

**SOLUTION-FOCUSED BRIEF THERAPY
AND LONG TERM
MEDICAL TREATMENT COMPLIANCE/ADHERENCE
WITH PATIENTS SUFFERING FROM SCHIZOPHRENIA:
A PILOT NATURALISTIC CLINICAL OBSERVATION**

Plamen Panayotov, Aneta Anichkina, Boian Strahilov

The study is supported by research grant from the European Brief Therapy Association.

Abstract: 51 patients suffering from Schizophrenia were studied. They were prescribed supportive medical treatment according to their treating physician's clinical judgement. Solution-Focused Brief Therapy (SFBT) was delivered to all subjects by trained professionals. Compliance/adherence to medical treatment was measured by the time length of prescribed medication intake. Each subject's compliance behaviours prior and after receiving SFBT were compared, the whole group thus forming its own self control. Results show that SFBT increases the time of medication intake from 244 to 827 days on the average, or more than 3.4 times, with 39 patients (76%) continuing to take their medication at the time of data gathering.

Introduction: When dealing with chronic patients' compliance/adherence to therapy issues we are traditionally introduced to so-called psycho-education. It is believed by many psychiatric professionals that if the patient becomes somewhat 'competent' about her medical problem, she is more likely to co-operate with treatment proposals. Seen from SFBT conversational perspective, this means that professionals try to make the patient speak their professional jargon and accept their language picture of her condition.

This study was driven by an alternative possibility: Maybe we can help patients adhere to their medical treatment, using their own language and their own pictures (descriptions) of their own lives.

The language games involved: Two main linguistic pictures are present in the common psychiatric therapist – patient encounter. What is a symptom (i.e. a brain disease manifestation) for the therapist is a fact of life (i.e. one of many personal identifiers) for the patient. It is no wonder this couple often disagrees on what should be done next: Therapists, of course, propose medical treatment (a justification for their involvement in the 'case'), while patients insist on living their lives the way God or Nature (B. de Spinoza) has created them, even though this is usually not to the taste of others around. 'Resistance' is a mere abbreviation of the collision between these two standpoints: 'Fighting your disease' against 'Following my way of life'.

The SFBT reframe: Defining realistic, personally meaningful patient goals and ways to achieving them leads to redefining symptoms as obstacles towards reaching these goals, and medication as a helping tool on this road. This changes considerably the patient's attitudes towards medical treatment.

The objectives of this study are:

- To find out whether SFBT leads to improved compliance of patients suffering from schizophrenia to prescribed long term supportive medical treatment.
- To evaluate the level of this improvement if present in terms of time length of medication intake.

Type of trial. Pilot, retrospective, parallel-group, two-sites (Rousse & Sofia, Bulgaria), naturalistic observation.

Rationale for the study.

- Supportive medical treatment is found useful in the long term symptoms management for schizophrenic patients.
- Most currently used antipsychotic drugs show good tolerability with insignificant side effects, but still an average of 4 months of prescribed medication intake is reported among chronic psychiatric patients (CATIE study 2006).
- SFBT is the most outcome studied psychotherapeutic approach today. Numerous studies have shown an average level of 70 – 85 % of client satisfaction from applying the approach, independent of the nature of presenting problems.
- Antipsychotic medication – SFBT combined use benefits with schizophrenic patients are well seen in the everyday clinical practice at different psychiatric settings, where the two treatment strategies are known and routinely applied:
 - The medical treatment sets the stage for meaningful client-therapist conversations, thus making SFBT possible.
 - Goal-setting in return improves considerably compliance attitudes. Patients who become and remain goal-oriented change their perception of symptoms – from habitual parts of their lives and personal identifiers these are conceived (constructed) as problems and obstacles towards reaching their life goals. Thus patients become more compliant to pharmacological therapy for longer periods of time.
- No clinical trials of any kind are known to have studied this hypothesis. Only case descriptions are reported until now on the issue.

Time frame:

Half year (January – July 2008) for the current observation, up to 42 years of previously recorded reliable clinical data for the retrospective data follow-up.

Inclusion criteria:

- Diagnosis of Schizophrenic Disorder – DSM-IV 295.
- Age between 19 and 65 years

Exclusion criterion: Lack of reliable information about the duration of a particular episode of supportive medication intake

Variable to be determined and compared: Time of supportive medication intake – number of days from date of medication prescription till date of stop

Sample size: 51 patients with time episodes of confirmed medication intake duration. The episodes were separated by one criterion – presence or lack of SFBT prior to prescribing the supportive treatment.

Study design. 51 patients, aged between 19 and 65 (mean 38), 28 male and 23 female were studied. The patients have a Diagnosis of DSM-IV defined Schizophrenic Disorder (295). The diagnosis was confirmed for all patients for minimum 2 and maximum 42 (mean 13) years. SFBT was provided for all patients at different time(s) (from 1995 till 2008, mean before 4.7 years) delivered in 1 to 12 (mean 4.3) sessions.

Trial procedures:

- Supportive medication for all patients was prescribed with antipsychotic drugs according to their treating physician's clinical judgment.

- SFBT was provided for the patients by trained therapists according to the EUROPEAN BRIEF THERAPY ASSOCIATION OUTCOME RESEARCH DEFINITION (Mark Beyebach, 2000).

- The patients' compliance to medical treatment was determined by the available information about the length of supportive medication intake, derived from:

- their medical case records (37 patients),
- the patients' own reports (32),
- the patients' relatives (32),
- other sources (4).

- To minimise the impact of the numerous and often unknown factors affecting treatment compliance, the 'ideal subject' for this study was a patient with several (at least 2 – one before and one after SFBT) recorded episodes of supportive medication intake (of the same drug, or similar in effects and experienced side effects drugs of the same pharmacological group) who has received SFBT at (a) certain time(s).

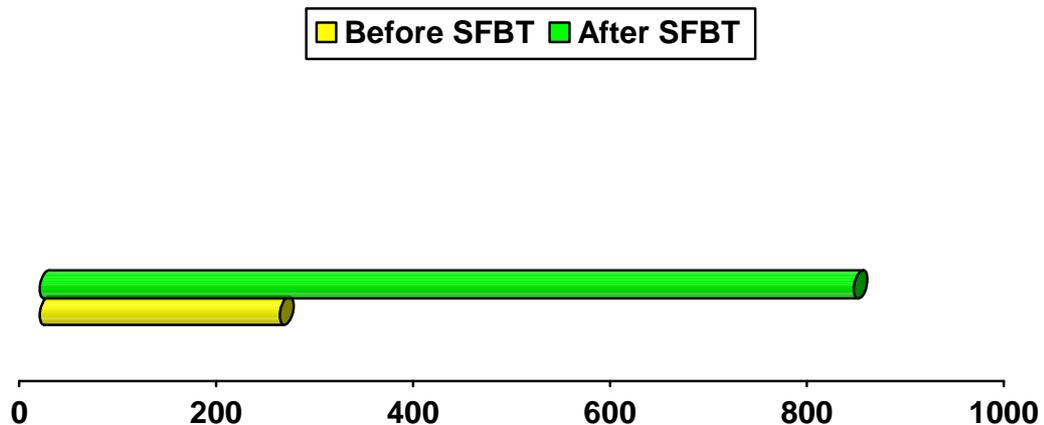
Each subject is used as his own control since his present behaviour is compared to his past behaviour.

- Statistical analysis using SPSS was carried out to compare and evaluate the changes in supportive medication intake duration before and after SFBT administration.

Results:

1. Before receiving SFBT the patients were compliant to their medication for 244 days on the average.
2. 47 patients (92%) have defined a goal in the course of SFBT.
3. After SFBT patients adhere to their treatment for 827 days on the average.
4. 39 patients (76%) continue taking their medication at the time of data gathering.
5. This makes a more than 3.4 increase ratio of medication intake duration.

Duration (days) of medication intake



Conclusions:

- A multi-centre international study evaluating more compliance variables may be designed for thesis to be finally confirmed.
- Pharmaceutical industry should be interested in SFBT training of staff in psychiatric settings.

.....

The research team:

- Plamen Panayotov, M.D., psychiatrist, chief physician of Day Clinic at Rousse Regional Psychiatric Hospital, Bulgaria. SF therapist and trainer. plamenpan@mail.bg panayotov.plamen@gmail.com
- Aneta Anichkina, M.D., psychiatrist on private practice in Sofia, Bulgaria. SF therapist and trainer. aanichkina@yahoo.com
- Boian Strahilov, clinical psychologist, Manager of PIK Centre (Centre for Psychological Research & Counselling) in Sofia, Bulgaria. SF therapist and trainer. pikcenter@gmail.com pik@dir.bg