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Introduction

The ITAREPS system (Information Technology Aided Relapse Prevention Program in Schizophrenia) developed in Czech Prague Psychiatric Center, presents a mobile phone-based e-Health solution for weekly remote patient monitoring and disease management in schizophrenia and psychotic disorders in general.

Objectives

The program provides health professionals with home telemonitoring via a PC-to-phone SMS platform that identifies prodromal symptoms of relapse, to enable early intervention and prevent hospitalizations.

Aim

This work presents data on ITAREPS effectiveness obtained from a recent mirror-design follow-up evaluation carried out in Czech Republic and a randomized controlled trial performed in Japan.

Methods

A retrospective within-subject mirror-image study was performed to compare inpatient days and inpatient costs for 134 adults with psychotic illness (ICD-10 dg. F 2X.X) before and after at least one-year ITAREPS participation.

Results

The total number of hospitalizations and (inpatient days) decreased significantly from 159 and (6980) in pre-enrolment period to 47 and (3138) post-enrolment respectively (Wilcoxon-signed ranks test, Monte Carlo, exact test, two-tailed, $Z = 6.13$ /hospitalizations/, $p < 0.000001$ $Z = 6.41$ /inpatient days/, $p < 0.01$). Methodological weaknesses specific to mirror-image design were controlled by use of resampling method.

Outpatients with schizophrenia were randomized to the ITAREPS ($n = 22$) or control group ($n = 23$) and were observed during one- year follow-up (1).

Results: Time to rehospitalization was statistically significantly longer in the ITAREPS group than in the control group (Kaplan–Meier survival analysis, $13 p = 0.033$ /Fig.3), with a hazard ratio of 0.21 (95% CI 0.04–0.99). The total number of rehospitalization days (Fig. 4) was significantly lower in the ITAREPS group (37 days) compared with the control group (710 days, $p = 0.023$).

Conclusions

The ITAREPS presents a novel approach towards relapse prevention.

The robust effectiveness of ITAREPS program together with its low start-up and recurrent costs makes it an attractive consideration for long-term treatment in outpatients with schizophrenia and psychotic disorders in general.

Its web-based platform allows for implementation in clinical practice across different health care systems. This work was supported by grant IGA NT 14387 from Ministry of Health, Czech Republic