

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

ASST. PROF. DR. MUHAMMAD FIRAZ KHAN<sup>1</sup>, PROF. DR. SAEED FAROOQ<sup>2</sup>

<sup>1</sup>Assistant Professor, Department of Psychiatry Lady Reading Hospital, Peshawar, Pakistan.

<sup>2</sup>Professor of Psychiatry and Public Mental Health, Faculty of Medicine & Health Sciences, Keele University and, Honorary Consultant Psychiatrist, Midlands Partnership NHS Foundation Trust, UK.



**CORRESPONDENCE: DR. MUHAMMAD FIRAZ KHAN**

E-mail: drfiraz786@yahoo.co.uk

### 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.

**Keywords:** Schizophrenia, General Practitioners, Low- and Middle-income countries, Primary care physicians.

Schizophrenia is a chronic and severe mental disorder, which typically begins in early adulthood. It affects almost 26 million people around the world. Schizophrenia is one of the leading causes of Years Lived with Disability (YLD) in both men and women.<sup>1</sup> Globally, it results in 1.3% of Disability Adjusted Life Years (DALY). In Lower Middle-income countries it affects 1.6% while in Low-income countries it is 0.8% of the total DALY by all causes.<sup>2</sup>

Schizophrenia adversely affects the patient and family members, both emotionally and financially. Duration of Untreated Psychosis (DUP) is important in prognosis and level of disability due to Schizophrenia. Lack of knowledge, misconceptions, early onset, chronic course and stigma can cause an extended period of untreated psychosis.<sup>3</sup> Ninety percent of patients with Schizophrenia which remain untreated live in Low- and Middle-income countries. Lack of resources and dearth of mental health professionals are the likely reasons for this high proportion. Difference between the true prevalence of a disorder and the treated ratio of individuals affected by the disorder is called Treatment Gap. The treatment gap in Low and Middle income countries was around 69% for patients with Schizophrenia.<sup>1</sup>

People diagnosed with Schizophrenia have a significant decline in life expectancy, with 10-20 years of potential life lost.<sup>4</sup> Cardiovascular, respiratory and metabolic disorders are the leading physical health problems responsible for the excess mortality. These are largely a consequence of lifestyle factors, including elevated stress, physical inactivity, poor diet, and substance use. Commonly prescribed atypical antipsychotic medications can also exacerbate risk factors for poor physical health, such as weight gain, hypertension, and diabetes.

One major factor for this huge treatment gap and poor outcomes in people with Schizophrenia in low and middle-income countries is little or no involvement of General Practitioners in management of Schizophrenia. For example, in Pakistan, only 12.3% GPs had adequate knowledge about Schizophrenia. Around 53% GPs didn't treat a single case of diagnosed Schizophrenia in one year. This study observed that level of knowledge and skills to diagnose Schizophrenia were below average for medical standards.<sup>5</sup> Another study demonstrated a higher level of stigmatizing attitude among medical professionals, including GPs towards Schizophrenia which is an important barrier in management of Schizophrenia in primary care.<sup>6</sup>

Primary care physicians need to be properly trained in aetiology, identification and treatment of Schizophrenia, which would increase their understanding to manage these patients. This will help to reduce their stigmatizing behaviour about schizophrenia and mental illnesses. Mental health needs to be integrated with primary care services, and this would have a significant impact on quality of patient care. One of the major advantages of integration is that every individual of the community can have an access to all services including mental health with huge benefits for the public as a whole. By involving primary health professionals, it can improve potential consequences of both mental and physical health problems for these patients. In Low- and Middle-income countries, primary care involvement can be an efficient approach to provide good quality patient care and decreasing poor outcomes for patient and family because of Schizophrenia.<sup>7</sup>

Patients with Schizophrenia need to receive good medical and

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.<sup>8</sup>

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.<sup>9</sup>

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.<sup>10</sup>

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

1. Lora A, Kohn R, Levav I, McBain R, Morris J, Saxena S. Service availability and utilization and treatment gap for schizophrenic disorders. A survey in 50 low- and middle-income countries. *Bull World Health Organ.* 2012; 90: 47-54, 54A-B.
2. World Health Organization. The global burden of disease: 2004 update. Geneva: World Health Organization; 2008. Available from: [http://www.who.int/healthinfo/global\\_burden\\_disease/GBD\\_report\\_2004update\\_full.pdf](http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf), accessed on September 28, 2016.
3. World Health Organization. mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: Mental health Gap Action Programme (mhGAP). Geneva: World Health Organization; 2010.
4. Lawrence D, Kisely S, Pais J. The epidemiology of excess mortality in people with mental illness. *Can J Psychiatry.* 2010 Dec; 55(12):752-60. doi: 10.1177/070674371005501202. PMID: 21172095.
5. Irfan M, Caldas de Almeida JM, Irfan UM, Raza U, Farooq S. Schizophrenia diagnosis and treatment by general practitioners: A cross-sectional study in district Peshawar, Pakistan. *JPMA.* 2015; 65 (9): 937-42.
6. Imran N, Haider II. The stigmatization of psychiatric illness: What attitudes do medical students and family physicians hold towards people with mental illness? 2007; *Pak J Med Sci.* 23(3):318-322.
7. Chisholm D, Gureje O, Saldivia S, Villalon Calderon M, Wickremasinghe R, Mendis N et al. Schizophrenia treatment in the developing world: An interregional and multinational cost-effectiveness analysis. *Bull World Health Organ.* 2008; 86: 542-51.
8. The Gazette of Pakistan extraordinary published by authority. Registered no. 2001; M- S02 L-7646.
9. Shepherd TA, Ul-Haq Z, Ul-Haq M, Khan MF, Afridi A, Dikomitil L et al. Supervised treatment in outpatients for schizophrenia plus (STOPS+): protocol for a cluster randomized trial of a community-based intervention to improve treatment adherence and reduce the treatment gap for schizophrenia in Pakistan. *BMJ.* 2020; 10(6): e034709. doi: 10.1136/bmjopen-2019-034709.
10. Bhatia MS, Saha R. Role of primary care in the management of schizophrenia. *The Indian journal of medical research.* 2017; 146(1): 5-7. [https://doi.org/10.4103/ijmr.IJMR\\_1557\\_16](https://doi.org/10.4103/ijmr.IJMR_1557_16).