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UNDERSTANDING THE NON-ADHERENCE AND HOW TO IMPROVE IT

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Schizophrenia is a chronic psychiatric disorder with onset of symptoms typically occurring in early adulthood, and requires life-long treatment. Treatment goals for the long-term management of this debilitating disorder include sustained symptom remission and control, maintaining or improving patient level of functioning and quality of life, prevention of relapse, and continued monitoring for adverse events, as well as sustained adherence to medication.[1] Poor adherence to medication is multifactorial and presents a major challenge in the long-term management of schizophrenia. In fact, rates of non-adherence and of partial compliance to antipsychotic medication are high and are associated with a significantly increased risk of relapse, hospitalization, and the potential for progressive functional impairment, resulting in increased morbidity and high healthcare costs.[2,3] Thus, recognizing and managing non-adherence with the latest treatment advances has the potential to benefit patients as well as their families.

One possible solution to the challenge of non-adherence is the availability of long-acting injectable (LAI) formulations of atypical antipsychotics. The use of LAI antipsychotics may help improve the management of adherence and enhance the therapeutic alliance through regular injection visits. In addition to pharmacotherapy, current clinical practice guidelines recommend the use of psychoeducation to improve treatment outcomes.[4] Psychoeducation, along with other behavioral therapies, can facilitate the improvement of patient insight, prevention of relapse, promotion of adherence, and ultimately improve continuity of care.

This presentation will provide an overview of key unmet needs in the long-term management of schizophrenia, and evaluate factors leading to non-adherence. The use of non-pharmacological and pharmacological strategies for improving adherence in routine clinical practice will be discussed in the context of a strong therapeutic alliance.

References

1. Falkai P et al. World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for biological treatment of schizophrenia, part 2: long-term treatment of schizophrenia. *World J Biol Psychiatry* 2006;**7**:5-40.
2. Weiden PJ et al. Partial compliance and risk of rehospitalization among California Medicaid patients with schizophrenia. *Psychiatr Serv* 2004;**55**:886-891.
3. Llorca PM. Partial compliance in schizophrenia and the impact on patient outcomes. *Psychiatry Res* 2008;**161**:235-247.
National Institute for Health and Clinical Excellence. Schizophrenia core interventions in the treatment and management of schizophrenia in primary and secondary care. Available at: http://www.nice.org.uk/nicemedia/live/11786/43608/43608.pdf (January 2013).

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