

ANTIPSYCHOTICS AND THE QUALITY OF LIFE OF SCHIZOPHRENIC PATIENTS

Svjetlana Loga-Zec¹ & Slobodan Loga²

¹Institute of Pharmacology, Clinical Pharmacology and Toxicology, Medical Faculty,
University of Sarajevo, Sarajevo, Bosnia and Herzegovina

²Academy of Sciences and Arts of Bosnia and Herzegovina, Sarajevo, Bosnia and Herzegovina

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SUMMARY

Patients' attitudes and values, their concept of illness and health as well as their previous experiences with medication may significantly affect the subjective response to antipsychotics. Quality of Life (QOL) has holistic concept that includes consideration of economic development, social vitality and environmental health. For most of the researches, QOL has an umbrella concept, which covers all aspects of life and includes physical and mental health, family relations, friendship, employment, leisure activities, medical treatment and quality of care, psychological and social benefit. In the domain of mental health, increasing the quality of treatment can be demonstrated through improvements of QOL of those using the mental health services. When measuring QOL in patients taking antipsychotics, it is important to acknowledge that a variety of factors may influence the QOL outcomes: these include side effects and daily dosage of the antipsychotic, depressive and negative symptoms, duration of treatment, and subjective tolerability.

Key words: antipsychotics - schizophrenic patients - quality of life (QOL)

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INTRODUCTION

Patients' attitudes and values, their concept of illness and health as well as their previous experiences with medication may significantly affect the subjective response to antipsychotics. When measuring QOL in patients taking antipsychotics, it is important to acknowledge that a variety of factors may influence QOL outcomes: these include side effects and daily dosage of the antipsychotic, depressive and negative symptoms, duration of treatment, and subjective tolerability.

QUALITY OF LIFE - DEFINITIONS

The World Bank (2009) considers that poverty represents a ground to a bad QOL and considers that an aim is "working for a world free of poverty". The WB defines poverty as the lack of basic elementary human needs; such are food, water, living space, freedom, education, health protection and employment.

According to the WHO (1994) quality of life is defined as: "individual perception about own position in life within the context of culture and system of values in which individual lives, as well about their aims, expectations, standards and interests. This is a wide concept that includes psychical health of an individual, psychological status, financial independence, social relations, and their relations towards significant characteristics of exterior environment".

Concept of QOL

Leidl, R. (2009) emphasizes that the first articles on "quality of life" in PubMed data base appeared 30 years ago.

This author assumes that the growth of QOL research is probably a consequence related to increased prevalence of "chronic conditions, increasing life expectancy with consecutive growth of older population, and a focus on non survival benefits of medical technology". QOL has holistic concept that includes consideration of economic development, social vitality and environmental health.

Research of QOL includes not only economic factors. It contains many other factors such as:

- social characteristics;
- physical and mental health;
- political stability and living environment of population in question.

Therefore, politicians and economics can measure livability of certain town, state or region by QOL research indicators. Resarchers in the field of medicine tend to determine the impact of certain illness on particular segment of society.

In spite of its' widespread use, QOL contains different meanings in different areas of sciences and practice.

For most of the researches, QOL is an umbrella concept, which covers all aspects of life and includes physical and mental health, family relations, friendship,

employment, leisure activities, medical treatment and quality of care, psychological and social benefit.

Disparities are indicated within the measure modules.

Some scientists are convinced that QUALITY could be expressed in QUANTITY, within the size of objective parameters.

Measuring Quality of Life

Measuring techniques of QOL are based on questionnaire implementation.

Most often they consist out of two basic principles:

- subjectivity and
- multidimensionality.

The principle of subjectivity is based on individual assessment of appearances in the surrounding, while multidimensionality includes objective measuring of selected external influences on individual, who is the subject of testing.

Health - (H-QOL)

QOL helps identify why any country has succeeded or fallen short in achieving its stated policy goals in each area, especially in the domain of health.

The concept of H-QOL refers to a person or group's observed physical and mental health within a certain place and period of time.

Monitoring the health quality of life in different groups of patients or potentially disturbed people we can identify subgroups with impaired physical or mental health, and thus indicate the possible ways to improve the health of the individual or specific population.

Fundamental principle: H-QOL is assessed by the patient.

The US Food and Drug Administration has stated that efficacy with respect to overall survival and/or improvements in QOL might provide the basis for drug approval.

Mental health - QOL

In the domain of mental health, increasing the quality of treatment can be demonstrated through improvements of QOL of those using the mental health services.

On the other hand, assessing the quality of life of patients can also be used as a source of feedback that will guide specific attempts to improve healthcare provision and its planning.

QOL – schizophrenic patients

The increasing interest in subjective well being and quality of life of schizophrenic patients represents a conceptual shift in therapeutic outcome criteria.

Importance of Patients' Subjective Well-Being Under Antipsychotic Treatment:

Its Relevance for Medication Adherence and Compliance.

Ritsner M & Kurs R (2003) suggest that the impact of distress/clinical factors on subjective quality of life of mentally disordered patients is experienced through psychosocial factors.

Antipsychotics - QOL

The development of new antipsychotic drugs and the need to investigate their advantages has stimulated both researchers and the pharmaceutical industry to give more consideration to the patient's perspective and to use quality of life as an important outcome parameter in clinical trials (Karow & Naber 2002).

Social functioning, long term outcome and quality of life are measures of effectiveness in the treatment of schizophrenia.

In the studies of the influence of the atypical antipsychotics on QOL consists of the following aspects:

1. Relation between the typical and atypical antipsychotics;
2. Comparison between the atypical antipsychotics.

Jones et al. (2006) in randomized controlled trial of the effect on QOL of second vs first generation antipsychotic drugs in schizophrenia found no disadvantage of first-generation antipsychotics in comparison to non-clozapine second-generation antipsychotics.

Determinants of QOL in the studies of atypical antipsychotics are:

1. Side effects;
2. Daily dose;
3. Treatment time;
4. Tolerability of the drug;
5. Impact on cognitive function;
6. Effect on psychopathological, especially negative symptoms;
7. Compliance;
8. Adherence;
9. Social functioning.

When measuring QOL in patients taking antipsychotics, it is important to acknowledge that a variety of factors may influence QOL outcomes: these include side effects and daily dosage of the antipsychotic, depressive and negative symptoms, duration of treatment, and subjective tolerability. Patients' attitudes and values, their concept of illness and health as well as their previous experiences with medication may significantly affect the subjective response to antipsychotics (Jun Soo Kwon and Jung-Seok Choi 2009).

The impact of side effects on quality of life ratings of schizophrenia patients plays very important role in treatment of the patients. Weight gain in the range of 7 to 10% is commonly associated with the use of antipsychotic medications and can have a negative impact on patient quality of life. Being overweight or obese can lead to serious medical conditions, including

insulin resistance, diabetes mellitus, hypertension, dyslipidemia, arthritis and coronary heart disease (Masand & Gupta 2003).

CONCLUSIONS

Subjective complaints of schizophrenic patients on antipsychotics need to be taken seriously by clinicians and researchers.

The focus of treatment with antipsychotics is no longer only symptom reduction alone, but well being therapy and improvement of quality of life (as a part of transdisciplinary holistic integrative treatment of mental disorders).

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Correspondence:

Svjetlana Loga-Zec
Institute of Pharmacology, Clinical Pharmacology and Toxicology
Cekalusa 90/III, 71000 Sarajevo, Bosnia and Herzegovina
E-mail: zecs@dic.unsa.ba