Presence and Disturbance of PRO Key Patient Reported Disease-related Symptoms in Schizophrenia: Preliminary Results in Outpatient Psychiatric Services in Spain

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Abstract

Introduction: Key PRO disease-related symptoms measurement in medicine is a crucial outcome research area, in consideration of the meaningfulness and value of the patient’s perspective of the personally disturbing key symptoms of the illness, and of their potential responsibility to treatment.

Aims: To explore the presence and personal disturbance of key patient reported disease-related symptoms in patients affected by DSM-5 schizophrenia who are in treatment in outpatient psychiatric services in Spain.

Method: The exploration of the presence and personal disturbance of key patient reported disease-related symptoms and symptoms in schizophrenia uses the Scale for the Assessment of Passively Received Experiences (PRE), a 121 items self-report focusing on the key symptoms of schizophrenia and asks respondents whether each PRE experience has happened during the past month (YES/NO) and how personally disturbing each present experience was (rated from 0 to 10, as bad as you can imagine). Participants’ view about the PRE experience was also reported, in particular regarding the importance of such disturbing experience for their life, about their expectations that treatment could target their disturbing experiences, and about their expectations that their doctor should know and be aware about their disturbing experiences.

Results: Data were collected from 70 participants affected by DSM-5 schizophrenia (male 72.2%, mean age 41, SD 10.97, Mean 21–Max 65) who were in treatment in outpatient psychiatric services in Spain (Málaga, Barcelona and Cádiz). The patients (93.5%) were in treatment with antipsychotics. The patients reported a relevant number of PRE experiences, both as present and as disturbing. The average number of present PRE experience per patient was 34.87 (SD 20.86; median 34) and the average number of PRE disturbing experiences (1–10) per patient was 31.90 (SD 20.62; median 29.50).

The personal disturbance due to the PRE experiences was frequently rated by the patients as severe. The average number of PRE experiences per patient with a disturbance rated from 1 to 10 was 15.44 (SD 13.90; Median 14.50; Min 0, Max 59). 92.6% of the patients had at least one PRE experience causing a disturbance they rated 6–10, and 55.7% had at least ten PRE experiences causing a disturbance they rated 8–10. A substantial number of patients reported PRE experiences causing a maximum disturbance (10, as bad as you can imagine). The average number of items per patient with a disturbance rated by the patient 10 was 6.39 (SD 9.67; Median 3; Min 0, Max 51). 70% of the patients had at least one item they rated with a 10 disturbance, and 20% of the patients had at least ten items causing a disturbance they rated as 10. The experiences and symptoms described by the PRE were reported by the patients as important in their life (89.6%). According to their view treatment should help them with these disturbing experiences (95.7%), and their doctor should know and be aware about the patients’ PRE disturbing experiences (84.3%).

Discussion: The exploratory results indicate that key patient reported symptoms in schizophrenia are reported as frequent, severe and persistent by the patients in state of treatment. The Scale for the Assessment of Passively Received Experiences (PRE) is aimed to enable PRO disease-related symptoms measurement available in schizophrenia to help patients, doctors, and R&D to identify and evaluate dedicated and properly targeted treatments.

Source of Funding: None declared.

Measuring Over-medication for ADHD by Physicians in the United States

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Abstract

Background: The number of children who has been treated with prescribed medication in the United States has grown dramatically. Two-thirds of children had taken a medication in 2013. The risk and concerns of the medication to ADHD treatments are well-documented, but little studied the reason of this increment.

Aims of the Study: The purpose of this paper is to measure the over-medication for ADHD conditioned on patients’ severity of illness by physicians in the United States.

Methods: This paper uses the number of mental hospitals to capture the in-hospital treatment that increases the probability of taking a medication from physicians’ financial incentive. With an assumption that mild condition patients are unnecessarily to take a medication based on the guideline, prescription to that patient has been regarded as over-treated. In this context, to empirically examine this paper uses two sequential probit models. The principal data source used for estimation is from National Survey of Children’s Health (henceforth NSCH) in 2007 and 2011.

Results: We conclude that mild condition patients avoidably need medication for treatment tend to have significant positive probability upon the percent of the number of mental hospitals increases.

Discussion: The study estimates on the individual level of diagnosis of ADHD and taking medication in the state level. This paper could be extended by regarding the state level and investigate the effect of the state by discriminating the effect of policy or administration in the state. Moreover, with access to the data of supply side like the number of doctors and medication amounts, the paper will extent to measure the over-prescription of ADHD among children from physicians.

Implications for Further Research: The paper tries to overcome the problem for controlling the decision process of demand side with variables. These variables fully do not explain the prescription to visit a doctor. Thus, the further research should work to cover the in-hospital from physician’s decision with economic model. With access to the data of supply side, the topic could be extended to measure the over-medication of ADHD.

Source of Funding: None declared.