



Service Priorities and Programmes
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A non-pharmacological intervention program for individuals with schizophrenia in community setting: A pilot randomized controlled trial

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Introduction

Increasing attention has been paid to the physical health and premature mortality of people experiencing schizophrenia. Schizophrenic patients find it challenging to maintain their physical health with higher co-morbidity of physical problems and obesity. These patients have a shorter life expectancy than the general population with cardiovascular disease as the most common cause of premature death. Obesity also hinders the treatment outcome of medication as people are less likely to comply with medication when they experience weight gain

To counteract physical illness, the Hospital Authority has formulated guidelines for screening and monitoring some of the health parameters of schizophrenic patients taking second-generation antipsychotics. Otherwise, there has been limited intervention in Hong Kong to address the physical health problems of schizophrenic patients.

Objectives

The aim of this study was to assess the effects of a non-pharmacological intervention program on the body-mass index (BMI), waist circumference, functional exercise capacity, psychiatric symptoms, and quality of life of persons with schizophrenia in a community setting.

Methodology

Forty-two schizophrenic patients were recruited from a community psychiatric service center in Hong Kong and were randomly divided into an intervention group (n=21) and a control group (n=21); a 12-week intervention program and routine practice were provided to the groups, respectively.

Result

The intention-to-treat analyses showed that the program was effective in reducing the weight and BMI and improving the functional exercise capacity of the intervention

group with statistically significant results, while the control group presented an opposite trend for these three outcome measures. The Brief Psychiatric Rating Scale was used to measure the psychiatric symptoms, showing a significantly decrease in the total score and in the affect, negative, and resistance domains, in the intervention group but not in the control group. No significant effect was observed in the quality of life except for a slight increase in the score in the physical and psychological domains for the intervention group. A decreasing trend was observed for the overall quality of life, overall health, physical health, social relations, and environment domains for the control group, but none of these were statistically significant. The results of this pilot trial suggest that a similar program can be conducted for a larger sample with longer duration to further validate the findings and to explore its long-term effect on quality of life.