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Research Article

Studying the Needs of Patients with Schizophrenia Who Are In a Psychiatric Hospital for a Long Time, While Suffering From Depression

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Abstract:

Background: The purpose of this study was to study the needs of patients with schizophrenia who are in a psychiatric hospital for a long time, while suffering from paranoid schizophrenia and depression. It is known that depressive symptoms in patients with schizophrenia are associated with severe morbidity and mortality. As you know, schizophrenia is characterized by a chronic, incessant, severe course of the disease.

Method: The Calgary Depression Scale for Schizophrenia (CDSS) and DSM-5 were applied to 100 male and 100 female patients with paranoid schizophrenia who were found to have depression of varying severity. All patients were examined in the Republican Psychiatric Hospital No. 1 of the Ministry of Health of Azerbaijan, which is designed for 2000 beds Depending on the mental state of the patients; permission for the examination was obtained from the majority of patients or their guardians.

Results: For the first time, the study found that men with paranoid schizophrenia who were in a psychiatric hospital for a long time, both in frequency and severity, were found to have depression of varying degrees. Men are twice as likely to be diagnosed with depression as women. This data obtained by us contradicts the occurrence of depression in the general population, where depression is usually twice as high in women. The data obtained were summed up both in terms of the severity of the clinical severity of depression DSM-5 and on the CDSS scale.

Conclusion: The results of this study suggest that men with paranoid schizophrenia who are long-term in a psychiatric hospital often suffer from depression than women. It is currently very difficult to fully explain this phenomenon. However, given that the husband in society occupies a dominant role as the head of the family, his long stay in a psychiatric hospital is one of the causes of depression. Thus, men with paranoid schizophrenia who are in a psychiatric hospital for a long time need more differentiated psychiatric help, especially in relation to affective disorders of the depressive type. This issue needs further study.

Key words: paranoid schizophrenia; depression; long-term; psychiatric hospital

Introduction

Evidence-based information for the keywords: paranoid schizophrenia; depression; long-term in a psychiatric hospital was conducted in the following search engines:

1. MEDLINE
2. PreMEDLINE
3. PubMed Central (PMC)
4. http://www.ncbi.nlm.nih.gov/pubmed/
5. https://www.ncbi.nlm.nih.gov/pmc/
6. The Cochrane Library
7. http://www.ema.europa.eu/ema/
8. https://scholar.google.com
9. https://www.rxlist.com/script/main/hp.asp
10. http://www.nejm.org
11. https://www.bmj.com
12. http://ovid.com/site/index.jsp

However, we did not find any data on the needs of patients With schizophrenia who are in a psychiatric hospital for a long time, while suffering from depression, we did not find. However, there are numerous data in the literature .

Affective disorders and schizophrenia, since the appearance of the nosological concept in the approach to the classification of mental diseases, have been treated as a dichotomous opposite. E.Kraepelin [1-4], while studying the regularities of the course and outcomes of various psychoses on the basis of the psychiatric clinic of the University of Derpt. According to E.Kraepelin, it is the periodicity of the course of affective disorders that is the main feature of MDP, which distinguishes it from "dementia praecox". This dichotomy of endogenous psychoses is currently supported not by the periodicity of the course, since it is characteristic of both schizophrenia and other psychoses, but by the phasing of mental attacks in MDP and the progressive (procedural) course in schizophrenia.

In various studies, the data presented on the prevalence of depression in patients with schizophrenia vary widely in the range from 7% to 75%, depending on the methodological approaches used [6,7]. However, according to Martin et al., up to 60% of patients with a verified diagnosis of schizophrenia experience at least one episode of major depression [8].

In general, according to this meta-analysis, the use of a tricyclic antidepressant in combination with an antipsychotic after relief of acute psychotic symptoms is associated with a minimal risk of exacerbation of positive symptoms, but there is a risk of developing anticholinergic side effects due to pharmacokinetic drug interactions. A number of studies have shown that imipramine is the most effective tricyclic antidepressant in the treatment of depression in patients with schizophrenia, possibly due to its distinct stimulant properties.

According to Martin et al.,[8] up to 60% of patients with a verified diagnosis of schizophrenia experience at least one episode of major depression. As is known, one of the most common clinical variants of depression in schizophrenia is anergic depression, the presence of which is one of the predictors of the course of the disease and prognosis. According to G.E. Mazo [9] the presence of anergic depression, testifies in favor of the continuous course of the disease and a less favorable prognosis.

However, when prescribing tricyclic antidepressants, precautions must be taken, since productive psychopathological symptoms may worsen.

Clinical studies of selective serotonin reuptake inhibitors (SSRIs) have generally confirmed their effect on depressive symptoms in schizophrenia. However, the only SSRI, the effectiveness of which has been convincingly proven in depression in patients with schizophrenia, is sertraline [10].

According to Maslenikov et al. [11] regarding the treatment of depression in schizophrenia, there is a trend in the literature to limit the use of antidepressants, especially for non-severe depression. In some cases, stopping neuroleptic side effects or replacing one antipsychotic drug with another with better tolerance is sufficient. Psychotherapeutic intervention can also help, especially if the development of depression is associated with "the reaction of the individual to the psychotic experience" and such socio-psychological factors as stigmatization. Data on the use of antidepressants in patients with schizophrenia are highly controversial. Most authors recommend prescribing these drugs only after relief of acute psychotic symptoms. Preference should be given to SSRİ, because they are as effective as tricyclic antidepressants, but they are better tolerated and their use is associated with a lower risk of exacerbation of the process. Studies on the use of other classes of antidepressants, especially the latest generation, in this category of patients are not enough.

Materials and methods

The Calgary Depression Scale for Schizophrenia (CDSS) [12] and DSM-5[13] were applied to 100 male and 100 female patients with paranoid schizophrenia who were found to have depression of varying severity. All patients were examined in the Republican Psychiatric Hospital No. 1 of the Ministry of Health of Azerbaijan, which is designed for 2000 beds Depending on the mental state of the patients; permission for the examination was obtained from the majority of patients or their guardians. The study was carried out from March 2021 to December 2022. The age of the patients ranged from 24 to 60 years. Most of the patients were 25-65 years old. The diagnosis was made using DSM-5.

Statistical processing was conducted in accordance with Glantz [14].

Characteristics of the patients are shown in table 1

Characteristic	100 male	100 female
Age (years) M±m	43±1,59	46,0±1,70
Duration in stationary(years)	1,6 ±0,29	3,7±2,62
Education:		
—primary school	70 (70%)	80(80%)
—secondary school	30 (30%)	20 (20%)
Marital status:		
—never married	30 (30%)	25 (25%)
— married	30 (30%)	30 (30%)
— divorced or separated	40 (40%)	45 (45%)
Employment status		
— unemployed	100 (100%)	100 (100%)

Research results

The results of the study were conducted according to T Kriteriya Manna-Uitni. At the same time, it was revealed that in men, both in frequency (2 times more) and in severity, the majority of cases of patients with schizophrenia who are in a psychiatric hospital for a long time, while suffering from paranoid schizophrenia and depression.

Our data contradict the facts about the occurrence of depression in the general population. This circumstance can be partly explained by the fact that men during a long stay in a psychiatric hospital are more discriminated against, lose social connections and professional skills. Unlike men, women quickly adapt to the circumstances that have arisen.

There is a need to develop mental health services provided at the place of residence. Du also frees the churches without staying in a psychiatric hospital for a long time and accelerates integration into society.

Discussion

A number of works discuss discuss depression in Kraepelinian schizophrenia, treatment of depression in schizophrenia: systematic review and meta-analysis, clinic and therapy of depression in schizophrenia, postpsychotic depression in schizophrenia and depression in schizophrenia: perspective in the era of "atypical" antipsychotic agents [15-19].

The deinstitutionalization of the psychiatric system began in the 1950s. The Community Support System Concept (CSS) was developed to meet the needs of people with severe mental disorders who were removed from psychiatric hospitals during deinstitutionalization and living in normal societies.

The protection of mental health at the place of residence is not centralized, but involves the development of a wide range of services offered locally. Thus, the protective function that was previously typical of psychiatric hospitals is carried out entirely at the local level, but treatment lacks the negative aspects of large psychiatric hospitals. As a new approach, mental health services at the place of residence are based on the following principles:

1. General hospitals in which patients are referred for emergency care, as well as institutions for permanent residence and specially equipped for home support, shall be located close to their places of residence;
2. Interventions are aimed at reducing both disability and symptoms;
3. Treatment and care are adequate to the specific diagnosis and individual needs of the patient;
4. A wide range of services is provided to people with mental and behavioral disorders;
5. The services and treatment provided are coordinated in detail between mental health professionals and local NGOs;
6. Preference is given to outpatient therapy methods, including home therapy, rather than inpatient;
7. Partnerships are established with patients (family, relatives), their requirements are taken into account in the therapy process;
8. A legislative framework is being developed to support the above-mentioned principles of mental health protection (WHO 2001).

The following table lists the main services to meet the needs and requirements of users with long-term mental disorders.
Case management services are one of the most widely used patient care systems in the world. In this regard, it is necessary to briefly highlight this problem.
Keys management services are provided by medical professionals who work with people to identify problems and barriers that may prevent people from being better and to find mutually agreed solutions to achieve health goals.
Event managers work with individuals and families to understand their illness or injury, what the individual / family needs to do to participate in the clinical team, follow a treatment plan, and achieve the best possible outcome.
What does the case manager do?
Although job managers work in many environments, some common elements include:
Assessment is the process of identifying an individual's condition / needs, abilities, and preferences that led to the development of a care plan.
Care planning, which is a kind of health map, including goals and priorities. The maintenance plan identifies strategies and next steps to achieve the desired results. The ultimate goal is to help individuals monitor their care and actively participate in the evaluation of experiences.
Alignment, that is, work managers work to align all moving parts and move the plan with the person.
Evaluation / Results Measurement, explains to the individual and the work manager what is working, what is not working and what needs to be changed (plan, goals, etc.). Finally, it determines what progress has been made toward individual goals.
Promotes the Client's Self-Determination, ie the individual confidently learns the skills needed to control their care. In other words, they know what is wrong, what to do about it, and the value of it.

What does the case manager do?
Work management
Skills map
Keys manager's vocabulary
Work management intensity schedule

Leading member association providing professional cooperation in health sustainability.

Who Can Be a Case Manager?

Case managers are licensed health care professionals who provide the following services:

• Evaluation
• To plan
• Help start the plan
• Evaluate the plan
• Customer self-determination
These individuals include:
• Licensed Registered Nurses (RN)
• Licensed social worker
• Vocational consultant

Where does Case Manager work?

Case managers cover all health settings.

However, the experience varies according to the degree of complexity and comprehensiveness based on four factors:

1. Professional discipline of the intern (nurse, social worker, doctor, rehabilitation consultant)
2. The context of the care environment, from health and prevention at one end of the spectrum to acute care or rehabilitation at the other end.
3. Health status and needs of those served
4. (for example, critical care for diabetes)
   Source of compensation

The following list provides an overview of the parameters used by the manager:

• Hospitals
• Outpatient clinics and community-based organizations
• Private corporations
• Insurance programs
• Government-funded programs
• Provider agencies and community facilities
• Geriatric services, including accommodation and auxiliary accommodation
• Long-term care services, including home and community-based services
• Hospice, palliative and respite care

• Physician and medical team experiences

Reforms in the field of mental health should focus on the following areas:

1) Policy and legislative structure;
2) Mental health services;
3) Mental health services in the primary health care system;
4) Human resources;
5) Relations with other sectors;
6) Monitoring and research;
7) Implement the national strategy of the Republic of Azerbaijan in the field of mental health.

However, none of these authors touched upon the needs of patients with schizophrenia who are in a psychiatric hospital for a long time, while suffering from paranoid schizophrenia and depression. As a new approach to meet the needs of patients with schizophrenia who are in a psychiatric hospital for a long time, while suffering from paranoid schizophrenia and depression, the provision of psychiatric residential care should be based on the above principles.

Limitation of the study

First, our small study group and we recommend that these results be replicated in a larger group so that effect sizes can be more precisely estimated. Second, it is necessary Such work should be carried out in multicenter studies.

Conclusion

The results of this study suggest that men with paranoid schizophrenia who are long-term in a psychiatric hospital often suffer from depression than women. It is currently very difficult to fully explain this phenomenon. However, given that the husband in society occupies a dominant role as the head of the family, his long stay in a psychiatric hospital is one of the causes of depression. Thus, men with paranoid schizophrenia who are in a psychiatric hospital for a long time need more differentiated psychiatric help, especially in relation to affective disorders of the depressive type. This issue needs further study.

Competing Interests

None

Author disclosure information

The authors declare that the article is submitted on behalf of all authors. Authors declare no financial and personal relationship with other people or organizations that could inappropriately influence this work. The authors declare no conflicts of interest. No sponsor provided funding for this study.

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