

Sociodemographic Profile of Schizophrenia Patients on Oral Antipsychotics and Long Acting Antipsychotics - A Hospital Based Study

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ABSTRACT

Introduction: Schizophrenia a backbone of psychiatry is challenge to modern psycho-pharmacotherapy. The psychotropics like first and second-generation antipsychotics are the main form of treatment in schizophrenia. These drugs have several short-term, as well long-term advantages, and help to reduce symptomatology but adherence to medication especially oral medication is always an issue. Therefore, long-acting injectable antipsychotics are used in patients with schizophrenia for better outcome and quality of life. Aims and Objectives of the study were to study the socio-demographic profile of schizophrenia patients who were on oral antipsychotics and long acting antipsychotic injectables.

Material and Methods: The aim was to study Sociodemographic profile of Schizophrenia patients on oral and long acting antipsychotics. It was a cross-sectional observational study included all Schizophrenia patients with no history of any medical comorbidity. Sociodemographic profile was noted for each patient. Socio-economic status was determined by Kuppuswamy's Scale.

Results: In current study majority of patients on long acting injectable antipsychotics were from middle socioeconomic class with fair social support.

Conclusion: The monthly expenditure of long acting antipsychotics especially second-generation seems to be expensive so, we conclude from this study that the price of long-acting antipsychotics should be reduced to a level of affordability of patients with minimal social support.

Keywords: Sociodemographic, Schizophrenia, Long Acting, Antipsychotics

INTRODUCTION

Various treatment options are available for schizophrenia dating back from magic to electroconvulsive therapy.¹ However, the era of pharmacotherapy for treatment of schizophrenia started with the use of antipsychotic chlorpromazine.² The pharmacotherapy is a central and essential element of the work of mental health professionals for management of Schizophrenia patients.^{3,4} As clinicians we struggle daily with patients having no insight of illness and do not perceive the need of medication.⁵ Some patients feel it cumbersome to take daily life long medication and results in poor adherence to treatment plan.⁶ In order to overcome the problem of daily intake of oral medication, antipsychotics are made available in the form of long acting injectables to increase the compliance.

Study aims and objectives were to study the socio-

demographic profile of schizophrenia patients who were on oral antipsychotics and long acting antipsychotic injectables.

MATERIAL AND METHODS

The present study was conducted over a period of one and half year from March 2016 to August 2017 at Post Graduate Department of Psychiatry, Government Medical College having both in and out-patient facility for patients of schizophrenia catering to the whole Kashmir valley along with Ladakh and adjoining parts of Jammu. Thus the patients in the study were fair representation of the population of whole state. It was a cross-sectional observational study included all Schizophrenia patients with no history of any medical comorbidity. The patients were selected from both in and out patient departments who were on long acting antipsychotics. Written informed consent was obtained in the local language understandable to the patient, and those who were considered incapable of consenting had participated in the study with the consent of their closest family member or legal guardian and ascent from child was taken. Patients were informed about the purpose of the interview in detail. Sociodemographic profile was noted for each patient. Socio-economic status was determined by Kuppuswamy's Scale. This scale divides society into five social classes: Upper (I), Upper Middle (II), Lower Middle (III), Upper Lower (IV) and Lower (V) socioeconomic status.⁷

RESULTS

During the one and half year study period, a total of 102 patients with schizophrenia were taken in the study. Out of

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which 51 were on oral antipsychotics and 51 were on long acting injectable antipsychotics. The Sociodemographic

Age Group (Years)	Frequency (%age)	
	oral antipsychotics	long acting antipsychotics
<20	2 (3.92%)	0
20-39	27 (52.94%)	44 (86.27%)
40-59	19 (37.25%)	07 (13.72%)
>60	3 (5.88%)	0
Gender	Frequency (%age)	
	oral antipsychotics	long acting antipsychotics
Male	35 (68.62%)	39 (76.47%)
Female	16 (31.37%)	12 (23.52%)
Residence	Frequency (%age)	
	oral antipsychotics	long acting antipsychotics
Urban	24 (47.05%)	28 (54.90%)
Rural	27 (52.94%)	23 (45.09%)

Table-1: Sociodemographic variables

Education	Frequency (%age)	
	Oral Antipsychotics	Long Acting Antipsychotics
Illiterate	29 (56.86%)	12 (23.52%)
Literate	22 (43.13%)	39 (76.47%)
Marital Status	Frequency (%age)	
	Oral Antipsychotics	Long Acting Antipsychotics
Married	12 (23.52%)	20 (39.21%)
Unmarried	35 (68.62%)	31 (60.78%)
Divorced/ Separated	02 (3.92%)	0
Occupation	Frequency (%age)	
	Oral Antipsychotics	Long Acting Antipsychotics
Employed	15 (29.41%)	31 (60.78%)
Unemployed	36 (70.58%)	20 (39.21%)

Table-2: Sociodemographic variables

Family type	Frequency (%age)	
	Oral Antipsychotics	Long acting Antipsychotics
Nuclear	29 (56.86%)	30 (58.82%)
Extended Nuclear	12 (23.52%)	12 (23.52%)
Joint	10 (19.60%)	09 (17.64%)
Social Support	Frequency (%age)	
	Oral Antipsychotics	Long acting Antipsychotics
Minimal	39 (76.47%)	08 (15.68%)
Good	06 (11.76%)	12 (23.52%)
Fair	09 (17.64%)	31 (60.78%)
Socioeconomic Status	Frequency (%age)	
	Oral Antipsychotics	Long acting Antipsychotics
Upper	00	02 (3.92%)
Upper Middle	02 (3.92%)	13 (25.49%)
Lower Middle	12 (23.52%)	31 (60.78%)
Upper lower	24 (47.05%)	04 (7.84%)
Lower	13 (25.49%)	01 (1.96%)

Table-3: Sociodemographic variables

variables of all the patients were tabulated in SPSS and results were statistically analysed represented in the form of frequencies and percentages. The results are tabulated below in table 1,2 and 3 along with brief description of clinical variables.

Table 1 represents age, sex and geographical distribution of patients on oral and long acting antipsychotics. The majority 52.94% and 86.27% were in age group of 20-39 years of schizophrenia patients on oral and long acting antipsychotics respectively with mean age of 32 (± 8 SD) years. 68.62% males were among oral antipsychotic group and 76.47% were males from long acting antipsychotic group. The patients were almost equally distributed in rural and urban group from both groups of patients.

Table 2 represents distribution of educational, marital and occupational status of patients. The majority of patients were literate (76.47%), unmarried (60.78%) and employed (60.78%) in long acting group while as in oral antipsychotic group most of them were unmarried (68.62%) and unemployed (70.58%).

Table 3 represents distribution of family type, social support and socioeconomic status of patients. The majority of patients were from nuclear family in both groups. Most of the patients taking oral antipsychotic belong to upper lower socioeconomic class (47.05%) with minimal social support (76.47%). Patients on long acting antipsychotics were mostly from middle class (13+31=25.49%+60.78%) socioeconomic family of fair social support (60.78%).

DISCUSSION

The current study was conducted including both outpatient and inpatient department of psychiatry of GMC Srinagar. In this study, attempts were made to assess and compare the socio-demographic variable of schizophrenia patients on oral and long acting injectable antipsychotics. The current study revealed that most of the patients were in the age group of 20-39 years and males dominated the females in both oral as well as long acting antipsychotic group. This distribution can be explained by the early onset of schizophrenia with higher prevalence in males and preference of this group for long acting antipsychotics for better quality of life.⁸

Majority of patients were unmarried in both groups of patients which can be explained by the fact that due to illness people with schizophrenia choose not to get married as it can lead to adjustment problem for the partner and for themselves too and such patients could find difficulty in role expectation in terms of social, emotional, moral, and sexual.⁹ It is found that most of patients were unemployed however more among oral antipsychotic group than long acting antipsychotic group. The present study findings are consistent with the findings of Brekke¹⁰ which reported that person with schizophrenia are having impairment in vocational ability and lack of adequate social competence and necessary social skill in workplace. The current study revealed that most of patients were from lower socioeconomic class with minimal social support in oral antipsychotic group but in long acting group patients were mostly from middle socioeconomic class with fair social support. The study by

Van et al¹¹ reported that social disadvantages like poverty, discrimination, unemployment, family dysfunction and poor housing conditions are high risk factors for schizophrenia. The study by MC Gurk et al found schizophrenic population group were higher degree in low income category.¹²

CONCLUSION

While in long acting antipsychotic most of the patients were from middle class families with fair social support which was the only Sociodemographic variable different in two groups of patients. Since the monthly expenditure of the long acting is more than oral antipsychotics therefore most of the schizophrenic patients being unmarried, illiterates, and unemployed from lower socio-economic families with poor social support prefer oral medication. The oral medication needs to be taken daily and needs constant family supervision which is not possible in today's busy schedule of life of caregivers and is the main reason of poor compliance or adherence to antipsychotic medication in schizophrenia patients, leads to poor outcome and prognosis. Therefore, it is recommended that price of long acting medication should be reduced to minimum so that affordability can be met by poor schizophrenics for better prognosis.

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