
MULTIDISCIPLINARY APPROACH IN PATIENTS WITH SEVERE PSYCHOTIC ILLNESS

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INTRODUCTION: Schizophrenia is a psychiatric disorder which involves chronic or recurrent psychosis and it is commonly associated with impairment in social and occupational functioning. Antipsychotic medications are a first-line treatment, however, most patients experience disabling impairment even after benefiting from antipsychotics, including positive and negative symptoms, cognitive deficits, poor social functioning and episodes of acute symptomatic relapse.

METHODS: Systematic literature review in UpToDate and Pubmed.

OBJECTIVES: To identify the most relevant intervention areas of systematic rehabilitation in schizophrenia.

CLINICAL CASE: 45 years old schizophrenic male who admitted in a Medium Stay Psychiatry Unit with severe behavioural impairment and psychotic symptoms. At least 10 hospitalizations and pronounced disability in basic life skills despite optimal treatment. Poor insight and compliance, frequent relapses, co-morbid substance abuse and difficult family support. Clozapine was added to his treatment with improvement in psychotic symptoms. A multidisciplinary intervention was also done and he was discharged home with important improvement in social skills, better insight and familiar functioning

DISCUSSION: Despite following an adequate antipsychotic treatment, including Clozapine as the main medication in resistant schizophrenia, it is often partially effective with severe impairments in social and occupational functioning. Family-based interventions, cognitive behavioural therapy and social skills training, added to this medication seem to be essential in the systematic treatment of schizophrenia. It includes a multidisciplinary team and a specific length of time but it is based on the patient's status. Despite evidence of their effectiveness, the availability of these interventions varies widely, as does the availability of clinicians to provide them.