

EVALUATION OF THE EFFECTIVENESS OF SUPPORTIVE THERAPY IN THE PRACTICE OF OUTPATIENT TREATMENT OF SCHIZOPHRENIA WITH LONG - TERM ATYPICAL ANTIPSYCHOTICS

¹Uskov Akram Ivanovich, ²Turayev Bobir Temirpulotovich,

³Sharapova Dilfuza Nematillayevna, ⁴Shernazarov Farrux Farhod o'g'li,

¹Siberian State Medical University, Russian Federation city of Tomsk

²Assistant of the department of psychiatry, medical psychology and narcology, Samarkand State Medical University, Samarkand, Republic of Uzbekistan

³Samarkand State Medical University Clinical ordenator in the direction of psychiatry

⁴608 group students of Samarkand State Medical University Faculty of Medicine

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Abstract. *Currently, atypical long-term antipsychotics are considered as the first choice drug in the treatment of schizophrenia, but their use in real outpatient practice is limited by their relatively high cost than usual. More than 30% of those hospitalized are clinically insufficiently justified and can be eliminated when treatment and psychosocial rehabilitation measures are taken in an effective outpatient setting.*

Keywords: *schizophrenia, therapy, antipsychotic, outpatient, psychosocial rehabilitation.*

Introduction. Schizophrenia is a disease characterized by a chronic nature or frequent flare-ups of the disease, long-term hospitalization, personality changes, and a high level of disability. More than 60% of patients with mental disorders of working age are disabled [1].

One of the main directions for the reorganization of the psychiatric service in Russia is the transition from inpatient care to public conditions with a certain economic basis [2]. The widespread use of antipsychotics has created conditions for non-hospital therapy for schizophrenia exacerbations and relapses, the intensity of which is not less than that of a hospital [3].

The problem of schizophrenia is one of the most pressing issues in modern scientific and practical Psychiatry, which, in particular, is associated with a high prevalence of the disease, a high risk of crippling patients of working age, and a large burden of the disease [4]. Indirect costs associated with loss of disability, social disruption, increased patient mortality is, by some estimates, equal to or even higher than budget costs for the treatment of schizophrenia. Indirect costs for schizophrenia can be 9 times greater than direct costs, which is typical of almost all mental disorders except Gerontological ones [5].

Recently, the concept of schizophrenia remission has become increasingly popular as the basis for the development of a new strategy in psychiatry [6]. The development of this concept is due to the emergence of new opportunities in the treatment of patients with schizophrenia [7]. In this regard, it is of particular importance to increase the effectiveness of supportive therapy as a basis for the Prevention of relapse [8]. After relapse, it sometimes takes more than a year to return the patient to the previous level of social activity [9]. Patient adherence to the therapy regimen is a necessary condition for maintaining remission [10]. The inconsistency of patients increases the risk of recurrence of the disease, the likelihood of rehospitalization, which is associated with an

increase in costs and the development of the disease. Increasing compliance is seen as an important factor for therapy effectiveness and long-term prognosis of schizophrenia [11].

The most effective way to ensure adherence to therapy is to prescribe injectable dosage forms with long-term effects to patients. There is evidence that Depot antipsychotics improve adherence to regimen and treatment regimen [12]. Guidelines for the treatment of patients with schizophrenia, such as standards for assistance to patients with schizophrenia published by the American Association of Psychiatrists, recommend prescribing such medications to patients who do not follow the treatment regimen.

If the question of the use of conventional Depot antipsychotics is very well studied, then the generalization of the experience of using the effectiveness of supportive therapy with atypical antipsychotics has not yet lost its relevance [13].

Long-term drug therapy to reduce the severity of psychotic symptoms, achieve remission, prevent relapses has been the main treatment for schizophrenia for over 60 years. Since the introduction into practice of Chlorpromazine, a breakthrough in Psychiatry, the range of drugs for schizophrenia has expanded significantly, with atypical antipsychotics (AA) being increasingly used in recent times. Despite the advantages of atypical antipsychotics that remain a subject of debate over first-generation antipsychotics [14-17], according to many experts it is a promising direction of treatment, since this class of drugs has very pronounced antipsychotic effects in the absence of dose-dependent extrapyramidal and neuroendocrine side effects [18-21].

However, until now, one of the main obstacles to achieving the therapeutic effect of treating schizophrenia is the unsatisfactory adherence of patients to therapy. Violation of the regimen of taking medications increases the risk of negative consequences of the disease, including relapses, re-hospitalization, suicide and, accordingly, increases the socio-economic burden of the disease. Lack of commitment can manifest itself both in complete rejection of treatment and in partial failure to follow the therapy regimen prescribed by the doctor (irregular medication intake, dose changes, frequency and duration of administration). About 35 percent of patients face such a problem as early as the first weeks of therapy, and only 25 percent of patients adhere to the prescribed regimen for 2 Years [22-27].

Violation of adherence to treatment in the mentally ill, on the one hand, is associated with the peculiarities of the disease, for example: insufficient perception of the surrounding world (mania, depression), distorted ideas about the patient's disease, pessimism in relation to the prospects of treatment, the need to resist any form of pressure, memory impairment, etc. on the other hand, a therapy regimen for an uncomfortable patient (the need to take medication long and often, uncomfortable forms of use, etc.) also contributes to a violation of the doctor's recommendations and refusal of treatment [28-32]. Therefore, one of the directions for improving drug treatment for schizophrenia is the search for more convenient options for taking medications. The creation of long-term medications that should be taken or administered less parenterally is a positive factor for increasing patients' commitment to therapy and therefore the outcome of treatment [33-37].

The purpose of this study is: to study the benefits of long-term antipsychotics, their clinical and social effectiveness in relation to the quality of remission, risk of recurrence, side effects and quality of life of patients with paroxysmal schizophrenia.

Materials and methods. The study included 54 patients with episodic paranoid schizophrenia between the ages of 24 and 47 (according to the diagnostic criteria of ICD-10),

which were divided according to the received psychopharmacotherapy (monotherapy with long-term atypical antipsychotics and combined therapy with typical antipsychotics of different groups). 2 equal groups, excluding gender. A large percentage of Patients did not have a disability group, only 6 patients had a disability group, 85% of workers, pensioners 15%, married people 25%, singles 15%, the rest lived with relatives, the duration of the disease was on average 9.5 ± 2.1 years. The current mental state of patients in the core and control group initially met the criteria for incomplete drug remission with residual manifestations. Data from clinical-psychopathological, catamnestic and psychometric examination methods have been used to compare groups. Assessment of the effectiveness of therapy, including the analysis of medical documents, the results of interviews with patients and their loved ones (the patient's attitude to therapy and the characteristics of therapy satisfaction, behavior, activity, emotional state and socialization). For a comparative assessment of safety and efficacy, atypical antipsychotics have been used in window (atypical antipsychotics before/ after appointment) analysis.

Results and their discussion. The transition from previous combined care therapy to monotherapy with long-term drugs was made by the decision of the Attending Physician.

The basis for changing treatment was: insufficient effectiveness against the background of previous therapy, leading "Deficiency Syndrome", patient tolerance to previous treatment (extrapyramidal disorders, metabolic disorders); partial effect of previous supportive therapy; non-compliance with the drug regimen by the patient; patient's working capacity (the need to strengthen remission), patient motivation and request to replace active treatment. Patients in the main group (27 patients) took atypical long-term antipsychotics and were distributed in small groups of 9 people, depending on the specific drug: Seroquel Prolong (ketiapina fumarate, long-term pills), Rispolept Konstas (risperidone, powder for preparing a suspension for long-term administration into the muscle), Heplion (paliperidone palmitate, introducing long-term action for intramuscular administration). The duration of follow-up from the moment of change in therapy to an assessment of the effectiveness of therapy was 17-36 months.

Preliminary data from the study of the effectiveness of long-term therapy showed a significant decrease in the severity of atypical antipsychotics, residual psychopathological symptoms ($p < 0,5$ in all three main small groups), a significant or significant improvement in the level of social activity after transfer to treatment atypical long-term antipsychotics 88,8%, subjective-psychological recovery of patients and stability of remission 20 (74%) continued to work without a decrease in patient qualifications, 5 (20%) found work in the patient's specialty (officially employed), 6 (26%) were in the previously established disability group, performed unskilled types of labor or had a temporary income, one patient published a monograph in an international publishing house, began to write his own collection of poems and, the latter became a father 3 times and 1 time acute polymorphic psychotic patient who suffered an attack, after 2 years of admission long-term atypical antipsychotics followed by a doctor who works in 2 places, without supportive treatment with constant remission. The side effects of previous therapy drugs were mostly gone or insignificant, patients and their relatives' satisfaction with the treatment increased significantly, all patients noted an improvement in quality of life, and no one returned to previous therapy. During the observation period, only 2 patients (7,7%) left the study, there was a feeling of imaginary recovery and loss of control by loved ones, which may reflect factors of efficiency, safety, tolerance and adherence to long-term drugs.

In 27 patients in the control group (combined therapy with antipsychotics of different chemical classes), the form of the disease was characterized by a more negative set of symptoms, the presence of symptoms of an affective and reduced paranoid circle, neurological and somatic complications of pharmacotherapy (extrapyramidal and metabolic disorders) decreased adherence to therapy, poor quality of life and the level of social activity of patients. In the first 12 months, observations either stopped adhering to the regime or 15 patients (55,5%) stopped providing early support, of which 13 (48,1%) were hospitalized due to increased psychotic symptoms. 13 patients (48,2%) continued to work with a decrease in qualifications, 14 patients (51,8%) did not work and were disabled Group II. The drug efficacy index was minimal or unchanged, with the side effects of the drug considered significant.

Conclusions. The transfer of patients to the reception of long-term atypical antipsychotics, in general, ensured high effectiveness of treatment of schizophrenia, strengthening of remission, which led to a reduction in hospitalization as the main goal of pharmacotherapy in compliance with patient tolerance and medication. The adequacy of the supportive therapy carried out in the main group ensured the presence of compliance, a decrease/absence of the recurrence number of the disease and an improvement in the social adaptation and quality of life of patients. The social effects of atypical antipsychotics are closely related to the clinical stabilization of patients with schizophrenia and should be increased by targeted psychosocial work with scientifically proven efficacy with the recovery of the needs of patients and their loved ones. The analysis of the data obtained shows the need to continue catamnestic observation, analyze the effectiveness, portability and safety of each of the three long - term antipsychotics of the second generation, and highlight specific criteria and indications for the need to replace drugs with alternatives in the future.

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