

TREATMENT OF PATIENTS IN EARLY PHASE OF PSYCHOSIS ON PSYCHOTHERAPEUTIC INPATIENT UNIT – PRESENTATION OF THE THERAPEUTIC PROGRAMME AND EVALUATION OF SOME ASPECTS

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SUMMARY

Background: Treatment of early phase of psychosis is important not only for overcoming the acute symptoms but also for the later treatment and attitude towards the illness. Psychotherapeutic approach is an integrative part of this treatment. In Psychiatric hospital "Sveti Ivan" in Zagreb, Croatia both psychotherapeutic and sociotherapeutic methods are used on the inpatient unit for young people with psychosis along with medications. The aim of this work is to present the work on the psychotherapeutic inpatient unit and to investigate whether during the hospitalisation of individuals with first psychotic episode changes occur in attitudes towards medications, quality of life, insight and self-esteem.

Subjects and methods: 37 individuals with first psychotic episode (20 men, 17 women) completed the following battery of questionnaires upon hospital admission and before discharge: Drug attitude inventory (DAI-10), The World Health Organization Quality of Life (WHOQOL), Insight scale and Rosenberg's Self-Esteem Scale.

Results: Before being discharged from hospital, patients assessed their quality of life as significantly improved over time ($p=0.000$), especially concerning their physical health ($p=0.004$), psychological health ($p=0.004$), and satisfaction with their environment ($p=0.001$). Also, positive trends were observed in attitudes towards drugs and self-esteem. No changes were shown regarding patients' insight.

Conclusions: The findings are encouraging: during treatment on psychotherapeutic inpatient unit, significant improvement in quality of life was observed, as well as positive trends in self-esteem and attitudes towards medications.

Key words: psychosis - inpatient psychotherapy - early intervention

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INTRODUCTION

Treatment of patients in early phase of psychosis is very important not only for overcoming the acute symptoms but also for overall later treatment and attitude towards the illness. This is a critical period in which persons with psychosis as well as members of their families are confronted with the illness for the first time. Recognition and widespread implementation of early intervention in psychiatry, i.e. of preventive actions in psychotic disorders, is becoming more widespread over the last three decades in almost all the developed countries in the world (Restek-Petrović et al. 2012). Psychiatrists often come to deal with people in different phases of psychotic disorder, sometimes in prodromal states when people describe different unusual experiences, phantasies or dreams asking for advice or explanation, but appearance of clear psychotic symptoms is still the most usual cause for beginning the treatment (Škodlar 2016).

Treatment of first psychotic episodes in Croatia is usually provided in hospital setting, thus an inpatient unit often represents the first contact with psychiatry and psychiatric treatment. Many questions are raised in this period both by the patient and the members of family regarding diagnosis, possibilities of treatment,

outcomes, prospects for life etc. Not rarely, first hospitalisations are involuntary following incidents that may involve some acts of violence and they often begin at closed wards. Such experiences are usually very traumatic for the patient. When the acute psychotic symptoms subside it is time to work through the whole psychotic experience, and trauma of hospitalisation, to give meaning to symptoms and achieve some insight. The treatment of patients is greatly enhanced by approaching hospital treatment with a dynamic perspective (Gabbard 2014).

The aim of this paper was to present the work on the psychotherapeutic inpatient unit in Psychiatric hospital „Sveti Ivan“, Zagreb, Croatia, and to investigate whether during the hospitalisation of individuals with first psychotic episode changes occur in their attitudes toward medications and perceived insight, as well as in their well-being (i.e. self-esteem and quality of life).

Presentation of the work on psychotherapeutic inpatient unit in Psychiatric hospital „Sveti Ivan“

In Psychiatric hospital „Sveti Ivan“, Zagreb, Croatia, hospitalisation on an acute ward is usually followed by treatment on a psychotherapeutic and sociotherapeutic ward.

The psychotherapeutic unit for psychotic patients is a part of Referential centre for psychotherapy, psychosocial treatments and early intervention for psychotic disorders (Ministry of Health, Croatia) and part of the early intervention services pertaining to the hospital. In Croatia, community mental health service is still in its infancy. Patient care is typically provided in large psychiatric hospitals, and generally there are no specialised outpatient programmes for patients with first psychotic episode or for patients with prodromal symptoms (Molnar et al. 2009). Since 2005 a comprehensive therapy programme for treatment and support to patients affected by psychotic disorders and their family members is being carried out in Psychiatric hospital „Sveti Ivan“, Zagreb. The programme includes patients in the early phase of psychotic illness in both hospital and outpatient setting (Restek-Petrović et al. 2017). This paper describes the treatment on the psychotherapeutic hospital ward which is part of the early intervention programme.

Inclusion criteria and indications for treatment on the psychotherapeutic ward are acute and transient psychotic disorders, schizophrenia, BAP with psychotic features, delusional disorders, psychotic episodes in personality disorders and that patients are within the critical period of the disorder (up to five years from onset). It is a 30 beds unit and the therapeutic team consists of 2 psychiatrists – group analysts, one resident, 10 nurses – group therapists, a psychologist – CBT therapist, an occupational therapist and a social worker.

The therapeutic programme consists of a psychotherapeutic and a sociotherapeutic part.

Although the psychodynamic frame is the basis for understanding psychotic processes and for psychotherapeutic interventions, psychotherapy is delivered both in psychodynamic and cognitive behavioural form. Patients participate in psychodynamically oriented median group once a week and small groups three times a week. Usual psychotherapeutic techniques are modified in order to adjust them to the specific ways of functioning of patients with psychosis and to meet the specific features and needs of these patients (Urlić 2010). Supervision and integration after each group (all staff together) are an integrative part of everyday work. Supervision, either by a senior supervisor or a peer supervision, is essential in psychotherapeutic work with patients with psychosis. For the staff involved it means sharing the experiences and contents of the therapeutic process so the process can be better understood. It also helps understand and solve the countertransference problems, enhances containment and provides mutual support in difficult work.

Cognitive behavioural therapy is provided in a form of once a week psychoeducational workshops with 7 different topics: self – concept (increasing self – esteem, recognition of own strengths and weaknesses); emotion recognition and understanding; negative emotions (how

to deal with negative emotions – fear, sadness, anger, shame); relationships with others (communication skills, confidence, expectations); planning and goal achievement; stress (experiencing stress, effects of stress) and coping with stress (problem solving, focus on emotions, avoidance).

Once a week anti-stigma workshops are CBT based and focus on increasing awareness of stigmatisation and self-stigmatisation in patients with psychotic disorders, and on their self-empowerment to increase feelings of self-worth and social equality. Anti-stigma workshops are organised through 8 different topics: public attitudes to psychiatric patients; the impact of media on the stigma; self-stigmatisation; cognitive distortions; steps to self-empowerment; cognitive remediation; increasing awareness of self-worth; role playing.

Therapeutic community meetings are held twice a week when all the patients and all the staff go through the everyday life of the ward community, address problems and try to solve them through open dialogue and communication.

In psychoeducational workshops once a week patients choose and prepare talks and power point presentations on some topic of their interest regarding their illness or symptoms. The workshops are moderated by the head nurse.

Twice a week patients are engaged in work and occupational therapy as well as recreational therapy (sports etc).

Evaluation of some aspects of the programme

The following aspects are assessed upon admission to the ward and before discharge, with the aim of evaluating the therapeutic effects of the programme: attitudes towards drugs, quality of life, insight and self-esteem.

SUBJECTS AND METHODS

Subjects

A total of 37 in-patients with first psychotic episode (according to the ICD-10 diagnostic criteria (WHO, 1992)) participated in the evaluation process. There were 20 men and 17 women. The study was approved by the Ethics Committee of the psychiatric institution within the study was undertaken. All patients gave their informed consent for participation.

Instruments and procedures

The patients completed the following battery of questionnaires upon hospital admission and before discharge: Drug attitude inventory (DAI-10), The World Health Organization Quality of Life (WHOQOL-BREF), Birchwood Self-report Insight scale for psychosis and Rosenberg's Self-Esteem Scale.

Table 1. Descriptive statistics and comparison of data obtained upon hospital admission and before discharge

	Admission M (SD)	Discharge M (SD)	t-test	p
Attitudes towards medications	6.69 (2.82)	7.11 (2.68)	1.999	0.053
Physical health	14.35 (2.65)	15.5 (2.53)	3.075	0.004
Psychological health	13.59 (3.27)	14.77 (3.15)	3.096	0.004
Social relationships	13.30 (3.75)	14.27 (3.66)	1.648	0.108
Environment	13.66 (2.78)	14.89 (3.08)	3.796	0.001
Total quality of life	5.59 (2.65)	6.54 (2.76)	3.912	0.000
Insight	10.22 (3.33)	10.59 (3.46)	1.519	0.138
Self-esteem	34.73 (7.13)	36.47 (7.14)	1.297	0.205

Drug attitude inventory (DAI-10; Hogan et al. 1983) measures subjective responses and attitudes towards maintenance of antipsychotic drug therapy. Its scoring ranges from -10 to +10 with a total score >0 indicating a positive attitude, and a total score of <0 indicating a negative attitude toward medications. The inventory showed good psychometric properties (Nielsen et al., 2012).

WHOQOL-BREF scale (The WHOQOL Group, 1998) is one of the most popular instruments for assessing quality of life, and is available in over 40 languages. It covers four domains of quality of life: physical health, psychological health, social relationships and environment. Validation studies indicated its satisfactory psychometric properties (Yao et al. 2002, Skevington et al. 2004).

Birchwood Self-report Insight scale for psychosis (Birchwood et al 1994) is a quick and acceptable measure applicable in investigations of acute care, cognitive therapy of psychotic symptoms and as a method of augmenting clinical judgements of insight. It is an 8 questions questionnaire addressing the three components of insight (need for treatment, awareness of illness and of the symptoms).

Birchwood Self-report Insight scale for psychosis (Birchwood et al 1994) is a quick and acceptable measure applicable in investigations of acute care, cognitive therapy of psychotic symptoms and as a method of augmenting clinical judgements of insight.

Rosenberg's self-esteem scale (Rosenberg, 1965) is a widely used measure that consists of 10 items in which respondents evaluate how they see themselves on a scale of 1 to 5 (1 - strongly disagree; 5 - strongly agree). Validation studies confirmed the adequacy of its psychometric characteristics (Schmitt & Allik, 2005).

Statistical analysis

Statistical analysis was performed using SPSS (Statistical Package for Social Sciences), version 20. The Kolmogorov-Smirnov test was used to verify the normality of the obtained distributions of the results. Descriptive statistics (mean and standard deviation) was used to describe the findings. The t-test for paired samples was used to compare data collected at two measurement points.

RESULTS

Table 1 shows descriptive statistics and the results of comparison of data obtained upon admission and before discharge from the hospital.

On average, most participants had positive attitude towards using medications and their effects both upon admission and before discharge, but there was a trend (on the verge of statistical significance) of more positive attitude before discharge.

Compared to the results upon hospital admission, before discharge the participants were statistically significantly more satisfied with their physical health, psychological health and their environment. Although there was no statistical significance, a positive trend could be observed regarding satisfaction with the quality of their social relationships. At both points of questioning, the participants were most satisfied with their physical health, while relatively lowest scores were observed in the domain of social relationships. Regarding quality of life in general, patients scored it significantly better before discharge than upon admission.

Concerning insight, comparing results upon admission and before discharge, no statistically significant difference was observed, nor could we describe a clear trend.

Although there was no statistically significant difference, a trend could be observed of participants assessing their self-esteem as higher before discharge than upon admission.

DISCUSSION

Prospective studies of patients with initial psychotic episodes show that patients often have a suboptimal response to the applied intervention, with a poor outcome in 30% of cases, a good outcome in 40% of cases, while both symptomatic and social recovery is seen in fewer than 20% of cases after a two-year monitoring period (Wunderink, Sytema, Nienhuis & Wiersma, 2009). Social disabilities already develop in the first prodromal phase, such that the "critical period" (Birchwood et al 1998), in which disabilities are formed and fixed, also means a period of key focusing on preventative efforts and evidence-based interventions.

Positive results in the treatment of first psychotic episode especially in the subjective evaluation of our inpatient programme by the patients should be the good basis for continuation of outpatient parts of the early intervention programme, relapse prevention and achieving the stable remission and recovery.

Statistically significant enhancement in some aspects of quality of life such as physical health, psychological health and the satisfaction with their environment is our most significant finding. Having in mind the difficulties patients with first episodes of psychosis as well as their families meet when hospitalised, experiencing their often first major separation from home and family, difficulties with stigmatisation and first contact with medication, medical staff and procedures, good subjective quality of life is an encouraging result. Positive trend in the domain of social relationships that did not reach statistical significance shows that group based program is potentially efficient and should be better adjusted for this kind of patients.

Attitude toward medications is relatively positive for the participants and shows positive trend at the discharge (on the verge of statistical significance) which is an important finding. It is well known that the response to antipsychotic treatment of patients with the first psychotic episode varies between 46 and 96%. In spite of good response to antipsychotic medication more than 40% of patients will experience a new psychotic episode within 2 years and 80% within 5 years. Complete or partial non-adherence to medications is the most important factor that increases the risk of new psychotic episode (Robinson et al. 1999).

Insight shows no significant trend to better result at the discharge. Evidently the comprehensive program on psychotherapeutic unit does not influence the insight towards the illness which is the point to reconsider and try to reorganise. Possible explanation is that achieving better insight requires more time and treatment than is available during hospitalisation.

Self-esteem in our study shows encouraging, positive, although not statistically significant result at the discharge. Self-esteem is an important aspect of personality and is often lacking in persons who experience the psychotic episode, and one of the aims of the psychotherapy is the work on self-esteem.

Limitations of the evaluation

This evaluation process has several important limitations, which mainly stem from its preliminary nature. The sample of patients was relatively small and specific, which limits generalisation of findings to the population of patients with first psychotic episode. Sample size may also be a possible reason why some observed differences between the two time points did not show statistical significance. Also, there was no control group of patients who did not participate in the program, so the findings could not be clearly attributed

to the effectiveness of psychotherapeutic program. In addition, there was no follow-up that would test the durability of the observed effects. Taking into account these limitations, further evaluation is required for the purpose of development of more effective treatment.

CONCLUSION

With regard to the limitations of this evaluation study, it can be concluded that the findings are encouraging: during treatment on psychotherapeutic inpatient unit, significant improvement in quality of life was observed, as well as positive trends in self-esteem and attitudes towards medications. Further evaluations and modifications of the programme are needed in order to provide more effective treatment to the patients.

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Contribution of individual authors:

Nina Mayer was involved with paper design, data interpretation, writing and multiple edits of the manuscript drafts.

Branka Restek Petrovic was involved with paper design, data interpretation, and the manuscript review.

Vanja Lovretić participated in data collection and manuscript preparation.

Igor Filipčić was involved with paper design, and reviewed the manuscript drafts.

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