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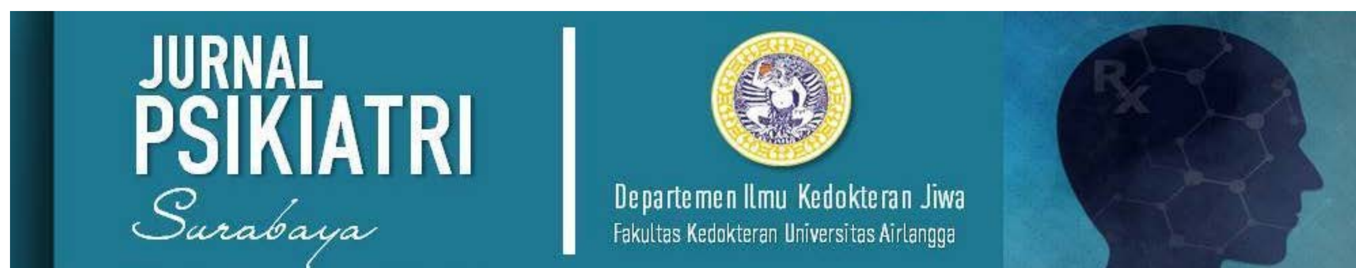

Case Report

The Importance of Family Support in Successful Treatment of Schizophrenic Patient

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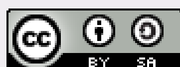

Abstract

Schizophrenia is a treatable disease but requires patient's high adherence to treatment. Family support of a schizophrenic patient plays an important role in encouraging the patient to continue his treatment. This report aims to enhance the importance of family support of schizophrenic patient in patient's adherence to achieve a good mental health for all family member. A hospitalized male paranoid schizophrenic patient who was admitted and observed in Dr. Soetomo General Hospital from September 15th-25th, 2020. Patient came to the hospital with chief complaint could not stop talking (rambling) since 1 day before admission. Patient could neither eat nor sleep for that day. Patient relapsed after stopping taking medication from the psychiatrist. The patient in this case suffered a relapse of his paranoid schizophrenia because he stopped taking medication. Lack of support from family is the most important factor in a schizophrenia patient. Psychoeducation to patient's family about schizophrenia and the importance of medication would be a great help for patient's adherence to treatment. Schizophrenia needs a long-life treatment. High adherence to treatment could improve schizophrenia's symptoms and prevent relapse. Family support is important to make sure the patient keeps taking his medicine regularly.

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INTRODUCTION

Schizophrenia is a chronic mental disorder with heterogenous clinical syndromes [1]. It affects patient's thought, feelings, and behaviours, could cause dysfunction in patient's family, work, or social life, whose diagnosis depends on the psychiatrist's assessment [2], [3]. It affects about 1% of the population in the world therefore makes it an important health issue [4].

The main clinical signs of schizophrenia are positive symptoms (delusions, hallucinations, thought disorder, disorganized speech), negative symptoms (flat affect, spontaneous speech reduction, social withdrawal, and reduced motivation), and cognitive symptoms (learning and attention disorders, could vary between individuals) [4]–[6]. One of schizophrenia treatments is using pharmacotherapy in order to control the active symptoms and to prevent relapse in the future [7]. The most important caregiver for a schizophrenic patient is his family themselves that helps him to return to society [8], [9].

CASE

The patient was a 31-years-old Javanese male. Patient was married and had a son but lived separately from them since the last 3 years. Patient worked as an Islamic teacher at an elementary school. Patient had been suffering from paranoid schizophrenia since patient was 17 years old. Patient had been smoking 3 cigarettes a day since the last 12 years, denying alcohol or other psychoactive substance abuse. Patient was the second child, with one older sister and one younger brother.

The patient was brought to the emergency room of Dr Soetomo General Hospital Surabaya on September 15th, 2020 by his mother because the patient could not stop talking since the last 1 day before admission. Patient kept reciting Al-Quran verse and theology topic that patient had learnt. Patient could neither eat nor sleep for that day.

The next day patient suddenly felt the urge to meet his wife and looked for her in his neighbour's house in the dawn. Patient knocked his neighbour's door and when patient saw his neighbour's wife, patient immediately hugged her, and did not release his hug even after the woman screamed and forced him to let her go. Patient said patient tried to release his hug but was unable to do so because patient could not control his body. Patient finally released his hug after that woman's husband and other neighbours hit him and dragged him apart. Patient heard no strange voice at that time. His mother brought him to another hospital's emergency room and patient finally stopped talking uncontrollably after patient got injected. His mother brought him to our hospital then because the patient insisted to be admitted at our hospital.

The patient was first diagnosed with paranoid schizophrenia when patient was 17 years old. Patient was admitted for 2 weeks after being unreasonably angry with all people around him and then allowed to go home and continued his treatment by taking oral antipsychotic medicine. Patient was readmitted some days later with the same complaint of anger. Patient got discharged after 2 weeks and continued to take his oral antipsychotic medicine (Risperidone 1 mg, once a day every night) regularly since. Patient was never admitted again until this admission in September 2020.

After being discharged from the hospital, the patient continued his study until patient had graduated from university and worked as an Islamic teacher after. Patient got married on 28 years old (in January 2017) and lived with his wife and his mother in law in his mother in law's house. His wife and his mother in law did not know about his illness before. His wife was surprised when patient told her about his illness and his obligation to take antipsychotic medicine regularly. She asked him to stop taking his antipsychotic medicine because she thought the patient was not crazy and did not have to take the medicine. The patient finally stopped taking his antipsychotic medicine on April 2017 (5 months before admission).

The patient started showing relapse signs in July 2017 (3 months after patient stopped taking his medicine). Patient often looked confused, could not work well, withdrew himself from social life, and was being unreasonably angry often. Seeing his instability, his mother in law forced him to leave her house and his wife, who was pregnant at that time, and asked him to live with his parents.

The patient moved to his parents' house and started to take his antipsychotic medicine again in September 2017 with higher dose (Risperidone 2 mg, twice a day). Patient showed improvements of his symptoms and was able to work for a year in a restaurant. One day patient had a conflict with his work mate and resigned from his work. Patient stopped taking his medicine after patient quitted his work in 2018.

For a whole year in 2019 patient did not take any medicine. Patient was able to do his activities of daily living, but patient did not work. Patient was also irritable for most of the time. In January until September 2020 patient started to take his medicine again (Risperidone 2 mg, twice a day) but irregularly. Patient had some episodes of massive anger but no physical aggressivity toward others.

During the examination, the patient was conscious and had good orientation though patient looked a bit tense. Patient had non-realistic thought form with delusion of control. Patient had a

history of auditory hallucination (1 week before admission). PANSS (Positive and Negative Syndrome Scale) assessment was done to this patient to measure the disease severity and his PANSS was 58 with P (Positive symptoms) 16, N (Negative symptoms) 16, dan G (General symptoms) 26 that indicated patient was mildly ill. Routine blood test, liver and renal function test, electrolyte serum, and blood glucose were within normal limit.

The patient was angry and agitated on his first day of admission and we decided to give him 5 mg of Haloperidol injection intramuscular and 10 mg of Diphenhydramine injection intramuscular for 3 days. Patient also had Risperidone 2 mg, twice a day and Lorazepam 1 mg at night when patient had difficulty to sleep.

The patient was cooperative during his treatment and showed improvements day by day. There was mood improvement on 2nd day of admission and no episode of anger since. Patient still had auditory hallucination during his first days of admission, but it was gone on 8th day of admission. There was no aggressive nor impulsive behaviour during the admission. The patient was discharged on the 11th day of admission and continued to take his antipsychotic medication orally (Risperidone 2 mg, twice a day).

One week after the patient's discharge, patient was able to go back to work. Due to current pandemic situation, patient taught Islamic subject to his elementary school students via online learning. Patient was able to do his activities of daily living independently and did 5-times-sholat regularly every day. Patient was also willing to socialize with his neighbours around him

DISCUSSIONS

Here, we describe a case of paranoid schizophrenia with non-adherence to treatment. Most schizophrenia typically manifests in late adolescence or young adulthood [10]. In this case, the patient had been suffering from paranoid schizophrenia since patient was 17 years old. His chief complaint at that time was uncontrollable anger and irritability (dominated by positive symptoms) toward people around him. Patient got admitted twice, each was for 14 days, for his first episode of illness and continued his treatment by taking oral antipsychotic medicine (Risperidone 1 mg once a day at night) regularly after patient got discharged. The optimal use of antipsychotic medicine in early treatment aims to reduce symptoms and improve outcomes [6]. When the patient took his antipsychotic medicine regularly, patient never had even a single relapse episode in 11 years.

After patient got married in January 2020, patient's wife forbade him to take his antipsychotic medicine, in lack of her knowledge about mental disorder. The patient stopped taking his antipsychotic medicine in April 2020 and started showing signs of relapse 3 months later in July 2020. This is highly likely to happen because the use of antipsychotic only dampen the clinical symptoms of schizophrenia so when the patient stopped taking it, the symptoms are being reappeared and there are chances of drug intolerance and drug resistance [11], [12].

Adherence to treatment are very important factor to prevent relapse in schizophrenic patient. Beside adherence to treatment, stressful situation and emotional expression from family also affecting symptom of schizophrenia [13]. Patients with poor adherence to treatment have 3.7 times greater average risk of relapse than patients with good adherence [14]. Nonadherence to treatment has some negative impacts on the course of illness such as getting a relapse, rehospitalization, longer time to remission, and also attempted suicide [15].

Schizophrenia does not only affect the patient but also the patient's family, considering they will be the life-long main support system to the schizophrenic patient [16]. Patient's family member, in this case was patient's wife, was expected to accept and understand about patient's illness so she could take care and support the patient because it could affect the long-term outcome of the treatment [8]. Environmental supports' role to cue and reinforce patient in taking medication has been proved to be among the most effective strategies for individuals with physical illnesses as well as mental illnesses [17].

One of the important factors to improve compliance is therapeutic alliance and that is the reason family support is important to improve the prognosis of schizophrenia [12]. Family should be the main support system in order to bring schizophrenic patient to his social live [18]. Schizophrenic patients who do not have support from their family member tend to have more positive and negative symptoms, and more disorganized thinking [19]. However, clinicians should aware that treatment adherence is not the true goal of therapy. Symptom control, health improvement, and better chance of recovery should be the main goals [20].

CONCLUSIONS

Schizophrenia is a chronic mental disorder that needs a long-life treatment including antipsychotic medication. A schizophrenic patient who takes his antipsychotic medication regularly and responds well to the treatment, is highly possible to continue to work and live like other normal people. Sometimes the obligation to take antipsychotic medication regularly every single day brings a burden to the patient himself. Here is where family support plays an important role. They are expected to be able to give support and also to explain the importance of patient's adherence to treatment that aims to reduce his symptoms and therefore make the patient able to do his activities of daily living and also his work and social life. They are also expected to make sure the patient keeps taking

his medicine regularly. High adherence to treatment could improve schizophrenia's symptoms and prevent relapse in the future.

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