

Kryshtal Valentin, Kozhyna Hanna, Markova Marianna, Korovina Liliia. The dynamics of the level of social functioning and quality of life of patients with schizophrenia as a marker of the effectiveness of psychoeducational programs. *Journal of Education, Health and Sport*. 2017;7(2):618-624. eISSN 2391-8306. DOI <http://dx.doi.org/10.5281/zenodo.825220>
<http://ojs.ukw.edu.pl/index.php/johs/article/view/4608>

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 1223 (26.01.2017).
1223 Journal of Education, Health and Sport eISSN 2391-8306 7

© The Author (s) 2017;

This article is published with open access at License Open Journal Systems of Kazimierz Wielki University in Bydgoszcz, Poland
Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author(s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.
This is an open access article licensed under the terms of the Creative Commons Attribution Non Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.
The authors declare that there is no conflict of interests regarding the publication of this paper.
Received: 02.02.2017. Revised 24.02.2017. Accepted: 27.02.2017.

THE DYNAMICS OF THE LEVEL OF SOCIAL FUNCTIONING AND QUALITY OF LIFE OF PATIENTS WITH SCHIZOPHRENIA AS A MARKER OF THE EFFECTIVENESS OF PSYCHOEDUCATIONAL PROGRAMS

Valentin Kryshtal, Hanna Kozhyna, Marianna Markova, Liliia Korovina

Kharkiv National Medical University, Ukraine

e-mail: doctorkrishtal@i.ua

Abstract

The dynamics of the level of social functioning and quality of life of patients with schizophrenia as a marker of the effectiveness of psychoeducational programs. A comprehensive survey was carried out of 142 female patients at the age 18 – 35, which have diagnosis the schizophrenia in period of stabilization state. The integrative model of psychoeducational work was proposed, which includes application of various information modules, techniques of cognitive-behavioral therapy, training effects, problem-oriented discussions, and family psychotherapy. The psychoeducation was determined to be superior over conventional complex treatment intended for reduction of negative symptoms, productive symptoms and general psychopathological symptoms of patients with schizophrenia. 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 with schizophrenia 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.

Introduction. Psychoeducational work is a one of the priority as for the World Health Organization and for the World Psychiatric Association. Its main objective - the fight against stigmatization of mental illness and mental health care, to achieve public awareness of daily household, material and spiritual needs of consumers of mental health care and their families [1, 5, 8].

That is why psychoeducational work is an integral component of modern comprehensive mental health care, one of the most frequently used methods of psychosocial intervention [2, 6, 11].

Currently, schizophrenia is the most expensive of all mental disorders in relation to the cost of treatment, disability and social costs of mental patients. There is evidence pointing to a significant valuation burden of schizophrenia to society: for inpatient care consumes up to 90% of medical costs, pharmacological treatment takes about 30% in the total volume of it [3, 4, 8, 12].

The modern stage of development of psychiatry is characterized by the widespread use of atypical antipsychotic drugs, which quickly ceased productive and negative psychotic symptoms, improve cognitive deficit and have minimal side effects. A very important factor is the ability to quickly restore the quality of life and social functioning in patients with schizophrenia [5, 9, 10].

For the purpose of quick and successful reintegration of the patient into society, improving its psycho-physical activity, increased contacts with others you have to use a comprehensive approach to the treatment of schizophrenia, including the combination of pharmacotherapy, psychotherapy, and psychoeducational training [7, 9, 11].

Objective. Development and testing of psychoeducational programs in the system of complex rehabilitation of patients with schizophrenia.

Contingent and methods. To achieve this goal, with providing informed consent and with the principles of bioethics and ethics, the comprehensive examination of 140 female patients, aged 18 - 35 years with a diagnosis of schizophrenia, during the period of stabilization was conducted. The research was based on the Kharkiv Regional Clinical Psychiatric Hospital № 3.

All patients received psychopharmacotherapy, which was regulated according to Ukrainian Ministry of Health standards, in the framework of the medical institution. The study group (patients who participated in the psychoeducational program developed by the results of our own research) amounted to 94 people. The control group included 46 patients who received standard therapy regulated in the hospital.

The study was conducted in the framework of the Department of Psychiatry, Narcology and Medical Psychology of Kharkiv National Medical University as a scientific and methodological psychoeducation center of Ukrainian Ministry of Health.

Results and discussion. Psychoeducation is gradually realized system of psychotherapeutic influences, providing information to the patient and his relatives about mental disorders and learning coping techniques with the specific challenges posed by the manifestations of the disease. The purpose of psychoeducation is to engage the patient in the process of active change his own behavior.

We have studied the characteristics of an information deficit regarding the many issues associated with mental disorder among patients with schizophrenia and their relatives using a specially designed questionnaire. The results showed that the most important was the reliable information about the causes of schizophrenia; recognizing signs of worsening and the necessary care in this case; medicines used to treat schizophrenia, their mechanisms of action, possible side effects and legal issues related to mental illness.

Based on the data obtained, we developed a system of psychoeducational measures work, the main goals of which included:

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, correction of patients' social position, distorted by the disease
5. Development of compliance in patients and their relatives (conscious adherence to treatment).
6. Improving the quality of life of the patient.

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, which lasting 1.5 - 2.0 hours at a frequency of 1 - 2 times a week.

To achieve the objectives we used the integrative model of psychoeducational work, which included the use of various information modules, techniques, cognitive - behavioral therapy, training interactions (IT training, training a positive self-perception, training improvement of compliance, training formation of communicative abilities and skills training

solutions to problems interpersonal interaction), problem-oriented discussions, as well as family therapy.

According to information received in the course of the data against the background of complex treatment using psychoeducational interventions, noted rapid reduction of psychopathological symptoms, normalize the emotional state, the stabilization of the behavior of patients, improvement of cognitive performance, increased psycho-physical activity of patients, which allowed for increased contact with others, to restore the habitual motor mode.

In the first phase of the study (before the psychoeducational work) was carried out clinical and psychopathological study of patients using the PANSS scale. The results of the study before the start of psychoeducational intervention of the average total score on the PANSS positive subscale was in the main group - $26,1 \pm 4,1$, the control - $26,4 \pm 4,1$ points; after the completion of therapy - $6,7 \pm 1,5$, and $13,1 \pm 1,3$ points respectively. The level of severity of positive symptoms in the intervention group decreased by 71.3% in the control group - by 50.9%, respectively.

Before treatment the average total score on the PANSS negative subscale was in the main group - $25,3 \pm 3,9$, the control - $25,4 \pm 4,2$ points; after the completion of therapy - $7,6 \pm 1,1$ and $14,2 \pm 1,6$ points, respectively. The level of severity of negative symptoms in the intervention group decreased by 67.1% in the control group - by 51.8%, respectively.

The average total scores on general psychopathological disorders before treatment was in the main group - $52,1 \pm 9,1$; the control - $52,3 \pm 9,0$ points after the completion of therapy - $17,7 \pm 2,9$ and $30,1 \pm 6,8$ points, respectively. The level of severity general psychopathological symptoms in the study group decreased by 65.8% in the control group - 42.7%, respectively.

The level on the scale PANSS total score of severity in the intervention group decreased by 67.1% in the control group - by 46.9%.

The results of the study of the social functioning of patients with schizophrenia, on the first phase of the study, of the patients registered violations of common behavioral dysfunction in society: the obvious - 24.2%, serious - 26.5%, and very serious - 28.1% dysfunction, when performance of social roles in society: the obvious - 24.8%, serious - 27.4%, very serious - 28.6% dysfunction, patients in the hospital functioning without dysfunction - 2.4%, the minimum dysfunction - 10.9% obvious - 27.1%, serious - 33.5%, very serious - 25.9%; dysfunction in patients with modifying factors (patient's dignity, special interference, homely atmosphere, outside support) without dysfunction - 3.4%, the minimum dysfunction - 13.1%, the obvious - 25.6%, serious - 24.1%, a very serious - 34.2% of the patients.

In the second stage, after the completion of psychoeducational programs it found that the overall level of behavioral dysfunction in society, in the intervention group decreased by 87.4%

in the control group - by 66.2%; Dysfunction in the performance of social roles in society - by 75.1% and 39.3%, respectively, disturbance of the functioning of the patients in the hospital - in the main group to 73.7% in the control group - by 72.5%; modifying factors dysfunction in patients - 82.5% and 65.4% respectively.

In the course of a trialogue position was evaluated the quality of life of patients with schizophrenia (according to N. Maruta, 2004). In all patients in the general quality of life of the structure in the first stage of the survey the most problematic following areas are defined: socio-emotional support - 15.1%; physical well-being and efficiency - 11.3%; public and official support - 14.4%; self and independence in activities - 10.1%; self-realization - 7.9%, mezhlichnosnoe interaction - 8.3%; psychological, emotional well-being - 7.2%; general perception of quality of life - 11.6%.

After conducting psychoeducational interventions indicator of quality of life in the study group on all scales increased by 40.2% in the control group - 27.7%.

As a result of catamnesis monitoring in the study group on the background of complex therapy with the use of psychoeducational intervention in 82.2% of patients had achieved stable therapeutic effect which lasted for 2 years, 11.1% - the state remained without dynamics, and 6, 7% - had recurrent disease. In the control group improvement was only 10% of patients, 48% was recorded the hospitalization in connection with a relapse of the disease. Efficiency criteria were: sustainability of remission, the frequency of hospitalization, quality of life, level of anxiety, improving mental state.

In this way, as shown by the results of the study, a comprehensive approach to the treatment of schizophrenia, which included psychopharmacotherapy using atypical antipsychotics combined with psychoeducational training, leads to the restoration of social activity and successful re-socialization of patients. This, in turn, indicates that psychoeducation not only increases the amount of knowledge, strengthens confidence in the fight against the disease, but also solves the problem of social reintegration of the patient.

Conclusions:

1. The high effectiveness of psychoeducation over the traditional complex treatment for the reduction of the negative, positive and general psychopathological symptoms in patients with schizophrenia has been proven. This was confirmed by the data of the dynamic analysis of clinical and psychopathological disorders in PANSS scale. The severity of positive symptoms in the intervention group decreased by 71.3% in the control group - by 50.9%; negative symptoms by 67.1% and 51.8%, respectively; general psychopathological symptoms - in the intervention group decreased by 65.8% in the control group - 42.7%; decrease in the total score on the PANSS scale - by 67.1% and 46.9%, respectively.

2. It was determined expressed positive dynamics of the level of social functioning in patients of the main group, which in the traditional complex treatment and rehabilitation has been included psychoeducation, which was significantly ($p < 0.05$) higher than the corresponding changes in the control group. Statistically significant differences were detected after the completion of the psychoeducational program. It was found that the total level of behavioral dysfunction in the community in the main group improved by 87.4% in the control group - 66.2%; Dysfunction in the performance of social roles in society - by 75.1% and 39.3%, respectively; breach of the functioning of the patients in the hospital - in the main group to 73.7% in the control group - by 72.5%; modifying factors dysfunction in patients - 82.5% and 65.4% respectively. After conducting psychoeducational interventions indicator of quality of life in the study group on all scales increased by 40.2% in the control group - 27.7%.

References:

1. Abramov VA., et al. Psychosocial rehabilitation of schizophrenia patients.- Donetsk, 2009.- 584 p. (Rus.)
2. Dikhtiar VO. Analysis of efficacy of psychotherapeutical measures in the complex treatment of paranoid schizophrenia patients // Herald for psychiatry and psychopharmacology. – 2010. – N 1 (17). – P. 64 – 70 (Ukr.).
3. Dolishnia NI. An optimistic view on the problem of schizophrenia // Neuro News: Psychoneurology and neuropsychology. – 2009. - №3 (14).- P. 18-19 (Ukr.).
4. Mazhbits VB. Differentiated psychosocial rehabilitation of paranoid schizophrenia patients // Experiment and clinical med. – 2012. – № 4(57). – P. 119-123 (Rus.).
5. Mapruta NO. State of population psychic health and perspectives of psychiatric aid in Ukraine // Health of Ukraine.- 2012. - №3 (22).- P. 6-8 (Ukr.).
6. Maruta NO., et al. Life with schizophrenia. What is to be done? (Popular edition): A brief guide for schizophrenia patients and their relatives. Seria: lit-re on psychic education.- Kharkov: Sheynin's FOP., 2011.- 28 p. (Rus.)
7. Mikhaylov BV., et al. Biopsychic model of schizophrenia patients' rehabilitation // Ukr Herald Psychoneurol. – 2011. – Vol. 19, iss. 2 (67). – P. 52-54 (Rus.).
8. Kozhyna A.M., et al. Psychoeducation in complex therapy of schizophrenia patients: VI Nat Congrss “A human and drugs-Ukraine”. Abstarcts.- Kiev, 2013.- P.29 (Rus.).
9. Kozhina A.M., et al. Psychoeducational strategies as an integrated part of modern psychiatric aid // Ukr Herald Psychoneurol. – 2012.- Vol. 20, iss. 3(72).- P. 186 (Rus.)
10. Pshuck NG. Predictors of psychosocial rehabilitation of psychic patients // Ukr Herald Psychoneurol. - 2010. – Vol. 18, iss. 3 (64).- P. 145 – 151 (Ukr.)

11. Khobzey MK., et al. social-orientated psychiatric aid in Ukraine: problems and solutions // Ibid. – 2010.- Vol. 18, iss. 3 (64).- P. C. 10-14 (Ukr.).

12. Chaban OS. Schizopphrenia from the point of view of psychiatry// Health of Ukraine.- 2012.- №3 (22).- P. 53 – 58 (Ukr.).