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NEW OPPORTUNITIES OF MEDICAL AND PSYCHOLOGICAL REHABILITATION OF PATIENTS WITH SCHIZOPHRENIA

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Abstract

142 female patients, aged 18 – 35 y. o. with diagnosis of schizophrenia have been comprehensively examined in the period of stabilization. The integrative model of psychoeducational work which includes application of various information modules, techniques of cognitive-behavioral therapy, training effects, problem-oriented discussions, and family psychotherapy was offered. The psychoeducation was determined to be superior over conventional complex treatment intended for the reduction of negative symptoms, productive symptoms and general psychopathological symptoms of schizophrenia patients. It is supported by dynamic analysis of the clinical disturbances and psychopathological ones on the PANSS. The improvement of psychosocial functioning and quality of life of the patients under study who participated in the psychoeducational activities was determined. It is proved that psychoeducation not only increases the amount of knowledge intensifies confidence in the fight against the disease, but solves the problem of social reintegration of the patient.

Key words: psychoeducation, schizophrenia, quality of life, social functioning.

Direction of the problem. The rehabilitation of the mentally ill patients is not limited to the elimination of psychopathological symptoms and should be aimed at creating for them

the optimal conditions for social functioning, quality of life, ability to self-vigorous (independent) activity - under modern conditions, this problem is becoming particular important [1, 4, 6, 7].

Due to this reason (In this regard/ In connection with this), (it is) urgent need to develop integrated rehabilitation programs and their implementation in practice of psychiatric institutions. It is well known that psychosocial intervention plays an important role in the rehabilitation process [2, 4, 5].

Among the complex of rehabilitation measures, the leading role should belong to psychoeducation. It is gradually implemented the system of psychotherapeutic influences, which provides information to patients and his relatives about mental disorders, learning methods coping with specific problems, caused by manifestations of the disease [6, 7].

Unfortunately, in Ukrainian literature there are only an occasional publications of this section of rehabilitation of mentally ill patients, although there is a high practical demand for use by medical institutions well developed and tested psychoeducational programs [1, 4, 5].

The most widely used therapeutic psychoeducational program received in the clinic of psychosomatic diseases (asthma, diabetes, cardio - vascular diseases, etc.) and various types of addictions, as well as in training doctors, medical psychologists, middle and junior medical staff working in the clinic of internal Medicine. Only in recent years, "psychoeducation" began to develop in modern psychiatry [3].

Psychoeducational program, as part of rehabilitation measures for patients with schizophrenia are relevant, above all, the need to improve the communication abilities of the patient, increase the activity in solving their own problems, to expand the powers of a more successful and effective adaptation to real-world requirements. All this is achieved will allow to reduce the duration of hospital stay, improve family climate, reduce the burden on the family members of patients with schizophrenia [3, 6, 7].

For Ukrainian psychiatric practice psychoeducational work with mental patients and their relatives is an entirely new kind of treatment and rehabilitation. Meanwhile, in the foreign literature, psychoeducation is presented as one of the important approaches to learning and psychosocial treatment and is considered to be perhaps the most important part of rehabilitation [3, 4, 5].

The foregoing has identified the relevance of our work whose purpose - assessment of the effectiveness of psychoeducational programs for complex rehabilitation of patients with schizophrenia and the development of optimal methods of application.

Contingent and methods: The study was conducted within the framework of scientific research of the department of Psychiatry, Narcology and Medical Psychology, which is as a training center of the Ministry of Health of Ukraine on the issues of psychoeducation.

For solution this goal was conduct the comprehensive examination of 95 (male and female) patients, aged 18 - 45 years with a diagnosis of schizophrenia in a period of stabilization / in the treatment of these patients, psychoeducational program was used combine with pharmacotherapy.

Psychoeducational sessions were conducted in closed groups, the number of participants from 6 to 10-15 people. Each cycle of psychoeducation consisted of 10 - 12 sessions, with duration of 1.5 - 2.0 hours and a frequency of 1 - 2 times a week.

In the following research were used such methods: clinical and psychopathological, including a study of complaints, assessment of mental and somatoneurological status, highlighting the major psychiatric syndromes and their dynamics; psychodiagnostic method with using: Scale positive and negative symptoms of schizophrenia Positive and Negative Syndrome Scale - PANSS (S. Kay, L. Opler, A. Fishbein, 1986); statistical method. The criteria of ICD-10 will be used as diagnostic criteria.

Results and discussion: In our research, we examined the characteristics of the information deficit of many issues related to the mental disorder, of patients with schizophrenia and their relatives, with the help of the questionnaire developed by us.

The survey revealed that the most important is a reliable information about the causes of mental illness; recognizing signs of worsening and necessary care in in this case; medications that can be used for the treatment of schizophrenia, their mechanisms of action and possible side effects; legal aspects related to mental illness; coping mechanisms.

Based on the data we have developed a system of psychoeducational work to the main objectives of which we carried:

1. Actually "education" (path available for) affordable way to each patient and their family to provide information about the nature of the disease; the importance of medical treatment and related issues (effectiveness, side effects, compliance); recognition and actions for early signs of relapse.
2. Formation for patients and their families an adequate concept about the disease.
3. Reducing emotional tension caused by the fact, and the manifestations of mental illness.

4. The decrease in patients and their families the level of stigmatisation and self-stigmatization.
5. Development of compliance in patients and their relatives (conscious adherence to treatment).
6. Correcting distorted by the disease social positions of patients and improve their communication skills.
7. Providing "psychosocial support" when a group of patients is a constant source of support and at the same time a therapeutic environment in which patients can safely develop adequate skills behavior, communication, co-ownership with difficult situations.
8. Improved adaptation of the patient and his family.
9. Improving the quality of life of the patient.

We used the integrative model of psychoeducation for solving the tasks. It included the use of various information modules, techniques of cognitive-behavioral therapy, training actions (information training, training a positive self-perception, training improvement of compliance, training, formation of communicative abilities and skills training solutions interpersonal problems), problem-oriented discussions and family psychotherapy.

During the study, the following options of psychotherapeutic intervention were used: teaching (mini lectures), emotional support, stimulation, advice, explanation, clarification, objectification, interpretation.

The results showed a rapid reduction of psychopathological symptoms on a background of complex therapy. It was the normalization of emotional state, stabilization of the behavior of patients, improvement of cognitive performance, increased psycho-physical activity of the patient. All this has allowed for increased contact with others, to renew the usual driving mode.

There was a clear positive dynamics of socio-oriented and social functioning scales. Before treatment: 60 - 51 points, which means considerable difficulties in the areas of socially useful activities, relationships with relatives; self-care and other social relations. After treatment: 90 - 81 points, which means a good level of functioning in all four core areas, the presence of just such problems and difficulties faced by all people in their daily lives.

Conclusions: A comprehensive approach to the treatment of schizophrenia includes psychopharmacotherapy using atypical antipsychotics combined with psychoeducational trainings leads to the restoration of social activity and successful re-socialization of patients. That is the evidence that psychoeducation not only increases the amount of knowledge

increases confidence in the fight against the disease, but it solves the problem of social reintegration of the patient.

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