



Long Term Management Of Relapse Prevention In Schizophrenia

March 29th 2014 - Vivanta by Taj, Begumpet, Hyderabad



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Long Term Management Of Relapse Prevention In Schizophrenia conference was an initiative by Asian Society of Continuing Medical Education. The CME was designed to get all the psychiatrists on one platform for exchanging their views and sharing their clinical experiences with each other about the challenges in treating Schizophrenia. Well known Psychiatrists from Southern India were invited to share their knowledge and Experience.

Date: 29th of March 2014

Place and Venue: Vivanta by Taj, 1-10-147 & 148, Mayuri Marg, Begumpet, Hyderabad

Total Participants: 63

CHAIRPERSONS:



Prof (Dr.) M.A.M. Khan
MD (psy)



Dr. S. Kalyanasundaram
MBBS, MD (Psy)

Speakers :



Dr. Harish Shetty
MBBS, DPM, MD (Psy)

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Dr. M. Phani Prasant
MD, MIPS

Panelists:



Dr. T. P. Sudhakar
MBBS, MD (Psy)



Dr. I. R. S. Reddy
MD, DPM (Psy)



Dr. G. Prasad Rao
M.D. D.P.M.

Topics:

- Relapse Prevention in Schizophrenia- Evidence based approach
- Case study
- Panel Discussion :
- Experience Sharing Forum: Managing relapse in Clinical practice
- Question and answers- Voting by participants

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Dr MAM Khan opened the session with introductory address. Much has been said and written about Schizophrenia. Causes are mostly unknown; and hence “cure” elusive. But early diagnosis and intervention and accepting and supporting environment make a world of difference in helping persons with schizophrenia and their families negotiate this complex and much misunderstood condition.

Dr. Harish Shetty, gave the key note address on “**Relapse prevention in schizophrenia-Evidence based approach**”.

He said-early proper treatment in schizophrenia to prevent every single episode of relapse is critical. Data suggest that during the 1st year of illness the largest decline of cerebral (gray matter) volume takes place .There is a high rate of relapse within 5 years after a first episode. Relapse prevention strategies should ensure periods of non-adherence to medication are minimized. **Depot offers 30% relative risk reduction in Relapse compared to oral antipsychotics.** Significantly fewer participants in the depot than in the oral group relapsed.

Long-acting injectable SGAs ensure continuous drug delivery, transparency of non-adherence, allow missed medication to be monitored, and addressed stability of plasma drug concentration beneficial for efficacy and side-effect profile

About the benefits with **Paliperidone Palmitate** he said-There is improved medication adherence and relapse rates as compared with oral risperidone; frontal lobe white matter volume was stable in patients treated with RLAI but decreased in patients treated with oral risperidone. He has more than 1 year experience with **Injectable Paliperidone Palmitate**. He said it has definitely better acceptability-almost 90% of those who were started on it are continuing.

Side effects : in terms of EPS are much less

No Parkinsonism symptoms.

Akathisia is also much less. He concluded in the end that-

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Relapses and chronicity are the characteristic features of schizophrenia.

Patients have to be on maintenance & Continuous treatment.

Compliance is a major issue with oral antipsychotics.

‘Depot preparations need to be preferred in Pts with compliance issues’.

Dr.M.Phani Prasant explained the rationale for Injectables by presenting the cases. He stressed on psychosocial interventions: Disease education, treatment education; structured day scheduling in a half way house, daily incremental occupational therapy, Incremental exposure to responsibilities. Insight orientation, Education about treatment plan.

What he found was-Lack of social support, difficulty in monitoring, questionable compliance post hospitalization, Interpersonal issues with the caregiver, apathy of other significant relationships to support the client; past history of relapses due to irregular medication- these are some of the reasons why injectables are preferred.

Dr. Kalyana Sundaram and Dr.MAM Khan summed up the Relapse Prevention in Schizophrenia management. They stressed on why more and more emphasis should be given on the long acting injectibles.

The last session at the CMEs was the game Based approach towards a better understanding of the subject. In this total 9 questions were flashed on the screen one by one. They all had 4 or 5 options. The digital answering pads were given to the delegates. The delegates were given 15 seconds to answer each question. After 15 seconds the answers were flashed on the screen which were eventually explained by the Faculties, panelists and the chairpersons. Dr. Prasad G Rao conducted this session involving all the panelists. This turned out to be the most engrossing and interactive session.

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Feedback by the Participants:

Would like to have more CMEs on-

- Obstructive compulsive disorder.
- Psychosexual disorders.
- Rehabilitation of patients suffering from dementia.
- Suicidal Prevention.
- Bipolar Mood Disorder
- Evidence of Brain damage in patients who have episodic illness on regular medications V/S those not on regular medicines.
- Treatment resistant Schizophrenia.
- Treatment resistant Depression
- Endophenotype and Relapse prevention in Schizophrenia
- Functional recovery- Is it a dream or Reality ?

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Photos of the event



Faculties giving lecture



Chairpersons expressing views

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Audience interacting with Chairpersons & Panelists & Speakers

