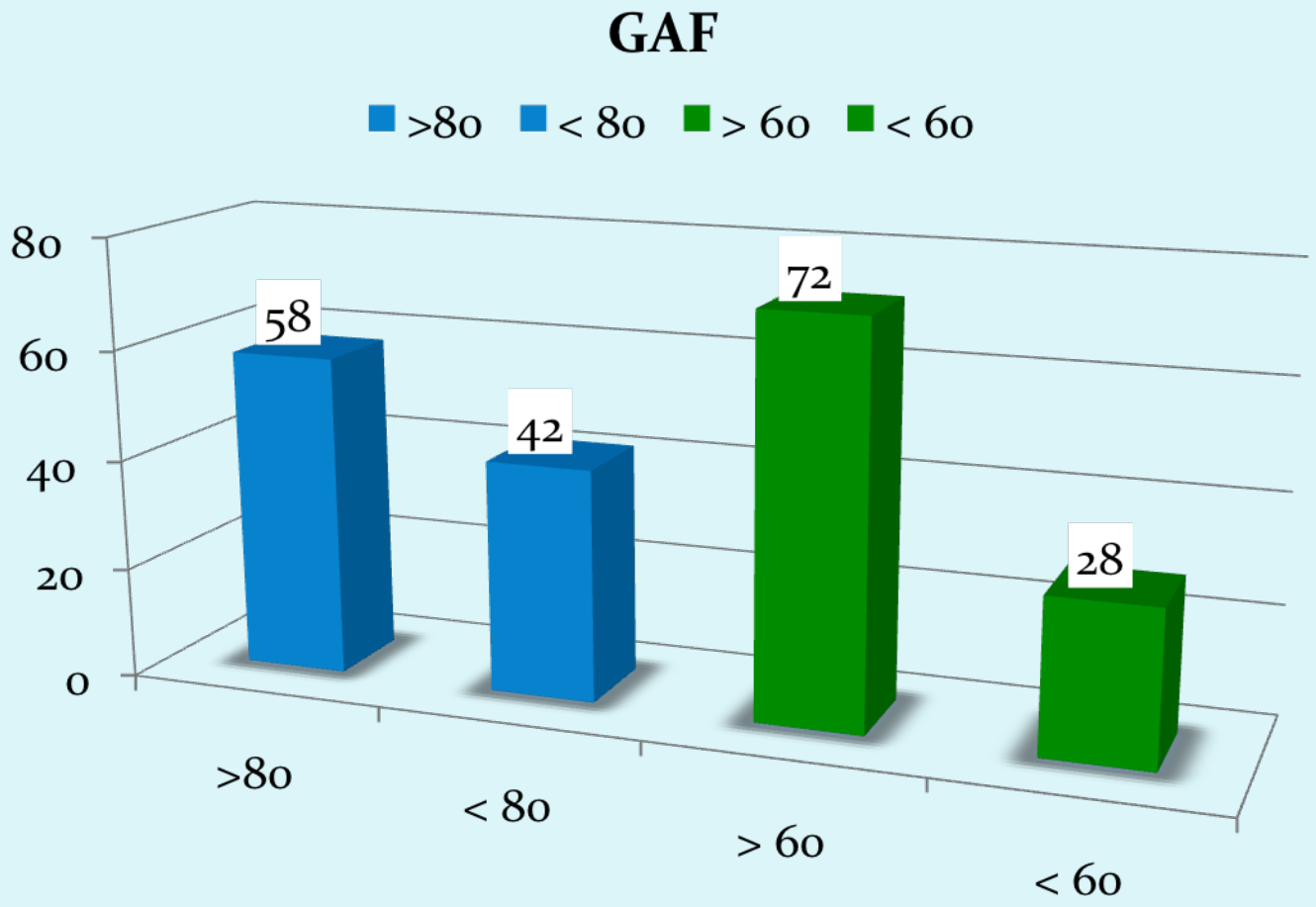
17
8.5
11
5.5
intake
available at 10 years
Good outcome
poor outcome
drop out
Mortality
Long term rehab
migration

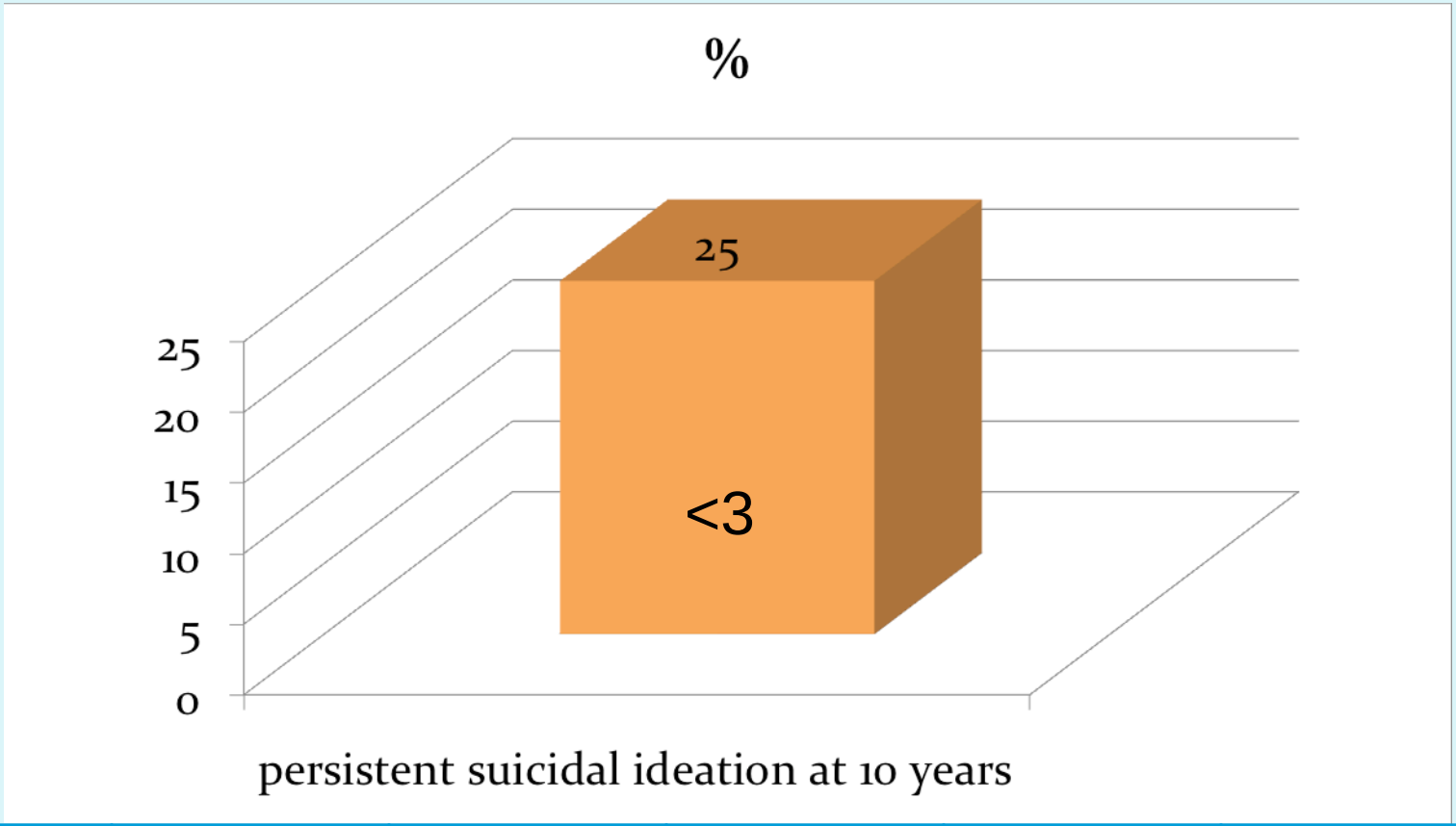
Quality of Life



Global Functioning

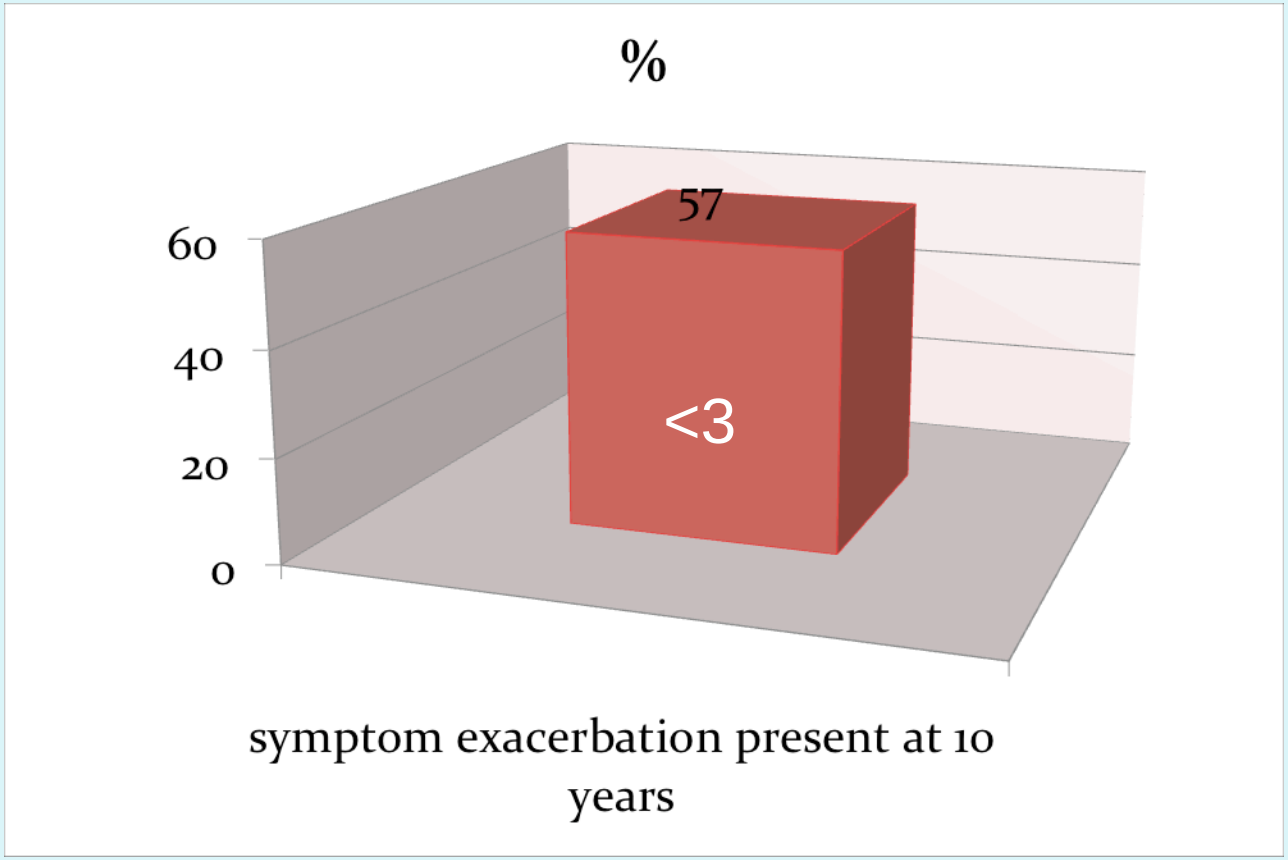


Suicidality



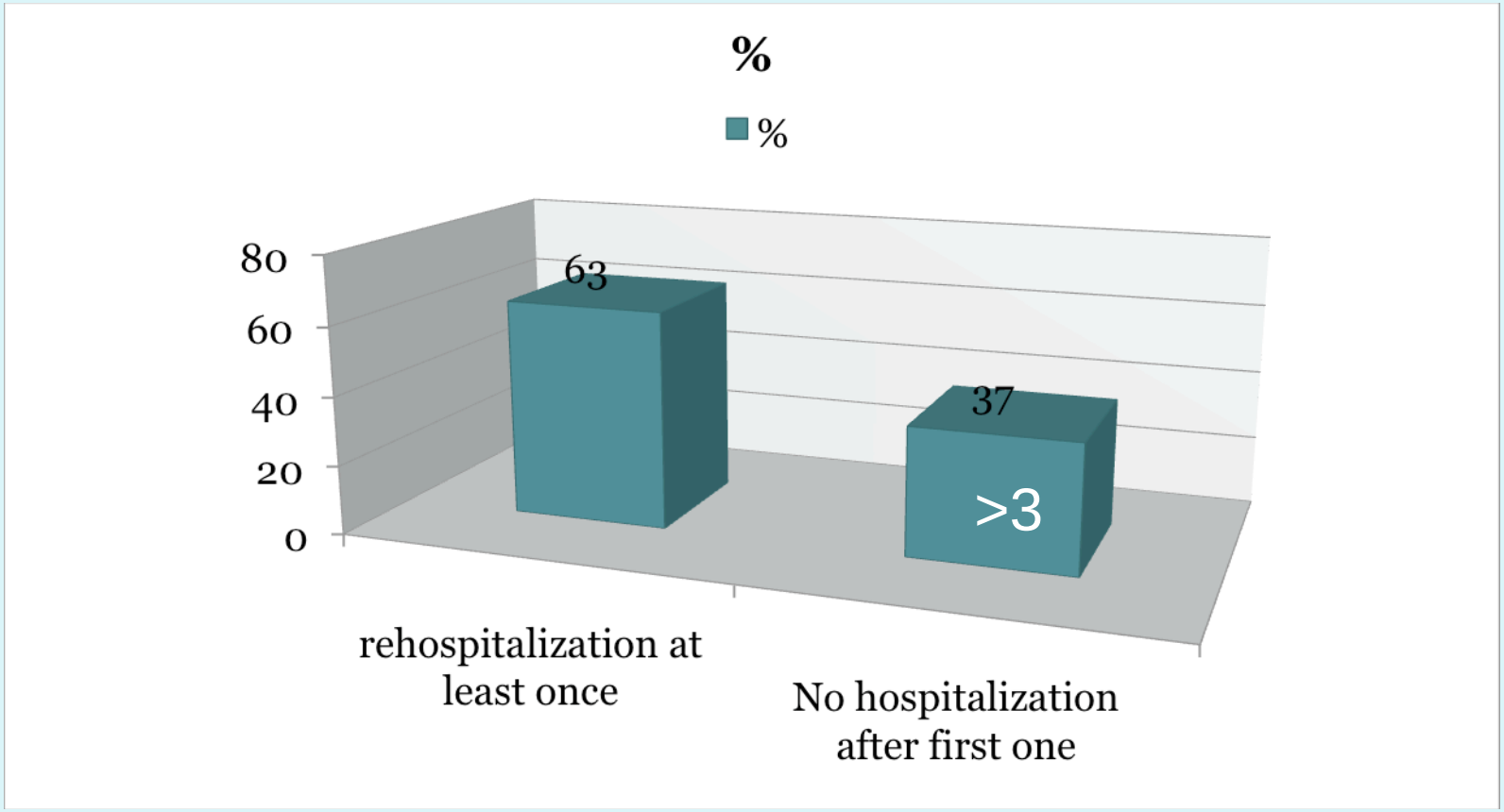
Suicidality	1.Attempted suicide	2.Experiencing suicidal crisis	3.Contemplating suicide	4.Occasional death wish	5.No intent

Symptom Exacerbation



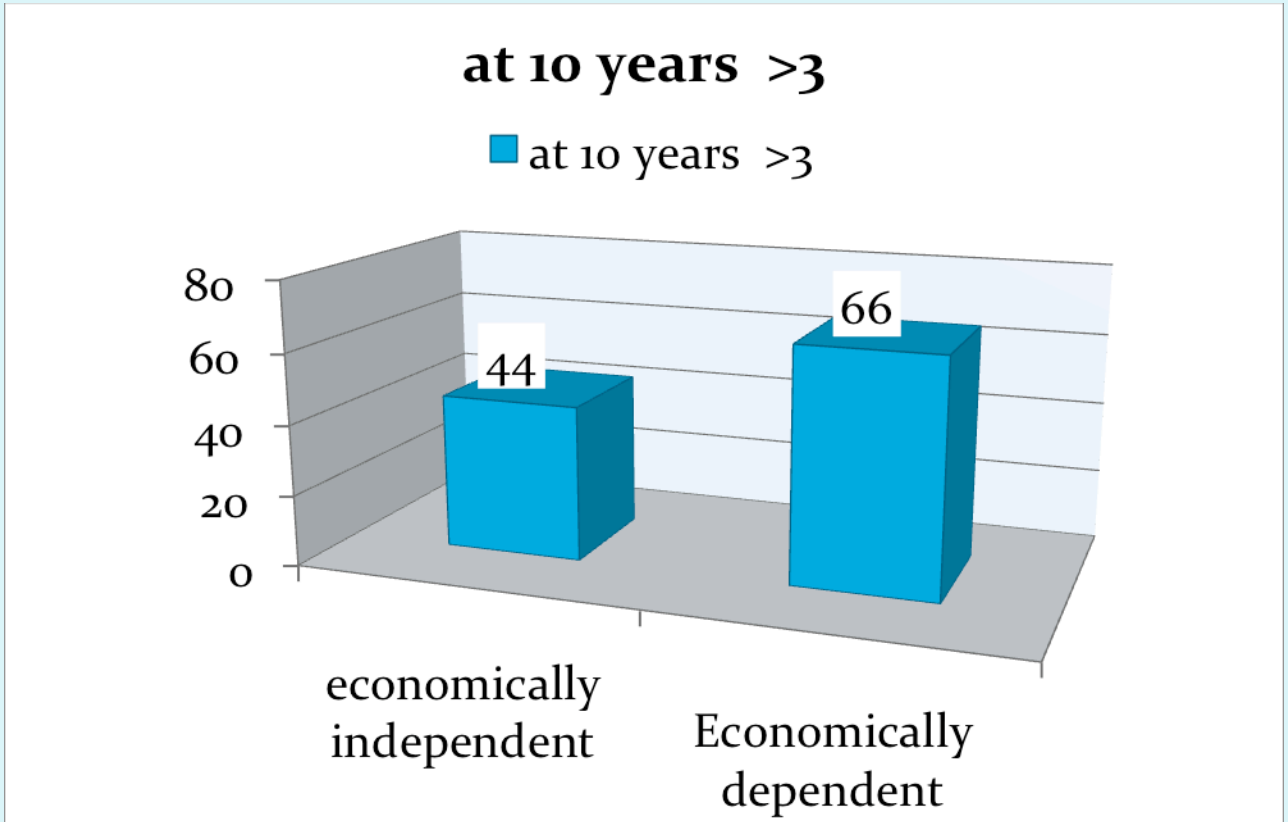
Exacerbation	1.Severe exacerbation with hospitalization	2.Severe exacerbation	3.Moderate exacerbation	4.Mild behavioral exacerbation	5.No exacerbation

Hospitalization



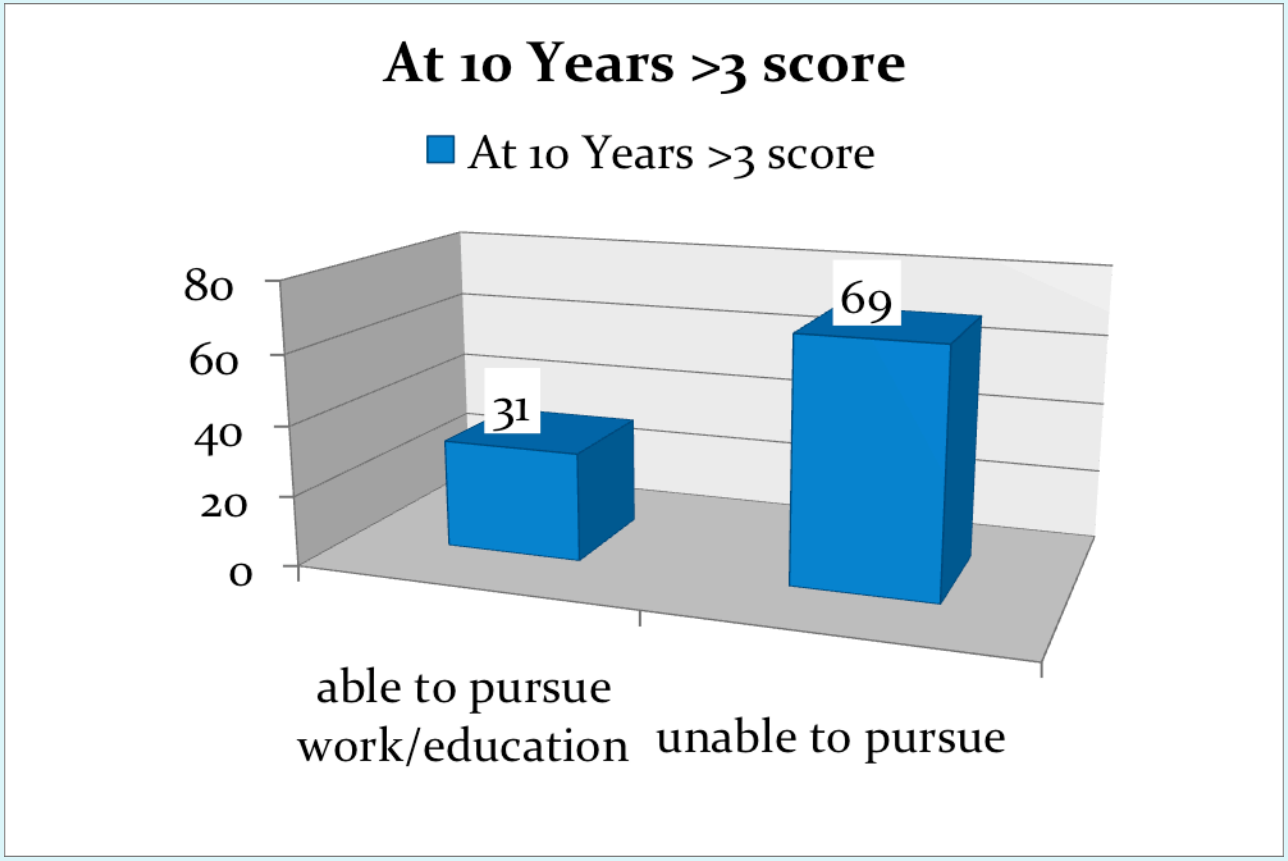
Rehospitalization	1.Required due to relapse	2.Required due to additional stress	3.Required due to side effects	4.Required unrelated to current illness	5.Not required

Social Outcome : Economic Independence



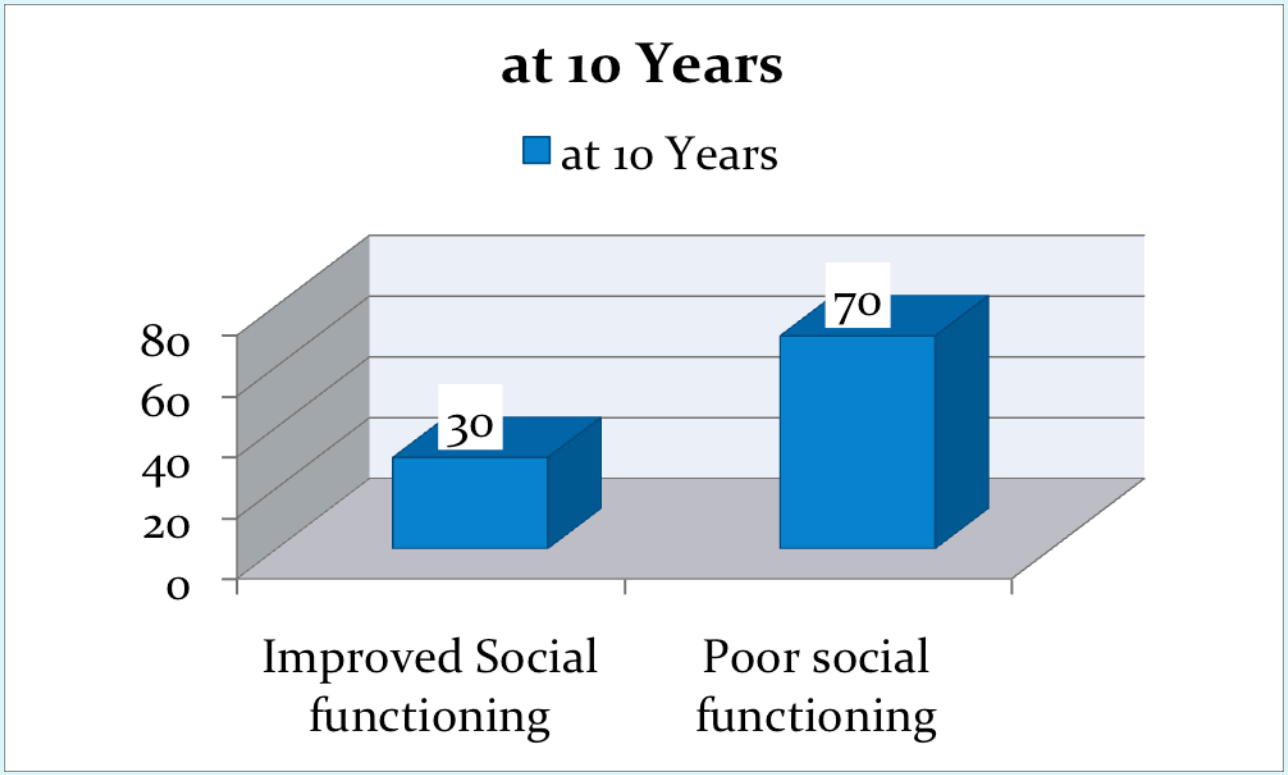
.Economic Independence	1.Complete dependence	2.Desire to earn	3.Attempt with failure	4.Attempt with success	5.Satisfactorily independent

Social Outcome: Education/ work



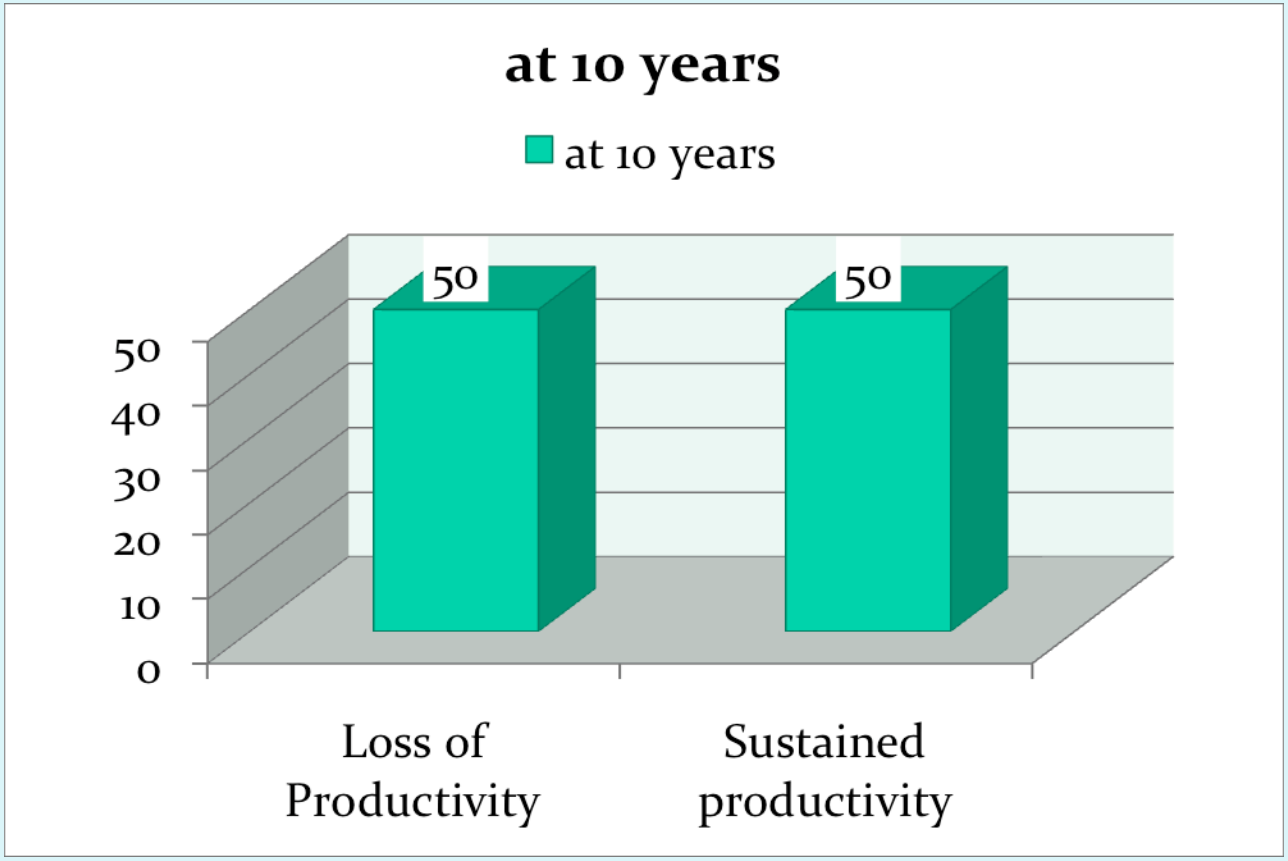
Education	1.Unable to resume	2.Feels confident but unable to start	3.Attempt but not sustained	4.Sustained without satisfaction	5.Sustained with satisfaction

Social outcome: Functioning



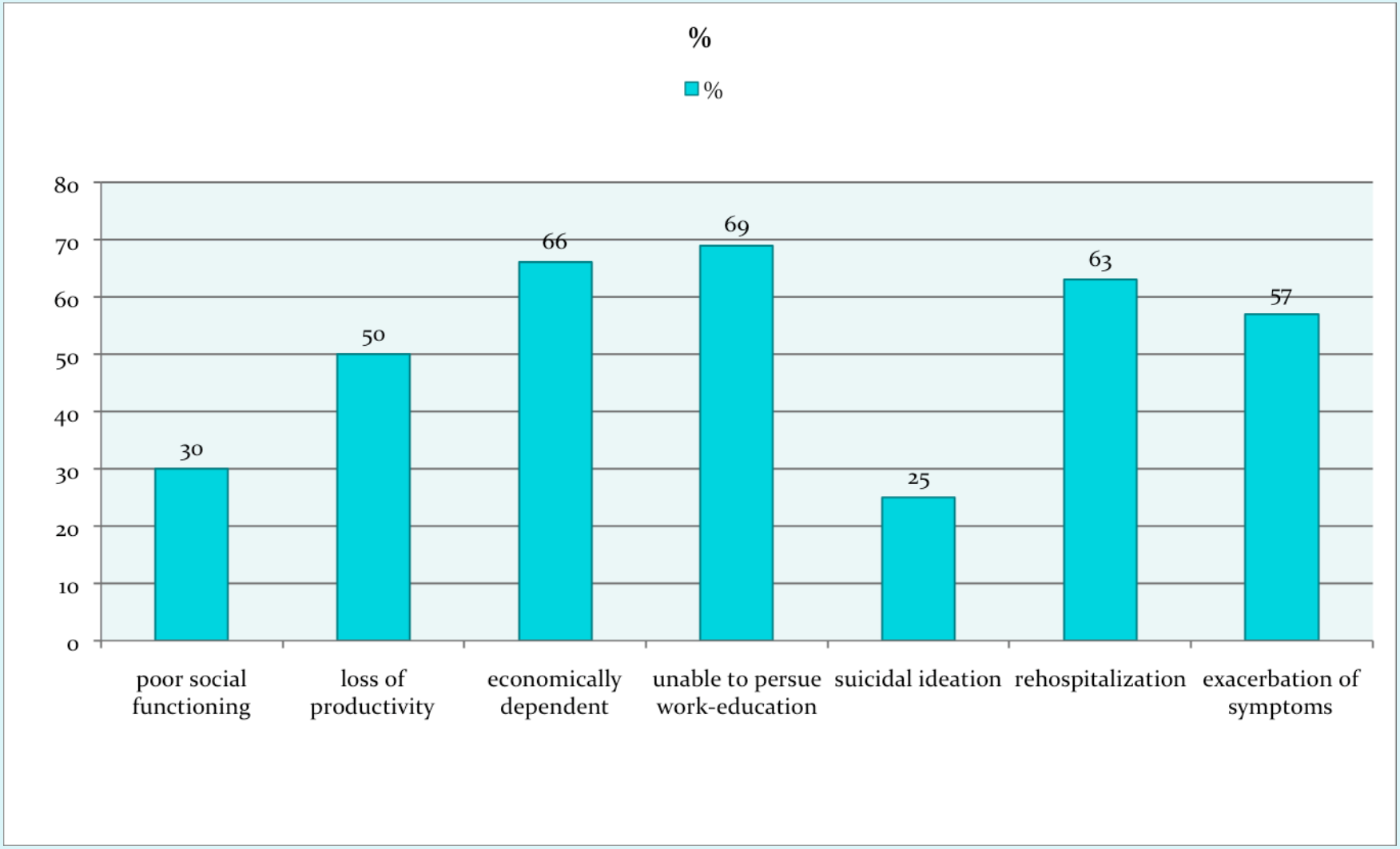
Social Functioning	1.Withdrawn behavior	2. Expressed desire of interaction	. 3.Definitive evidence of improved functioning	4.Improvement in functioning and relationship	5.Functioning with satisfaction

Social outcome: Productivity

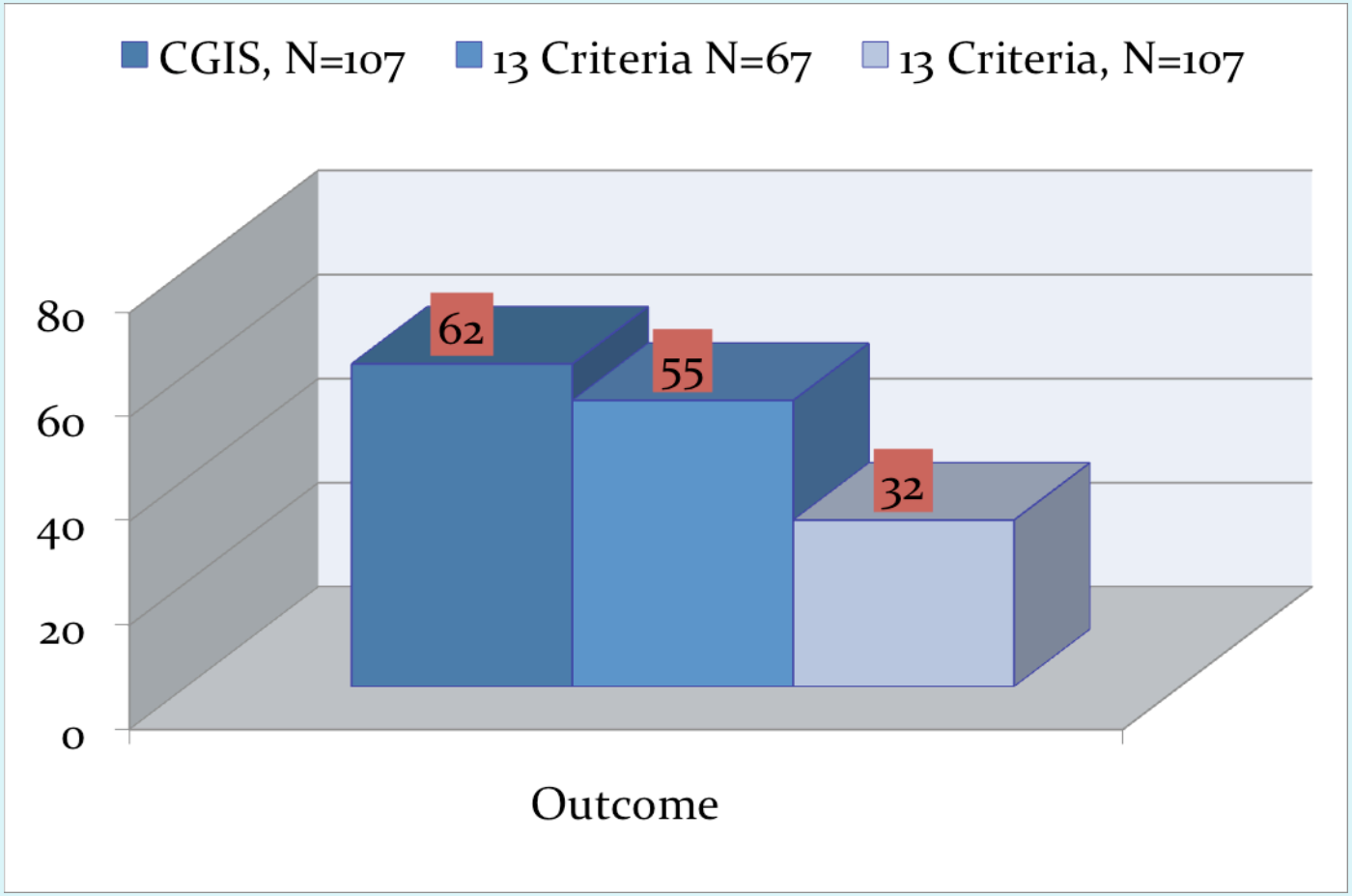


Productivity	1.Unproductive	2.Expression of productivity	3.Occasional Productivity	4.Productive with support	5.Productive without support

Global Social outcome



Re-assessed outcome at 10 years



Need to re-define outcome measures to capture real-life situation

- A significant number of patients (about 40%) who are conventionally considered to be of good outcome continue to live with varying degree of symptoms.
- It appears that available outcome measure do not capture real-life situation and these measurement tools are required to be more specific , comprehensive and sophisticated
- Present study also highlights lower elapse rate (60%), economic independence in 70% and improved social functioning in 64% of patients at the end of ten years

Discussion

- Poorly defined cohorts and weak study designs have hampered cross-cultural comparisons of course and outcome in schizophrenia (Harrison G,. 2001.)
- Best outcome from different countries are varying between 34% to 62% , By and large at ten Years the outcome is not more than 40-50%
- Outcome in schizophrenia is a multidimensional measure, therefore it needs to be performed on different parameters.
- Attempts are required to successfully integrate these measure into composite scale for easy understanding to define how different parameters can be converged to point out same measure of outcome , is a challenge at present

- Several international studies of long term outcome show a variable rate of remission between 33 to 50% from developed countries. (Harrow, et al 1997; Martin Knap, 1997; Westermayer & harrow, 1984)
- DOSMED Study from India showed a remission rate of 62% at 5 years
- A global recovery rate of 62% as per CGIS at the end of ten year period of Continued treatment is comparable to other long term studies from Indian Cities (Harrison G, *et al*; Br J Psychiatry. 2001 Jun;178:506-17

Conclusion

Schizophrenia is a complex neurobehavioral disorder with limited outcome.

Half of the patients improve with no concomitant difficulty while another half improves varieties of disability

Outcome measures in schizophrenia need to be re-structured to capture real-life situation.

Limitations

Major limitation of the study is small sample size for better correlations & high drop out rate which indicate difficult situation in the city regarding time, transport and lack of support, besides the expense involved.

Merits

The study highlights as to why people suffering from schizophrenia remain marginalized even after recovery. Treatment methods need to address status of recovery

It also highlights that prevailing outcome measures need to be re-formulated and made more sophisticated.