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Clinical and follow-up analysis of the effectiveness of psychocorrective and preventive work with relatives of patients with the first psychotic episode

Клинико-катамнестический анализ эффективности психокоррекционной и профилактической работы с родственниками пациентов с первым психотическим эпизодом

Abstract

The article presents the clinical and follow-up analysis of the effectiveness of the developed psychocorrective system (PS) and the program of prevention for relatives of patients with the first psychotic episode (FPE) for a two-year period of observation. In the work with relatives, special attention is paid to relief of the burden for the family, which is caused by mental disorder. Assistance to the family, in which there is a patient with FPE, can interrupt the development of the chronic course of disease. The proposed phased differentiated PS and the program of prevention of mental maladjustment (MM) in the relatives of patients with FPE contributed to the improvement of the mental state and quality of life (QOL) of both the patients of the main group and their relatives. The effectiveness of the developed PS and the program of prevention is confirmed by the decrease of the number of relapses of mental disorder and repeated hospitalization to psychiatric hospital, decrease of primary disability in patients with FPE.

Keywords: clinical and follow-up analysis, effectiveness, psychocorrective system, program of prevention, mental maladjustment, relatives, first psychotic episode.

Резюме

В статье приведен клинико-катамнестический анализ эффективности разработанной системы психокоррекции (ПК) и программы профилактики для родственников пациентов с первым психотическим эпизодом (ППЭ) за двухлетний период наблюдения. В работе с родственниками особое внимание отводится облегчению бремени для семьи, которое обусловлено психическим расстройством. Помощь семье, в которой есть больной с ППЭ, может прервать развитие хронического течения болезни. Предложенная поэтапная дифференцированная система ПК и программа профилактики психической дезадаптации у родственников пациентов с ППЭ способствовала улучшению психического состояния и качества жизни как пациентов основной группы, так и их родственников. Эффективность разработанной системы ПК и программы

профилактики подтверждена снижением числа рецидивов психического расстройства и повторных госпитализаций в психиатрический стационар, снижением первичной инвалидности у пациентов с ППЭ.
Ключевые слова: клинико-катамнестический анализ, эффективность, система психокоррекции, программа профилактики, психическая дезадаптация, родственники, первый психотический эпизод.

■ INTRODUCTION

Working with the family is based on the proposition that a related communicative style, coping strategies and competence in solving problems are directly related to the "diathesis-stress-vulnerability" model in a mental disorder. According to this model, the habits of mastering and solving problems in the family increase the patient's competence and ability to withstand stressful situations, compensating for his/her psychobiological vulnerability to stress and reducing the tendency to disease exacerbation [1].

Any related intervention is directly or indirectly aimed at correcting a dysfunctional communicative style in the family. When conducting cognitive-behavioral therapy with the family, this task is solved by practicing means of effective family interaction. With a purely psycho-educational approach, the result is achieved mediately – by increasing the awareness of family members about the mental illness and the means of its treatment, which reduces the level of anxiety and stress in the family. This leads to normalization of the inbreeding emotional climate [2].

In working with the family, special attention is given to alleviating the burden on the family, which is due to a mental disorder. At the same time, there is a positive restructuring of past experience and a focus on the problems of caring for a sick close person [3].

Assistance to a family in which there is a patient with the first psychotic episode (FPE), can interrupt the development of the chronic course of the disease [4].

■ THE MAIN OBJECT OF RESEARCH

To conduct a clinical and follow-up analysis of the effectiveness of the developed psychocorrective system (PS) and the program of prophylaxis of mental maladjustment (MM) in relatives of patients with FPE.

■ MATERIALS AND METHODS

The study involved 88 relatives of 55 patients (main group) with FPE, whose features of MM were studied and psychocorrective and preventive work was conducted with them. The control group consisted of 30 patients with FPE, for whose relatives no interventions were applied. The main characteristics of the group of relatives are given in tabl. 1.

Analyzing the data presented in table. 1 it should be noted that among the group of relatives next ones prevailed: mothers – 52.3%, working – 44.3%, married – 60.2%, with high-school and advanced education – 78.4%.

Table 1
Characteristics of the group of relatives

Sign		Number of relatives	
		Absolute number, n=88	%
Sex	Male subjects Female subjects	30 58	34.1 69.5
Average age	Male subjects Female subjects	45,3±2,2 47,5±1,6	
Employment	Working Temporarily not working Physically disabled person Students Retired by age Working pensioner	39 27 2 1 12 7	44.3 30.7 2.3 1.1 13.6 8.0
Family status	Married Widower (widow) Divorced or separated The marriage never was	53 9 16 10	60.2 10.2 18.2 11.4
Education	Lower secondary High-school-educated Advanced Higher	1 39 28 20	1.1 44.3 34.1 22.7
Degree of consanguinity with patient with PFE	Mothers Fathers Brothers Sisters Grandmothers Children (daughters)	46 21 9 7 3 2	52.3 23.9 10.2 8.0 3.4 2.3

Inclusion criteria for relatives in the study were: voluntary consent to conduct a questionnaire, clinical, clinical-pathopsychological and psychological examination; absence of previous requests for help to a psychiatrist and narcologist; 1–2 degree of relationship with a patient with FPE (more distant relatives were not included in the study).

Clinical-psychopathological and psychodiagnostic methods were used to identify clinical and psychological features of MM in relatives of patients with FPE. Clinical-psychopathological research method was used in relatives of patients with FPE on the basis of generally accepted approaches to psychiatric examination of patients. Diagnosis of mental disorders was carried out according to the criteria of the International Classification of Diseases of the 10th revision (ICD-10) [5]. The psychodiagnostic method included the following methods: a screening questionnaire for detecting depression; screening test for the detection of anxiety disorders; screening test for the detection of suicidal behavior; Hamilton Depression Rating Scale (HDRS-21); personal scale of Taylor's anxiety detection; the method "The way out of difficult life situations"; the method "Unfinished sentences" by Sachs and Levi [6]. The quality of life (QOL) study was carried out by evaluating the integrative QOL score, developed in 1999 by Mezzich J. et al. [7]. Statistical processing of the study materials was carried out using biometric analysis methods implemented in the Excel-2010®, Statistica 6.1 software packages [8].

RESULTS AND DISCUSSION

According to the results of the clinical-psychopathological study, all participants in the study were divided into three clinical groups:

1) the group of relatives with affective (depressive) disorders (F 32.0, F 32.1, F 32.3) – 11 (12.6%) persons;
2) the group of relatives with neurotic disorders (F 41.1, F 41.2, F 43.21, F 43.22) – 41 (47.2%) persons;
3) the group of the conditional norm, in the representatives of which some insignificant violations that do not reach the clinical level are revealed (Z 63.7) – 35 (40.2%) persons.

One examined person (mother) was not included in any group, because she was diagnosed with an acute schizophreniform disorder.

When conducting a psychodiagnostic study it was revealed that 52.3% of the respondents had depressive disorders, anxiety occurred in 40.4% of those surveyed. 8% of relatives confirmed the presence of suicidal thoughts. Half of the participants in the study had problems in experiencing difficult life situations. The main negative attitude of relatives is connected with the family. 77% of the respondents noted unrealized opportunities in relation to the health of a close person, their health or all. There were certain fears and fears in 60.9% of the relatives, in the midst of them the fear of illness and death of a loved one prevailed – in 52.9% of the persons. 51.7% of the participants in the study felt guilty for the illness and the state of health of their sick relative.

A decrease in QOL indicators on all scales was revealed in the surveyed, the lowest was in the next scales: "Psychological well-being", "Physical well-being", "Personal realization", "Socio-emotional support". The integrative index of QOL reached only an average level and was 6,68 points (the integrative index of QOL in healthy subjects is 8,1 points) [9].

The obtained data were used to develop the stepped differentiated PS (tabl. 2) and the program of prophylaxis of MM in relatives of patients with FPE.

The stepped differentiated PS of MM in relatives of patients with FPE (at the stage of hospitalization) was conducted as separate sessions, mostly individually, sometimes by family, or only with mothers, only with fathers, only with brothers and sisters. The duration and number of sessions were not limited, there were as many as needed, on average up to 10 sessions, 2 sessions per each psychocorrective stage.

On an outpatient stage, dynamic follow-up, supporting sessions and correction of long-term results were performed to improve the degree of persistent successes that were achieved during the psychocorrection, taking into account individual need, on average for up to two years, which is associated with a large number of exacerbations in patients with FPE in this time period.

Psychoprophylaxis of MM in relatives of patients with FPE, as well as PS, was systemic, complex, differentiated, sequential.

We have identified the following areas of primary prophylactic work: 1) strengthening of mental well-being through access to effective parental support and education programs that promote the development of skills and information, 2) understanding the critical role of mental health, 3) combating stigma and discrimination, 4) increasing the psychiatric literacy

Table 2
The stepped differentiated PS of MM in relatives of patients with FPE

Stages	Goal	Psychocorrective methods
I	Formation of abilities to arbitrary control over the psychoemotional state, increase of psychological tolerance and stress resistance	– psychosensory and mental self-regulation – stress-vaccination training – consistent systematic self-monitoring
II	Identification of disadaptive cognitive-behavioral stereotypes	– actualization of personal resources – formation of a resource bank – cognitive restructuring – social comparison – exploitation of resources during visualization – approbation and selection of psychological defenses
III	Correction of behavior, reorientation, adoption of positive models of behavior	– cognitive learning (self-observation, self-reinforcement, self-evaluation, drafting of contracts and working in the system of rules of the relative of the patient with FPE) – desensitization of personality
IV	Development of specific psychological tolerance to the individual psychotraumatic situation	– cognitive restructuring – cognitive-vector method
V	Verification of results	– real contact with negative factors in accordance with the principle of consistency and preliminary preparedness

of relatives, 5) providing access for people with mental health problems to high-quality primary health care help.

Secondary prophylaxis was carried out with relatives of patients with FPE, who already had signs of MM and was based on identified clinic-psychopathological and psychological characteristics. The goal of secondary psychoprophylaxis was to stop the onset of a mental disorder. In secondary psychoprophylaxis, the most important was to conduct the complex pharmaco- and psychotherapy, psychocorrection according to the scheme proposed by us.

Tertiary prophylaxis of MM was aimed at preventing the re-development of this pathology due to a long-term psychocorrective maintenance, if necessary, drug therapy; establishment of intra-family relations, social rehabilitation. Tertiary prophylaxis for the relatives of the mentally ill was most closely connected with the social rehabilitation of the patient, but also the processes of their own inclusion and re-adaptation into society were significant.

In clinical and follow-up analysis of the efficacy of the developed stepped differentiated PS and the program of prophylaxis of MM in relatives of patients with FPE, such signs as the number of repeated hospitalizations, completed suicides and established disability groups were taken into account in the patients of the main and control groups over the next two years. The data of the catamnesis are presented in tabl. 3.

Patients with FPE from the main group over the first year after the transferred psychotic episode were re-hospitalized in a psychiatric hospital in 27.3% of cases against 56.7% in the control group, which is significantly less ($p<0.05$). The obtained results coincide with those of foreign authors

Table 3
Two-year follow-up data on the number of repeated hospitalizations, completed suicides and disability groups in patients with FPE

Sign / Group of patients	Control group	Main group	P 1–2
Repeated hospitalization over the first year	56,7%	27,3%	P<0.05
Repeated hospitalization over the second year	33,3%	10,9%	P<0.05
Completed suicides over the first year	3,3%	0%	P>0.05
Completed suicides over the second year	0%	0%	P=1
Disability over the first year:			
– second	30,0%	14,5%	P<0.1
– third	3,3%	1,8%	P>0.05
– childhood	3,3%	3,6%	P>0.05
Disability over the second year:			
– second	0%	0%	P=1
– third	0%	5,4%	P>0.05
– childhood	0%	0%	P=1

[10–12]. A similar trend was observed in the second year after the FPE (10.9% – the main group and 33.3% – the control group), the difference was significant (p<0.05). The results of our study differ slightly from the data of a number of authors and are the best. So, according to I.R.H. Falloon rates of re-hospitalization of patients from the group of related interventions over the second year were 17%, in the control group – 83% [13], in the study of G.E. Hogarty et al. – 34% and 66,7% respectively [11], J. Leff et al. – 40% and 78% respectively [14]. The output for the second group of disability over the first year after the transferred FPE in patients of the control group was higher in comparison with the main group (30.0% and 14.5% respectively) (p <0.1).

CONCLUSION

The presented data testify to the effectiveness of the developed PS and the program of prophylaxis for relatives of patients with FPE. The proposed step-by-step differentiated PS and the program of prophylaxis of MM in relatives of patients with FPE promoted the improvement of the mental state and the quality of life in both the patients of the main group and their relatives. The effectiveness of the developed PS and program of prophylaxis is confirmed by a decrease in the number of relapses of mental disorder and repeated hospitalization in a psychiatric hospital, a reduction in primary disability in patients with FPE for a two-year follow-up period.

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