

Schizophrenia: Beyond Clinical Remission

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Patients with schizophrenia have a high disease burden¹; recovery should consider both clinical remission and broader social functioning²



 Disability due to symptoms & cognitive impairment

 Social impairment

 Only 10-20% in paid employment

 Patients die 15-20 years earlier than general population

 Clinical improvement
Rating of “mild” or less on key positive and negative symptoms for **over 6 months** (key symptoms include: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior and negative symptoms)

 Clinical improvement

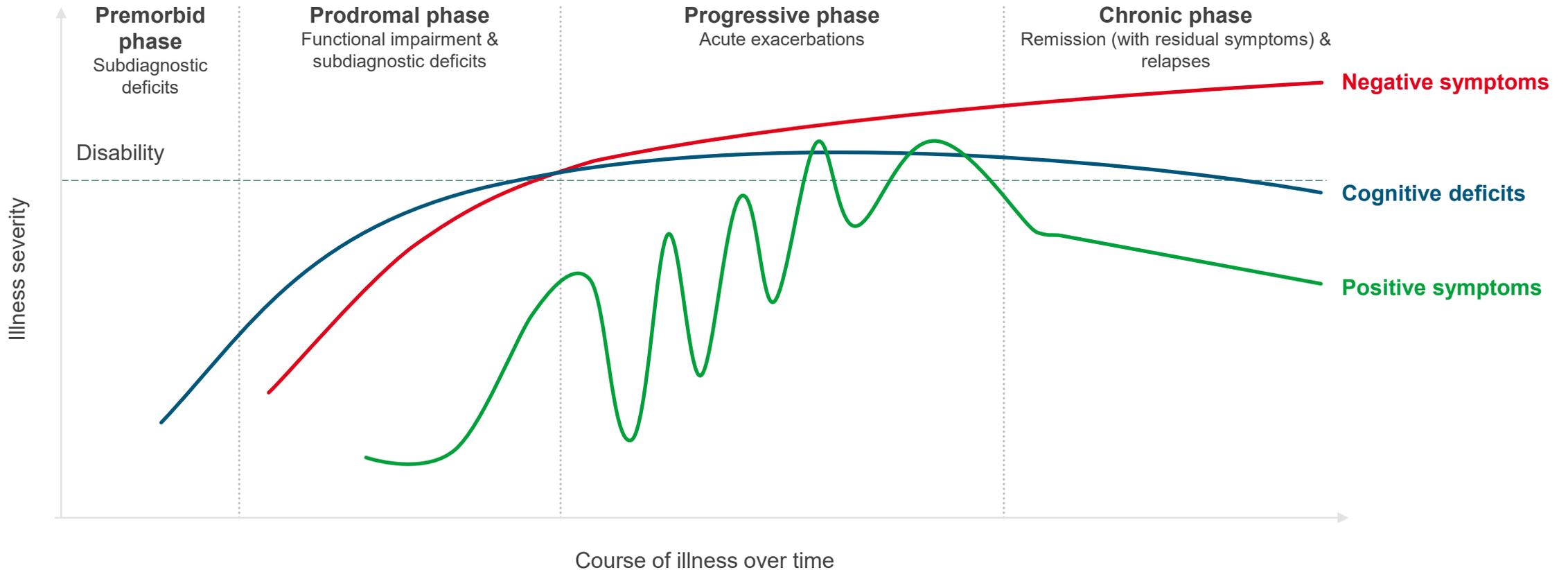
 Social/functional improvement
Social/functional criteria can include: successful social relationship, ability to work, and living independently⁴

 **One possible definition of recovery²**
Both clinical and social improvements, with at least one of these outcomes lasting 2 years or more (but no generally accepted definition of recovery in schizophrenia is defined yet).



1. Fleischhacker WW, et al. *Schizophr Bull.* 2014;40 Suppl 3:S165-94. doi:10.1093/schbul/sbu006.
2. Jääskeläinen E, et al. *Schizophr Bull.* 2013;39(6):1296-1306. doi:10.1093/schbul/sbs130.
3. Andreasen NC, et al. *Am J Psychiatry.* 2005;162(3):441-9. doi:10.1176/appi.ajp.162.3.441
4. Jääskeläinen E, et al. *Schizophr Bull.* SUPPLEMENTARY. 2013;39(6):1296-1306. doi:10.1093/schbul/sbs130. <https://academic.oup.com/schizophreniabulletin/article/39/6/1296/1884290#supplementary-data>

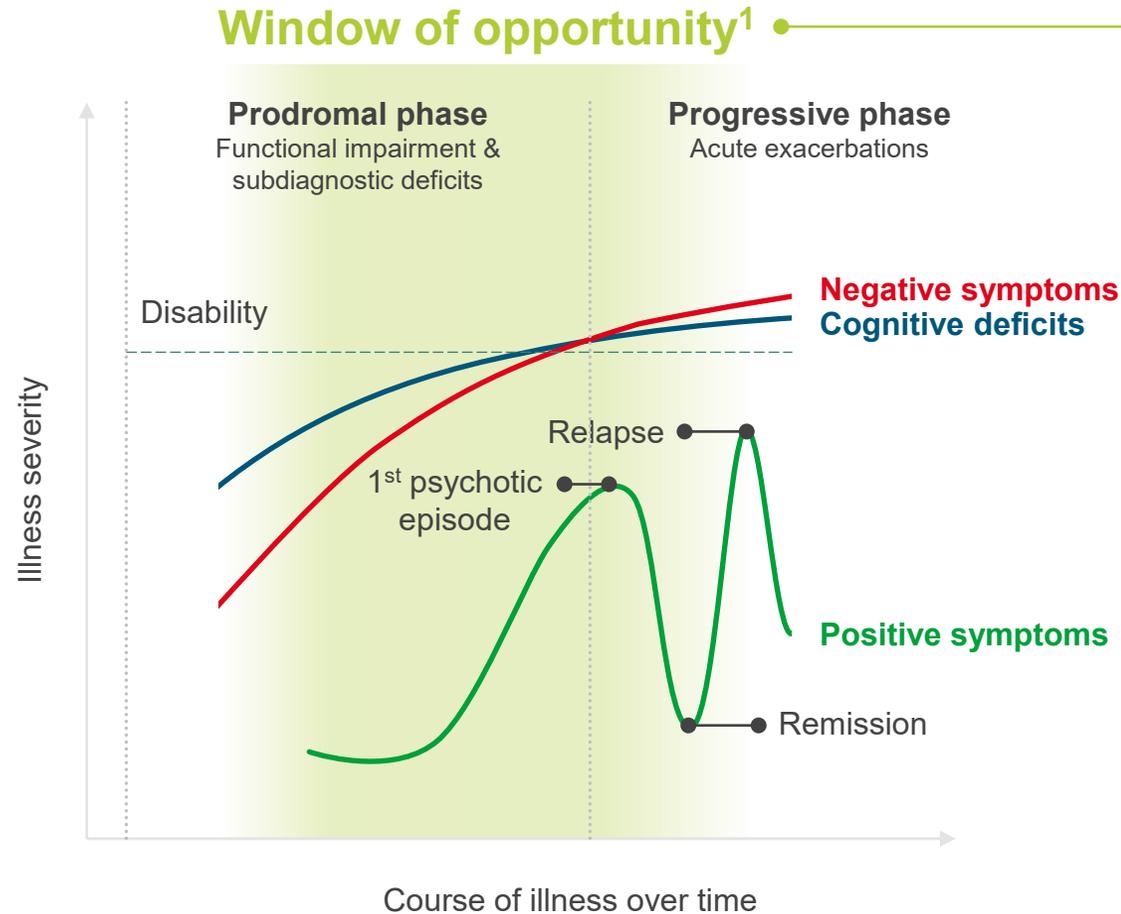
Most patients experience a reduction or remission of psychotic symptoms with treatment, but negative and cognitive symptoms can persist¹



Graph adapted from Correll and Schooler, 2020²

1. Lieberman, et al. *Biol Psychiatry*. 2001;50(11):884-97. doi:10.1016/s0006-3223(01)01303-8
2. Correll CU, Schooler NR. *Neuropsychiatr Dis Treat*. 2020;16:519-534. doi:10.2147/NDT.S225643

Patients with schizophrenia need early¹ and uninterrupted treatment to slow disease progression²



- Mean duration of untreated psychosis (DUP): 61.3 weeks³ (~15 months)
- Long DUP associated with poor long-term outcomes³

Early diagnosis & treatment are critical³

High risk of relapse⁵

While many first episode psychosis (FEP) patients experience remission within a year of treatment, individuals that discontinued antipsychotic medication afterwards had **relapse rates of 77% and over 90%** at 1 and 2 years respectively **vs 3%** at 1 year for individuals that maintained antipsychotic therapy.⁵



Graph adapted from Correll and Schooler, 2020²

1. Millan MJ, et al. *Nat Rev Drug Discov.* 2016;15(7):485-515. doi:10.1038/nrd.2016.28.
2. Fleischhacker WW, et al. *Schizophr Bull.* 2014;40 Suppl 3:S165-94. doi:10.1093/schbul/sbu006.
3. Penttilä M, et al. *Br J Psychiatry.* 2014;205(2):88-94. doi:10.1192/bjp.bp.113.127753.
4. Correll CU, Schooler NR. *Neuropsychiatr Dis Treat.* 2020;16:519-534. doi:10.2147/NDT.S225643
5. Zipursky RB, et al. *Schizophr Res.* 2014;152(2-3):408-14. doi:10.1016/j.schres.2013.08.001

Early intervention has shown short-term benefits for patients with schizophrenia¹, and it is well-established in several parts of the world²

Early intervention²

Established therapeutic approach in America, Europe, and Australasia

Early diagnosis²

Identification of patients already in prodromal phase or during early psychosis

Early, phase-specific treatments³



Cognitive behavioral therapy



Antipsychotic medication



Psychological support of family & caregivers



Supported employment programs



Physical health programs

Goals²

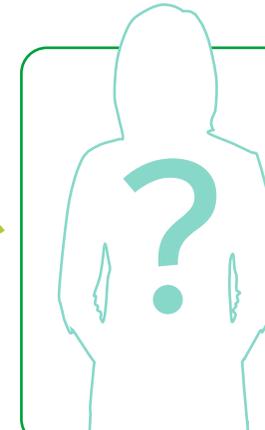
- Preventing progression to psychosis in prodromal phase
- Promoting recovery in first episode of psychosis

Short-term benefits¹



- Less severe symptoms
- Less treatment discontinuation
- Fewer psychiatric hospitalizations
- Better involvement in school/work

Long-term benefits¹

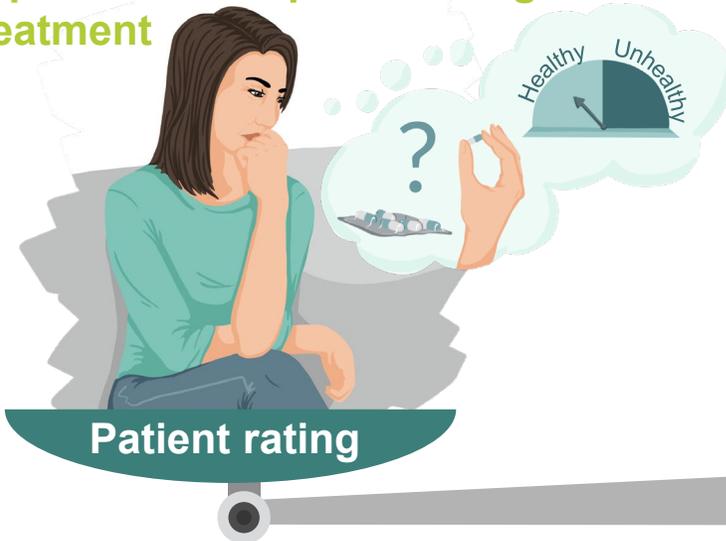


- Benefits may get lost years after stopping early intervention
- Further evidence needed to evaluate if duration of early intervention should be extended

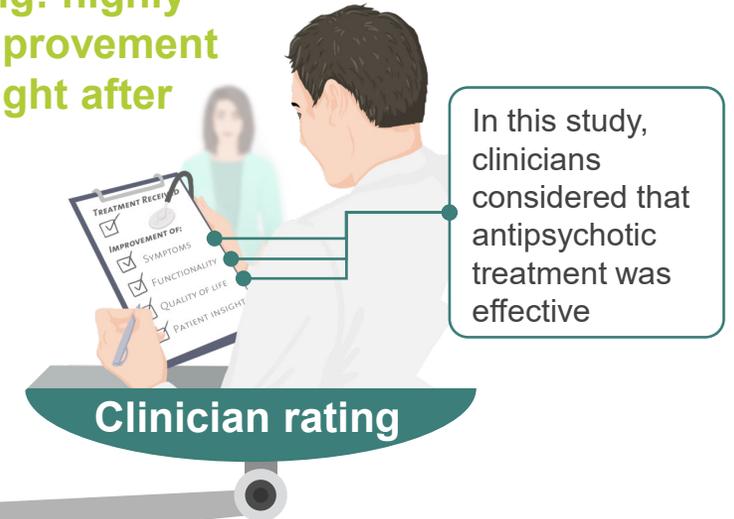
1. Correll CU, Galling B, Pawar A, et al. *JAMA Psychiatry*. 2018;75(6):555-565. doi:10.1001/jamapsychiatry.2018.0623.
2. Marshall M, Rathbone J. *Cochrane Database Syst Rev*. 2011; (6):CD004718. doi:10.1002/14651858.CD004718.pub3.
3. NICE. Psychosis and schizophrenia in adults: prevention and management (CG178). <https://www.nice.org.uk/guidance/cg178>. Accessed April 5, 2020.

A recent study found that despite favorable response to treatment, many aspects of patient insight remain poor¹

Patient rating: only minimal overall improvement in patient insight after treatment



Clinician rating: highly significant improvement in patient insight after treatment



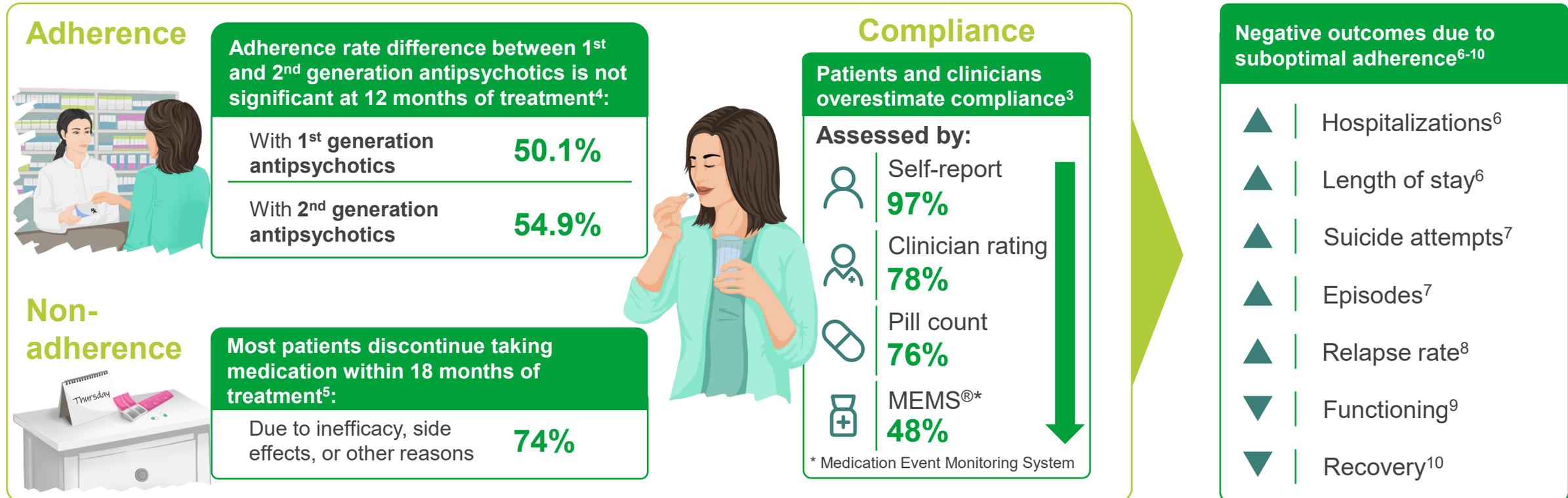
Clinical response ≠ better insight

Clinicians should note that **despite generally favorable clinical response**, with improvements noted for measures of psychopathology, functionality, quality of life, neurological signs and cognition, **poor self-rated insight persisted in most patients in this study.**



1. Phahladira L, et al. Schizophr Res. 2019;206:394-399. doi:10.1016/j.schres.2018.10.013.

Two of many challenges in therapy: suboptimal adherence as a major¹ modifiable² risk factor for relapse and overestimation of compliance³



! Verifying adherence is important¹¹

Since suboptimal adherence **negatively impacts patient outcomes**,⁶⁻¹⁰ experts suggest treatment options should ideally involve uninterrupted treatment where **compliance is verifiable by a clinician**.¹¹ Despite adherence, relapse is still possible.⁸

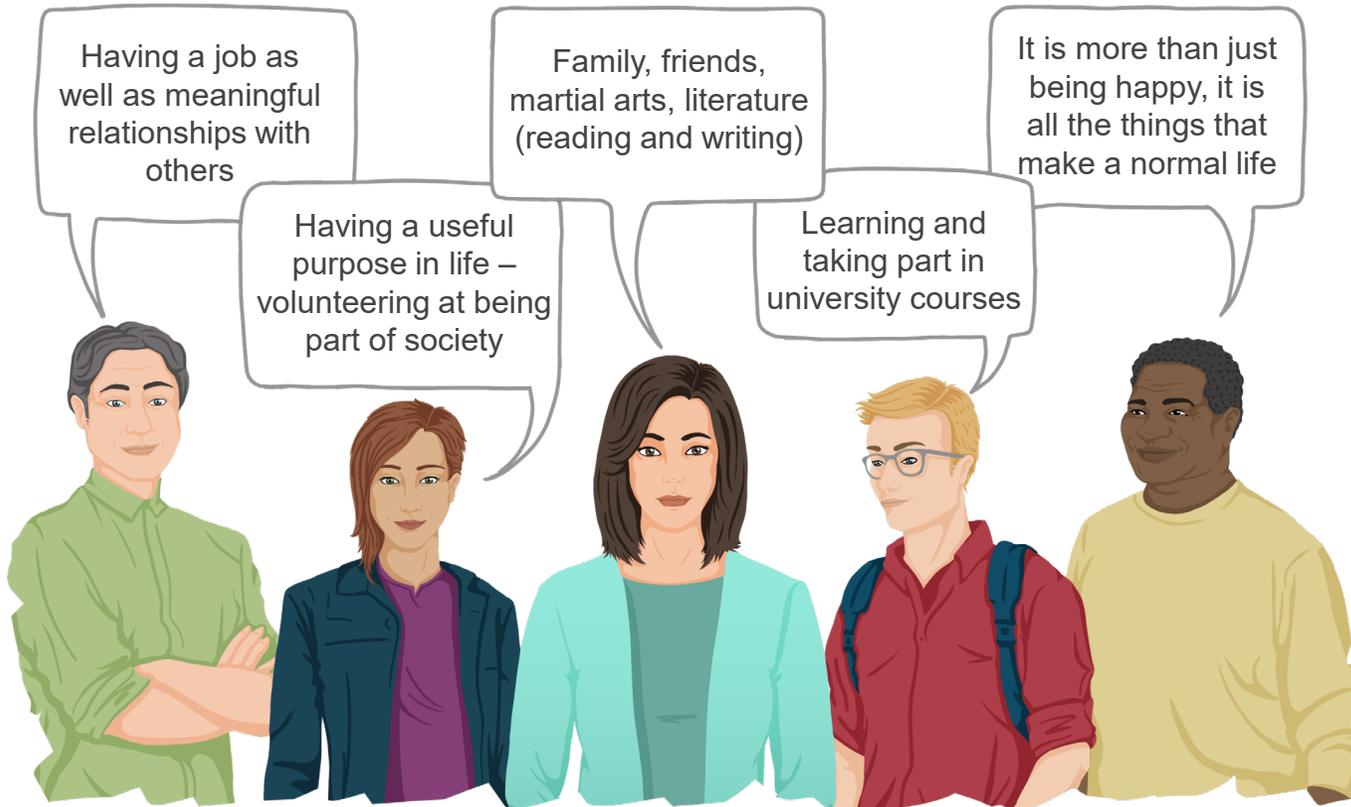


1. Robinson D, et al. *Arch Gen Psychiatry*. 1999;56(3):241. doi:10.1001/archpsyc.56.3.241. 2. Bodén R, et al. *Schizophr Res*. 2011;133(1-3):36-41. doi:10.1016/j.schres.2011.08.024. 3. Remington G, et al. *Schizophr Res*. 2007;90(1-3):229-237. doi:10.1016/j.schres.2006.11.015. 4. Dolder CR, et al. *Am J Psychiatry*. 2002;159(1):103-108. doi:10.1176/appi.ajp.159.1.103. 5. Lieberman JA, et al. *N Engl J Med*. 2005;353(12):1209-1223. doi:10.1056/NEJMoa051688. 6. Ascher-Svanum H, et al. *BMC Res Notes*. 2009;2:6. doi:10.1186/1756-0500-2-6. 7. Ahn J, et al. *Value Health*. 2008;11(1):48-56. doi:10.1111/j.1524-4733.2007.00214.x. 8. Morken G, et al. *BMC Psychiatry*. 2008;8:32. doi:10.1186/1471-244X-8-32. 9. Dassa D, et al. *Aust N Z J Psychiatry*. 2010;44(10):921-928. doi:10.3109/00048674.2010.493503. 10. Novick D, et al. *Schizophr Res*. 2009;108(1-3):223-230. doi:10.1016/j.schres.2008.11.007. 11. Shirley M, Perry CM. *Drugs*. 2014;74(10):1097-1110. doi:10.1007/s40265-014-0231-7.

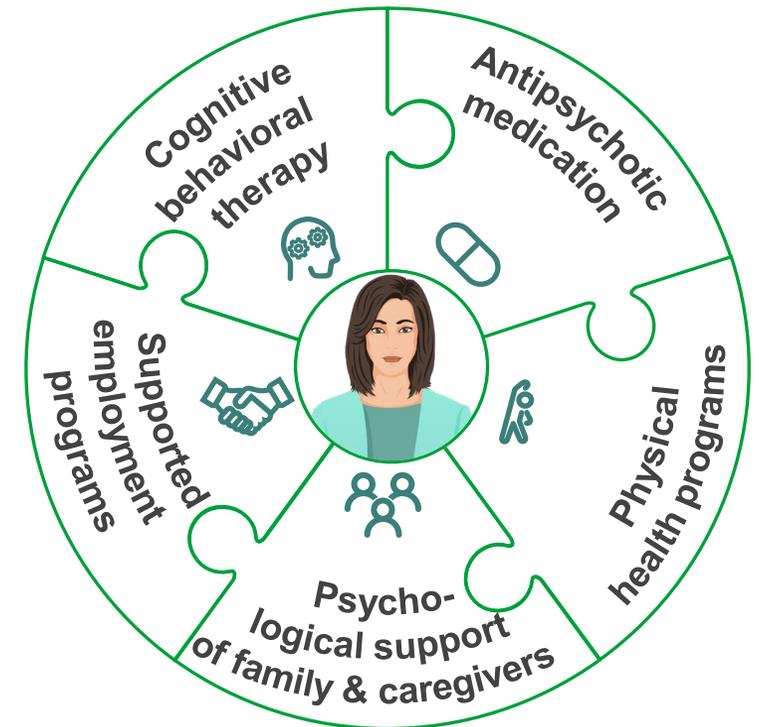
Beyond clinical remission: attaining a good quality of life through recovery¹ and preventing relapse are critical for patients with schizophrenia²

Establishing an alliance with the patient is important

Good quality of life means different things for each individual patient¹



Need for **patient-focused, multi-disciplinary, early intervention**³



1. Martin N. Quality of Life: As defined by people living with Schizophrenia & their families. <https://www.schizophrenia.ca/docs/FINALSSCQOLReport.pdf>. Updated January 2009. Accessed April 7, 2020.
2. GAMIAN-Europe. A charter for the rights to treatment and care for people with schizophrenia. <https://www.gamian.eu/wp-content/uploads/Patient-Charter-Schizophrenia.pdf>. Accessed April 7, 2020.
3. NICE. Psychosis and schizophrenia in adults: prevention and management (CG178). <https://www.nice.org.uk/guidance/cg178>. Accessed April 5, 2020.