INVOLVEMENT OF PRIMARY CARE IN MANAGEMENT OF
SCHIZOPHRENIA IN LOW- AND MIDDLE-INCOME COUNTRIES:
CHALLENGES AND OPPORTUNITIES

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ABSTRACT

Schizophrenia is a chronic psychiatric disorder, which characteristically starts in early adulthood. It adversely affects the patient and family members, both emotionally and financially. Patients with this disorder have a significant decline in life expectancy, with potential 10-20 years of life lost. One most important aspect of the massive treatment gap and poor outcomes in people with Schizophrenia in low- and middle-income countries (LMICs) is slight or no involvement of General Practitioners (GPs) in its management. Essentially, Primary care physicians need training in aetiology, identification and treatment of this grave psychiatric illness, so they may provide better treatment to this group of patients.

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social support. To achieve this goal, primary care physicians do not have to be experts in Schizophrenia management. Consultant Psychiatrists should ideally be responsible for diagnosis and essential treatment decisions. Primary care physicians should receive training in identification, clinical features, treatment, referral procedure and potential side effects of medications used in Schizophrenia. They can be extremely helpful in delivery and follow-up of psychosocial interventions with the patient and family members.

The role of Primary care physicians in management of Schizophrenia needs to be incorporated. In high-income countries, where primary care is well-established, the role of primary care staff is documented, but it cannot be applied in Low and Middle-income countries. In LMIC, this role should be much broader, in view of the lack of trained Psychiatrists. Primary care physicians, for example cannot be expected to initiate treatment of schizophrenia. They are not allowed to administer specialized psychiatric treatments, e.g. Electroconvulsive therapy. Long-term depot injections and initiation of Clozapine.9

One method of involving the primary care is the STOPs+ model. STOPs (Supervised treatment in outpatients for schizophrenia) was developed using the directly observed treatment short-course (DOTS) approach and then adapted to STOPs+ for use in Primary care to improve treatment adherence and functioning. Through this model, primary care physicians are trained to manage patients with Schizophrenia under the supervision of psychiatrists. Medical technicians at primary care centers are involved in dispensing medication, and training the family members in administration of medication and supervising the patient.9

Primary care physicians can be involved not only in management and follow-up of Schizophrenia, but also provide social support and supervision for the family within their own community. They can also be educated to consider referral to specialist Psychiatrist, if there are life-threatening side effects or poor response to the medications. Another indication for referral would be any suicidal or homicidal behaviour.

In Low and Middle-income countries, strong family and social structure can be used to involve the patients’ family in care of people with Schizophrenia in the community. This approach can increase understanding about the illness and decrease the stigma associated with Schizophrenia which can lead to better medication adherence. Evidence based, cost effective and feasible Community-based programs can be useful in management of Schizophrenia with the help of primary care health professionals.10

In Pakistan, there is a shortage of resources and mental health professionals, so there is a need for collaboration with the primary care health workers, especially physicians. This can increase their understanding and skills to manage Schizophrenia patients in community. Most of these patients see their primary care doctor initially before being directed to specialist psychiatric services. This makes it utmost important, that they have the working knowledge about psychiatric problems. More studies are required in our settings to develop interventions for involving staff at primary care centers, who can be trained to support the mental health professionals to deal with the burden of severe mental illnesses in our country.

REFERENCES