

Changing family behavior helps schizophrenic patients avoid relapse

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Working to change the behaviour of family members may be an effective treatment for people with schizophrenia, according to a new Cochrane systematic review. The researchers reviewed the most up-to-date evidence on the subject and found that patients whose families received the interventions were less likely to relapse.

It has long been known that people who have [schizophrenia](#) are more likely to relapse if they come from families where they experience high levels of criticism, hostility and over involvement. New psychosocial interventions that aim to reduce levels of these potentially [negative emotions](#) are now widely used, although their effectiveness has not been proved.

The researchers reviewed data from 53 trials involving a total of 4,708 [patients](#). Interventions lasted from six weeks to three years and involved a range of psychosocial techniques aimed at reducing stress and levels of expressed emotions, and helping family members to solve patient problems. Patients in control groups were given standard care, including their usual drug treatments. Patients were assessed using a wide variety of different scales for general and [mental health](#), social functioning, behaviour and quality of life.

The main benefit of family interventions was a decrease in relapses. Results from 32 of the trials showed that for every seven patients whose relatives were given family interventions, one benefited compared to control groups. Family interventions also significantly reduced hospital

admissions over a year, improved patients' social functioning and encouraged them to stick to drug treatment regimes.

"Prevention of relapse is a cornerstone of psychiatric care," said lead researcher Fiona Pharoah of Oxford and Buckinghamshire Mental Health NHS Foundation Trust, UK. "If high quality family services are available, mental health professionals and managers may feel that family interventions are a worthwhile investment of time and effort for schizophrenic patients." However, the numbers of patients that would need to be treated in order to see a benefit may deter policy makers from investing in family interventions.

Provided by Wiley

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