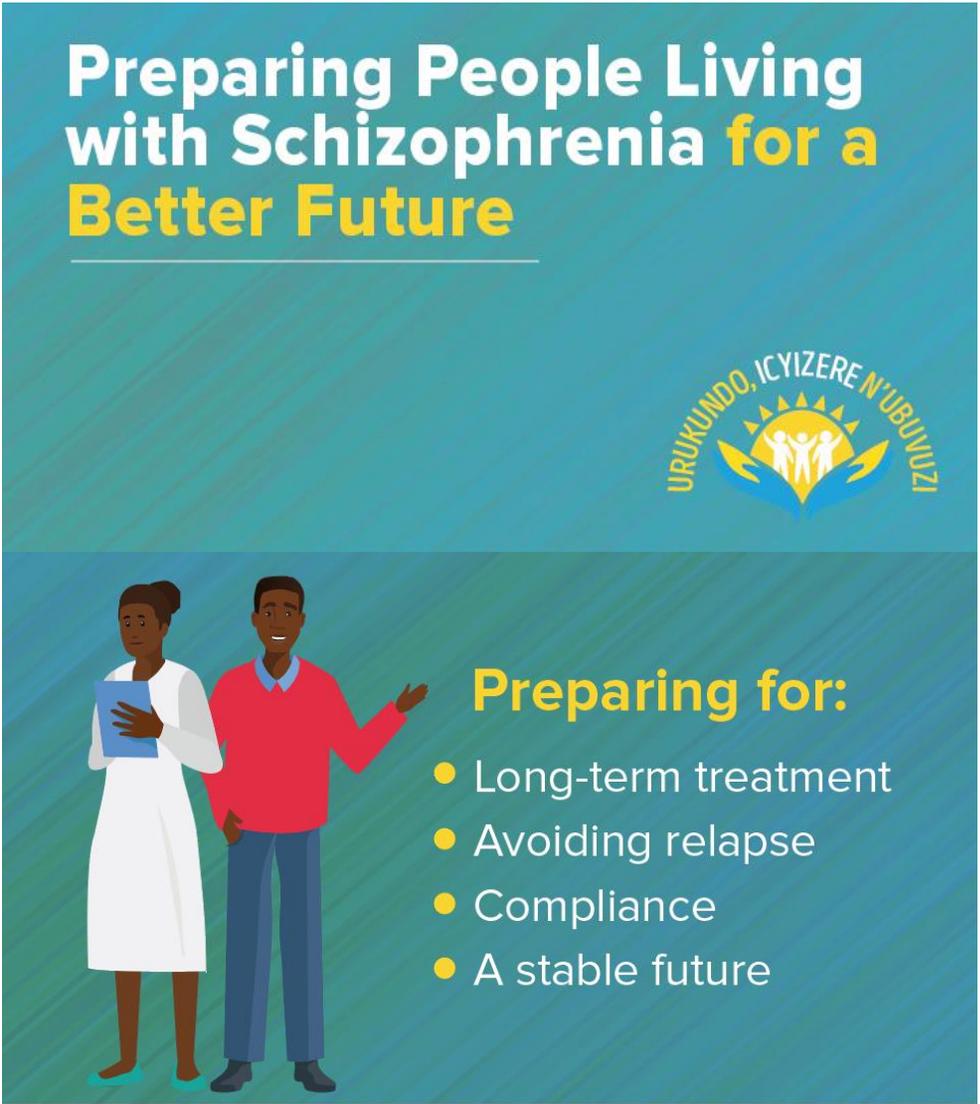


VO	Visual Cues	
<p>Suggested Title: Preparing people living with schizophrenia for a better future</p> <p>Welcome to the final video of our series on schizophrenia in Rwanda. So far, we have looked at the characteristics of schizophrenia, the main treatment approaches, and strategies for collaborating with patients and caregivers.</p>	<p>Title Card: Preparing people living with schizophrenia for a better future</p>	 <p>Preparing People Living with Schizophrenia for a Better Future</p> <p>URUKUNDO, ICYIZERE N'UBUJUZU</p> <p>Preparing for:</p> <ul style="list-style-type: none"> ● Long-term treatment ● Avoiding relapse ● Compliance ● A stable future

We will now round off the series by looking at further ways we can prepare people living with schizophrenia for long-term treatment, help them avoid relapse, comply with their treatment plan and build a more stable future.

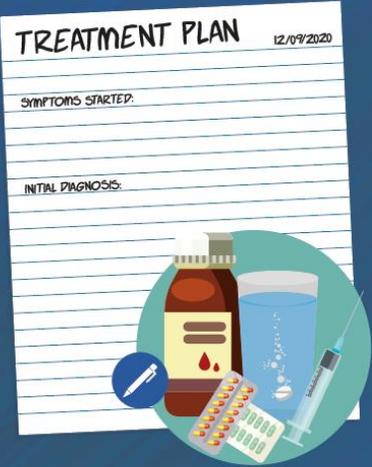
Super [Builds with VO]:

- Preparing for:
- 1) Long-term treatment
 - 2) Avoiding relapse
 - 3) Compliance
 - 4) A stable future

The overarching aims of treatment planning must be to promote and maintain recovery, to maximize quality of life and adaptive functioning, and to reduce or eliminate symptoms.

Super [Builds with VO]:

- Overarching aims of treatment planning
- 1) Promote and maintain recovery
 - 2) Maximize quality of life and adaptive functioning
 - 3) Reduce or eliminate symptoms



Overarching aims of treatment planning

- Promote and maintain recovery
- Maximize quality of life and adaptive functioning
- Reduce or eliminate symptoms

To achieve these aims, it is crucial to identify the patient's aspirations, goals for treatment, and treatment-related preferences.

The American Psychiatric Association (APA) Guidelines are among the most widely used treatment guidelines for schizophrenia.

These guidelines recommend that people with schizophrenia have a documented, comprehensive, and person-centered treatment plan that includes evidence-based non-pharmacological and pharmacological treatments.

The optimal treatment of schizophrenia will, of course, depend on the individual, their social circumstances, risk factors, co-morbidities and treatment history.

And because treatment is a lifelong process, it will inevitably need adjusting as time goes on.



CHAPTER HEADING:
**Engaging Family
Members and Other
Support People**

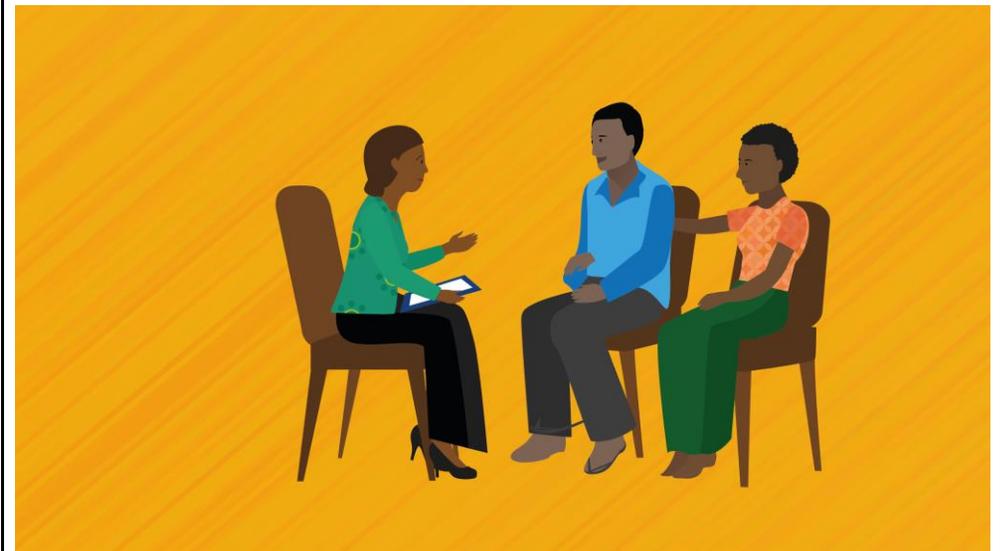
Engaging Family Members and Other Support People



Identifying and monitoring all of the factors involved in the development of a treatment plan is a complex process, and it is often helpful to consult with both the patient and their caregivers and family – not only at initial assessment, but as treatment proceeds and the treatment plan is updated.

Visual [Other support
material currently in
development]

Family members and others involved in the patient's life may express specific concerns about the individual's symptoms or behaviours, which, if present, should be documented and addressed.



For many people here in Rwanda, praying and attending church are an integral component in healing and recovery, and this must be acknowledged and affirmed. But always emphasize that medicine is (1) the cornerstone of treatment for schizophrenia, and (2) taking one's medication regularly is the most important action for recovery. Remind patients that they can take medicine and also pray.

Most patients welcome the involvement of family members and caregivers.

As the healthcare provider, you should champion and encourage this involvement as it can have a transformative impact on a patient's journey.

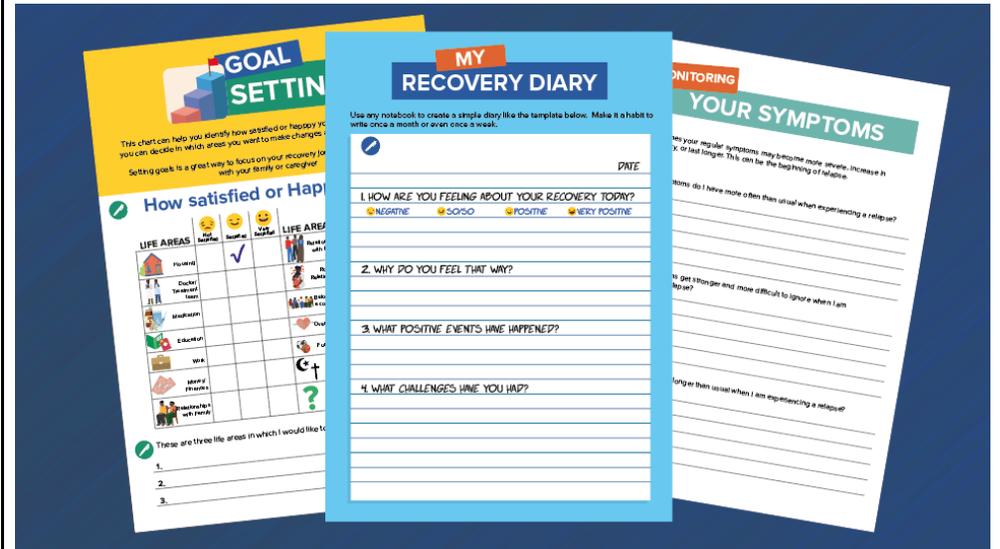
You can actively engage caregivers and family members by explaining to them how they can play an important role on the care team, providing educational materials, and directing them to relevant organizations for support.



A common barrier to good collaboration between patients and healthcare providers is the real - or perceived - stigma that a patient does not have the mental capacity to provide reliable information, opinions or insight into his or her treatment.

You can break down this barrier by inviting the patient to speak openly and listening to his or her opinions on their treatment course. Encourage patients to keep treatment diaries, like the ones found in the illustrated comics that are part of our “Love Hope and Treatment” campaign. Make sure they feel confident that you will listen to their opinions and insights.

Visual: Treatment diary within illustrated booklets.



CHAPTER HEADING:
**Monitoring Risk
Factors**

Monitoring Risk Factors



There are multiple risk factors to be monitored with people living with schizophrenia. Here we will just highlight some of the most common ones around suicide, aggression and overall mortality.

Identifying risk factors for suicidal and aggressive behaviours is an important part of developing a treatment plan.

The treatment plan should prepare for those periods where there is an increased risk of suicidal and aggressive behaviours, such as just after diagnosis or subsequent to hospital discharge.

Cannabis use may augment symptom severity in patients with schizophrenia, and other substance use disorders are associated with a poorer prognosis in these individuals, increasing the risk of suicide or aggressive behaviour. Thus, it is important for the treatment plan to address substance use disorders when they are present.

Smoking is a risk factor for increased mortality in individuals with serious mental illness. Smoking cessation approaches will typically follow guidelines for the general population, but it should be noted that smoking cessation may be lower in individuals with schizophrenia than in the general population.

It is important for the **treatment plan to address substance use disorders when they are present**



CHAPTER HEADING:
Monitoring During Treatment

Monitoring During Treatment



During treatment with an antipsychotic medication, it is important to monitor medication adherence, therapeutic benefits, and treatment-related side effects.

If a lack of response is noted, additional assessment will be needed to identify and address possible contributors, including nonadherence. Regular monitoring can help detect a return of symptoms prior to a more serious relapse.

Monitoring for the presence of side effects is also important throughout the course of antipsychotic treatment. Some side effects may

During treatment with an antipsychotic medication, it is important to monitor:

- medication adherence
- therapeutic benefits
- treatment-related side effects

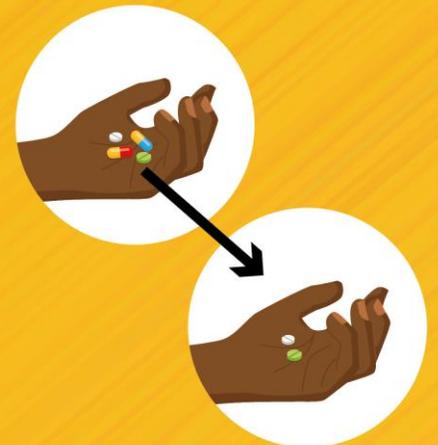
dissipate after treatment initiation, whilst others may emerge or increase in severity as treatment continues.

While the side effects may occur, in most cases, they are manageable. We will go over general strategies for the management of adverse effects of antipsychotics, and more details can be found in the reference booklet accompanying this video.

The first strategy of side effect management is to lower the dose. This strategy is best when the adverse effect is dose-related and not medically urgent. The goal is to get the patient on the lowest dose that maintains efficacy while minimizing side effects. Common side effects successfully managed by this strategy are parkinsonism, sedation, hyperprolactinemia, orthostatic hypotension and anticholinergic effects.

STRATEGY 1:
Side Effect Management

lower the dose



The second strategy is to switch the patient to an antipsychotic with a different adverse effect profile. More information about side effect profiles can be found in the video of this series called Treatment Options in Schizophrenia.

Switching to a medication that is less likely to cause the problem has proven effective in addressing dyslipidemias or weight gain. Switching antipsychotics is ideally done gradually using a cross-titration completed within two to four weeks.

STRATEGY 2: Side Effect Management

Switch the patient to an **antipsychotic** with a **different side effect profile**



The third strategy is to use a nonpharmacological intervention. This strategy has been moderately useful in addressing weight gain and related dyslipidemias through diet and exercise programs.

STRATEGY 3: Side Effect Management

nonpharmacological interventions



The fourth strategy is to treat the side effect with a concomitant medication. This is a common, yet suboptimal, approach because beneficial effects of concomitant medications are often modest, and these medications may have side effects of their own, or introduce the potential for drug-drug interactions with existing therapies.

STRATEGY 4: Side Effect Management

**concomitant
medication**



CHAPTER HEADING:
**Non-response or
Partial Response to
Treatment**

**Non-response or
Partial Response to Treatment**



If the patient shows no significant

improvement after several weeks of treatment, or if improvement plateaus, it is important to consider what factors might be influencing treatment response.

Such factors include non-adherence, concomitant substance use, rapid medication metabolism, poor medication absorption, interactions with other medications and other causes of altered drug metabolism, such as smoking.

If no factors have been identified that would affect treatment response, raising the dose for a finite period can be tried. And if this fails, a different antipsychotic medication should be considered.

For all patients with treatment-resistant schizophrenia, it is important to conduct a review of the treatment plan at periodic intervals.

In addition to a review of prior medication trials, it is essential to review the psychosocial treatments that a patient has received and whether addition of one or more psychosocial interventions would be of benefit.

it is important to consider what factors might be influencing treatment response such as:



- non-adherence,
- concomitant substance use,
- rapid medication metabolism,
- poor medication absorption,
- interactions with other medications,
- and other effects on drug metabolism such as smoking.

CHAPTER HEADING:
Addressing Non-Adherence

Addressing Non-Adherence



Maintaining adherence to treatment is often challenging, and poor adherence is associated with poor outcomes, including increased risks of relapse, hospitalization, and suicidal and aggressive behaviours.

Treatment planning to address adherence will depend on the specific contributing factors.

ISSUES THAT MAY INFLUENCE ADHERENCE

INCLUDE:

(but are not limited to)



Lack of awareness of illness



Forgetting to take doses



Difficulties managing complex regimens

Issues that may influence adherence include, but are not limited to, lack of awareness of illness, forgetting to take doses, difficulties managing complex regimens, aversion to a particular format such as injections or tablets, conditions like depression or substance abuse, and cultural beliefs about illness and treatment.

By successfully identifying the causes of non-adherence, you will be better equipped to find strategies to combat it. A list of common issues that influence adherence can be found in the booklet of the same title: preparing people with schizophrenia for a better future.

ISSUES THAT MAY INFLUENCE ADHERENCE

INCLUDE:

(but are not limited to)



Aversion to a particular format such as injections or tablets



Conditions like depression or substance abuse



Cultural beliefs about illness and treatment

CHAPTER HEADING:
**Other Concomitant
Psychiatric and
Health Conditions**

Other Concomitant Psychiatric and Health Conditions



Depressive symptoms are common in individuals with schizophrenia. Likewise, many individuals with schizophrenia have experienced adversity or childhood violence. The impact of these experiences will need to be considered as part of a patient-centred treatment plan.

Co-occurring anxiety disorders may also be present.

Any treatment plan must take into account medications being taken for concomitant psychiatric symptoms, as it is possible – as in the case of benzodiazepines or stimulants – that these medications might affect outcomes.

Concomitant health conditions are more frequent in individuals with serious mental illness in general and schizophrenia in particular. Such disorders or other health conditions include but are not limited to: poor oral health; hepatitis C infection; HIV infection; cancer; obesity and diabetes. These disorders, if present, can contribute to increased mortality or reduced quality of life and some may be induced or exacerbated by psychiatric medications' side effects.

It is therefore important that patients have access to primary care

Concomitant health conditions are
**more frequent in individuals
with serious mental illness**
in general and
schizophrenia in particular.

clinicians who can work with the psychiatrist to diagnose and treat concurrent physical health conditions. The psychiatrist may also provide ongoing monitoring and treatment of common medical conditions in conjunction with primary care clinicians.

Such disorders or other health conditions include but are not limited to:

- poor oral health
- hepatitis C infection
- HIV infection
- cancer
- obesity
- diabetes

**CHAPTER HEADING:
Continuing and
Switching
Medications**

**Continuing and
Switching Medications**



As previously stated, currently there

is no cure for schizophrenia. Rather, the aim of the treatment is to control the symptoms through ongoing treatment.

For patients whose symptoms have improved with an antipsychotic medication, there are a number of benefits to maintenance treatment, including reduced risks of relapse. But it should be noted that long-term use of antipsychotic medications could be associated with a greater incidence of side effects such as weight gain, sedation, and movement disorders.

However, these risks may be able to be mitigated by preventive interventions and careful monitoring for side effects. Nevertheless, as treatment proceeds the pluses and minuses of continuing on an antipsychotic medication should be reviewed with the patient and – where possible – family members, caregivers or other persons of support.

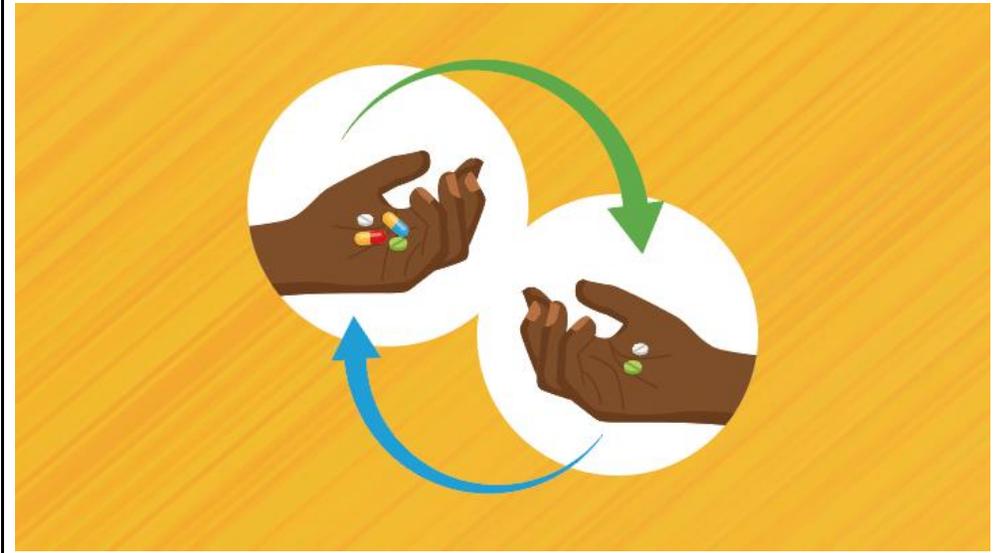
For most patients, it will be optimal to continue with the same medication. Nevertheless, under some circumstances, it may be necessary to change from one antipsychotic medication to another.

Antipsychotic medication **should be reviewed with the patient** and – where possible – **family members, caregivers or other persons of support.**



For example, a patient may have experienced some degree of response to initial treatment but may still have significant symptoms or difficulties in functioning that would warrant a trial of a different medication.

Other reasons might be the emergence of side effects such as weight gain or diabetes, medication availability, or changes in the suitability of oral versus injection formats.



CHAPTER HEADING:
Closing Notes

Closing Notes



Schizophrenia is a distressing condition. However, with timely diagnosis, careful treatment planning, the use of first-generation and second-generation antipsychotic medications and appropriate psychosocial interventions, we are able to effectively treat the symptoms of schizophrenia and help patients live fulfilling lives.

Remember, one of the best interventions you can make as a healthcare professional is to encourage and promote pro-active collaboration between yourself, the patient, and his or her caregiving team.

We hope the information in this video series has been of use, and we thank you again for your on-going efforts to improve how we treat schizophrenia in Rwanda.

Closing screen:
Appropriate logos &/or
contact details

