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Health professionals and misconceptions associate with patients with schizophrenia

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The literature shows that fighting against stigma with actions on a less grandiose scale seems to be more effective. (Sartorius, 2002) An example is interventions directed at medical personnel including psychiatrists, who are often important sources of stigmatization. The general public and even health professionals tend to hold a stereotyped image of those with schizophrenia. Before starting an educational program anti-stigma we consider important to know which are the most frequent misconceptions of medical personnel.

Aims: This study want to assess the most frequent misconceptions associated with patients with schizophrenia between medical personnel.

Material and methods: we applied a questionnaire to three groups: medical students before studying psychiatry, medical personnel working in psychiatric setting and health professionals in general hospital.

Results: health professionals contribute to stigmatisation of mental illness, using inadequate terms in defining psychiatric affection and a inadequate attitude; the majority of third group don't understand mental illness and avoids contact with psychiatric patients.

Conclusions: The study underlines the presence of misconceptions associated with patients with schizophrenia between health professionals and the results could be used for a concrete plan for fighting against stigma of this psychiatric disease.

Keywords: stigma, schizophrenia, health professionals.

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Factors associated with caregiver psychological distress in chronic schizophrenia

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Background and aims: The aim of the study was to assess the impact of caring for patients with chronic schizophrenia on the mental health status of the caregivers and to investigate how demographic factors and illness severity influence this relationship.

Methods: A total of 63 key caregivers of patients with chronic schizophrenia were administered the Symptom Checklist-90-Revised (SCL-90-R). SCL-90-R was also administered to 65 healthy controls. The Positive and Negative Syndrome Scale (PANSS) was used to assess the psychopathology severity of the patients they cared for.

Results: Caregivers scored significantly higher on the anxiety ($p<0.01$), depression ($p<0.05$), somatization ($p<0.05$), hostility ($p<0.001$) and interpersonal sensitivity ($p<0.01$) sub-scales of the SCL-90-R compared to the health controls group. Caregivers' anxiety and depression were significantly (at $p<0.05$) related with PANSS total score ($r_a=0.56$ and $r_d=0.65$), illness duration ($r_a=0.55$ and $r_d=0.50$) and lifetime psychiatric hospitalizations ($r_a=0.62$ and $r_d=0.49$). Score on the somatization subscale of the SCL-90-R was significantly related with illness duration ($r=0.61$, $p<0.05$), and low educational level of the caregiver ($r=0.57$, $p<0.01$). Finally, score on the hostility subscale was significantly related with PANSS score

($r=0.53$, $p<0.05$) and lifetime psychiatric hospitalizations ($r=0.61$, $p<0.001$).

Conclusions: The psychopathological severity of patients with chronic schizophrenia has a negative impact on their caregivers' mental health. Mental health services should aim to assist key caregivers of people with schizophrenic disorders to manage psychological burden.

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Survey of reasons to switch to sertindole in the treatment of schizophrenia

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Background: Sertindole is indicated for patients intolerant to at least one other antipsychotic agent.

Methods: The following items were scored as reasons for switching to sertindole: lack of efficacy, side effects, poor quality of life, cognitive impairment, poor compliance and lack of insight from previous treatments. Kendall Tau b correlations were used to compare score rankings.

Results: The majority of investigators ranked either lack of efficacy or side effects the most important reason for switching to sertindole. There was a negative correlation between rankings of these two reasons at European sites -0.39 ($p<0.001$), -0.32 ($p<0.01$), respectively.

More investigators in Asia (38%) considered poor quality of life as an important reason for switching treatment than in Europe (21-27%). 14-20% of investigators considered cognitive impairment as a most important reason.

<16% of investigators in all regions considered poor compliance and lack of insight as a most important reason.

In Asia, there was a significant negative correlation (-0.25 , $p<0.05$) between rankings of poor compliance and side effects, where side effects were generally ranked as being more important than poor compliance. Similarly, a significant negative correlation (-0.28 , $p<0.01$) between rankings of cognitive impairment and lack of insight was seen in E Europe.

Discussion & Conclusions: Lack of efficiency and side effects from previous treatments were the primary reasons for switching to sertindole. Asian investigators probably considered side effects to be the cause of poor compliance whereas E. Europeans probably considered cognitive impairment to be the true cause of lack of insight.

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Continued efficacy and tolerability in clinically stable patients switched from quetiapine immediate release (IR) to quetiapine sustained release (SR)

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Aim: To examine the efficacy and tolerability of quetiapine SR in patients with schizophrenia switched from quetiapine IR.

Methods: Randomised, double-blind study (D1444C00146) using dual-matched placebo. Patients clinically stable on fixed doses of