

SCHIZOPHRENIA AFFECTS A PATIENT'S ENTIRE ENVIRONMENT

per **1** patient with diagnosed schizophrenia



there are **10** persons affected in their immediate environment⁴

CAREGIVER PROFILE⁵

age

51 years
(on average)

relationship with a patient

46%
a parent
26%
a partner

professional activity

68%
a worker

sex

78%
a woman

caring for a patient

> 88%
monitoring treatment and compliance with medical recommendations
> 79%
assisting in housekeeping
> 77%
preparing meals

72%

of caregivers cover part of patients' costs

on average
PLN 569
per month

financial support provided by caregivers to their relatives

81%

of patients live with their caregivers

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CAREGIVER

– a silent patient⁶

caregivers of schizophrenic patients are often „silent patients” with first symptoms of depression

12-18%

of caregivers are on the verge of depression, while one in four requires professional help

schizophrenia in close relatives is the primary source of stress for caregivers

REPORT SCHIZOPHRENIA

THE ROLE OF CAREGIVERS IN FOSTERING COOPERATION

SCHIZOPHRENIA

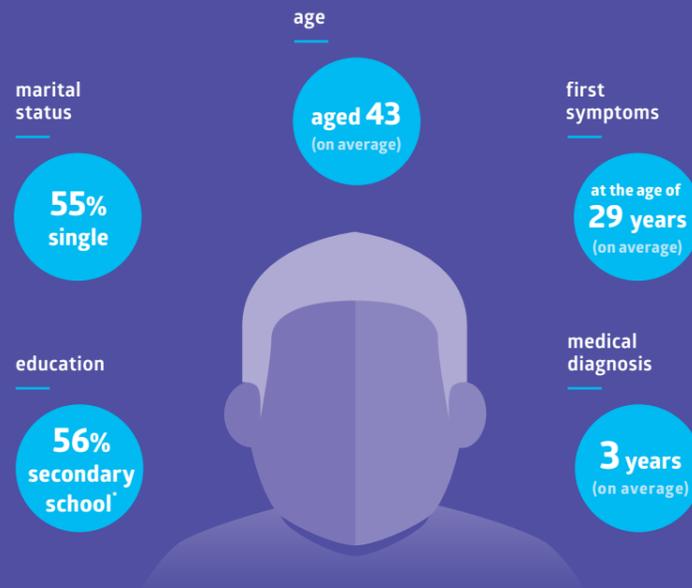
AFFECTS MAINLY YOUNG PEOPLE

50mn affects over
people worldwide¹

according to estimates,
the number of patients
in Poland may amount
to as much as
385,000

1/2 of them
being
non-diagnosed
patients

PATIENT PROFILE ²



MOST PATIENTS LOSE THEIR JOBS DUE TO SCHIZOPHRENIA



² most patients fail to complete higher education due to early symptoms.

SCHIZOPHRENIA SHORTENS LIFE - by 10-20 years on average³

suicide is a cause of death
in 5-10% of schizophrenic
patients

there are relatively many
patients suffering from
other chronic diseases

patients have an increased
risk of cardiovascular
and respiratory diseases

EACH PATIENT IS DIFFERENT AND NEEDS AN INDIVIDUAL THERAPY

Schizophrenia treatment requires a comprehensive approach inclusive of pharmacotherapy, psychoeducation, psychotherapy, and activity-based therapy.

Administration of antipsychotic drugs in a form of LAIs:

- reduces the risk of hospitalization by more than 60%⁷
- reduces anxiety in schizophrenic patients' environment and improves life quality of their caregivers by removing the need for reminding patients of drug use on a daily basis⁸
- allows distinguishing between lack of response to a specific drug and lack of response caused by non-systematic daily administration of oral drugs⁹

Antipsychotic drugs are administered to patients in a form of LAIs in various organizational entities of healthcare system (such as mental health outpatient clinics, psychiatric doctor's offices, psychiatric wards and day-care departments, community mental health services), giving patients the opportunity to be treated within their own environment and providing a greater sense of independence and control over the disease and their own lives. This form of treatment reduces a stigma of schizophrenic patients.

Long-acting injections of antipsychotic drugs represent one of the most effective strategies of preventing schizophrenia recurrences.

DOCTOR-PATIENT RELATIONSHIP ^{10,11}

Doctor-patient relationship is a crucial factor in treating schizophrenia. Treatment results are much more dependent upon whether and how a patient takes medication than its efficacy.

Lack of cooperation in treatment is the greatest barrier to benefit from therapy.

Reasons for the lack of cooperation:

- lack of understanding and acceptance of disease by patients and their caregivers
- disease result - patients with cognitive disorders, attention and memory deficit have problems in understanding what is expected from them, how to take medication
- non-acceptance of diagnosis - patients do not see the need to take drugs
- problems in cooperation between patients and doctors in schizophrenia treatment usually occurs when oral antipsychotic drugs are used

lack of cooperation in treatment is the greatest barrier to benefit from therapy

BURDEN ON CAREGIVERS

presenteeism ¹²

30% vs **17.5%**
caregivers non-caregivers

A relatively high rate of presenteeism cases is observed among caregivers as compared to non-caregivers.

10%

of caregivers had to change job¹³

25%

of caregivers had to reduce their working hours by one-third¹⁴

34 hours

per week is spent on care = two-third of another full-time job¹⁵

COSTS OF SCHIZOPHRENIA IN POLAND IN 2013

187,000

schizophrenic patients treated in Poland¹⁶

over **PLN 27 mn**

reduction in the NHF spending on drug reimbursement in schizophrenia and bipolar affective disorder treatment¹⁷ over the years 2010-2014



PLN 1.1-3.1 bn

total sum of direct and indirect costs related to schizophrenia treatment¹⁸ (depending on the adopted indirect cost calculation method)

52387

hospitalization days related to schizophrenia funded by the National Health Fund (i.e. nearly 150 years)¹⁹

34.8 days

average length of patient hospitalization²⁰ (data for ICD-10: F20-F29)

12.6 days

the increase in hospitalization time between 2010 and 2013²¹

Social Insurance Institution spending due to schizophrenia **PLN 1.1 bn**²²

work incapacity pensions: **PLN 827,785,000**

social pensions: **PLN 252,647,000**