

Combining medication and psychosocial treatments may benefit patients with early-stage schizophrenia

September 6 2010

Patients with early-stage schizophrenia who receive a combination of medication and a psychosocial intervention appear less likely to discontinue treatment or relapse -- and may have improved insight, quality of life and social functioning -- than those taking medication alone, according to a report in the September issue of *Archives of General Psychiatry*.

Antipsychotic drugs are the mainstay of therapy for patients with [schizophrenia](#), but long-term therapy is associated with adverse effects and poor adherence, according to background information in the article. "Most patients, even those with a good response to medication, continue to experience disabling residual symptoms, impaired social and occupational functioning and a high rate of relapse," the authors write. "Adding psychosocial treatment may produce greater improvements in functional outcome than does medication treatment alone."

Xiaofeng Guo, M.D., and Jinguo Zhai, M.D., of Second Xiangya Hospital, Central South University, Hunan, China, and colleagues evaluated this combination of therapies in 1,268 patients with early-stage schizophrenia treated from Jan. 1, 2005, through Oct. 31, 2007. A total of 633 were randomly assigned to receive [pharmacotherapy](#) plus a psychosocial intervention involving 48 one-hour group sessions. The intervention included four evidence-based practices: psychoeducation (instruction for families and caregivers about mental illness), family

intervention (teaching coping and socializing skills), skills training and [cognitive behavioral therapy](#). The other 635 patients received medication alone.

Rates of treatment discontinuation or change were 32.8 percent in the combined treatment group, compared with 46.8 percent in the medication-only group. The risk of relapse was lower among patients in the combination group, occurring in 14.6 percent of patients in that group and 22.5 percent of patients in the medication-only group.

The combined treatment group also exhibited greater improvements in insight, social functioning, activities of daily living and on four domains of quality of life, and a significantly higher proportion of them were employed or received education. There were no significant differences in either frequency or type of adverse events between the groups.

"Social outcomes reflect how patients live, function in society and perform their various roles (e.g., having a job, going to school or having friends)," the authors write. "Our study showed that a significantly higher proportion of patients receiving combined treatment obtained employment or accessed education. Thus, the findings support the results from previous studies that patients with schizophrenia receiving combined treatment had better outcomes. In particular, integrating a comprehensive therapy with medication treatment in patients with early-stage schizophrenia before the disease becomes chronic and disabling could improve long-term outcomes."

More information: *Arch Gen Psychiatry*. 2010;67[9]:895-904

Provided by JAMA and Archives Journals

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