

"The impact of classical neuroleptics and Atypical antipsychotics on the quality of medication adherence and relapses in Schizophrenia"

Abdelkrim MESSAOUD, Hakim SI AHMED, Smail DAOUDI
Faculty of Medicine, Mouloud University MAMMERI Tizi-Ouzou Algeria

Summary:

Poor medication compliance has clinical, personal, family, and social consequences; many authors have highlighted these deleterious consequences which may increase in patients a certain de-socialization at professional integration.

If conventional neuroleptics are criticized for their problematic tolerance negatively affecting adherence and therefore the risk of relapse, if atypical antipsychotics do not significantly improve the quality of medication adherence, it may seem -to look for the origin of this poor compliance elsewhere, within the biopsychosocial trajectory of patients with schizophrenia.

Keywords: Therapeutic observance, Antipsychotics, Relapses.

Date of Submission: 13-07-2020

Date of Acceptance: 28-07-2020

I. Introduction

In the field of psychotic pathology, relapses represent an important problem in the trajectory of schizophrenic patients. At the origin of many re-hospitalizations, these relapses are generally linked to a lack of therapeutic adherence.

Compliance means: adherence to treatment, or compliance, the adequacy existing between the patient's behavior and the recommendations of his doctor concerning a therapeutic program.

II. Drug compliance and relapse in schizophrenia:

Despite the still persistent gaps concerning the exact knowledge of the causes and mechanisms of occurrence of schizophrenic symptomatology, the authors agree that maintaining long-term antipsychotic treatment is the surest way to avoid relapses, to minimize the risk of re-hospitalization and morbid decompensation. Yet the presence of defective medication adherence remains a significant problem in the long-term management of schizophrenic patients.

Poor medication adherence has clinical, personal, family, and social consequences; many authors have highlighted these deleterious consequences which may increase in patients a certain de-socialization at professional integration. In addition, the risk of developing resistance to subsequent treatments is far from negligible, which is likely to cloud the course of the disease and its prognosis by increasing the risk of relapse.

- Causes of relapses:

a. Poor compliance:

73% of patients requiring hospitalization do not take their treatment correctly (Ayuso-Gutierrez et al., 1997).

The following factors are involved:

- lack of insight
- denial of the disease
- negative beliefs related to treatment
- Side effects of neuroleptics (parkinsonian syndrome, sexual disorders and weight gain)
- Social isolation;
- Negative family attitude towards treatment;
- Lack of appropriate information as to the nature of the disease and the expected benefits of treatment;

b. Psychosocial factors that are common to other chronic conditions such as diabetes or hypertension;

c. Alcohol or drug use: Substance use among schizophrenics has become a major problem. In addition to the difficulty of the differential diagnosis between schizophrenic disorders and psychotic disorders induced by substances, these products could aggravate the pathology and pose problems of treatment.

- Consequences of poor compliance:

- On an individual level, poor compliance leads to a worsening of the course of the disease, with an increased risk of relapse, an increased risk of re-hospitalization.
- In addition, poor adherence leads to symptomatic worsening, with a lower rate of remission, and an increase in periods spent in symptomatic state compared to periods of remission.

III. The impact of neuroleptics on the quality of medication compliance:

Classical neuroleptics, known as "first generation", have considerable efficacy on the intensity of schizophrenic symptoms as well as on states of agitation.

The importance of extrapyramidal symptoms and the deleterious depressogenic impact are problematic elements to constitute an obstacle to good quality compliance in the long term and thus promote the appearance of relapses.

Atypical antipsychotics were introduced later; constituting "second generation" molecules with the promise of a wider range of psychotropic effects, of lower intensity, of collateral effects and of an undisputed advantage for users and care structures (duration of less stay). Despite their better tolerance, certain side effects (weight gain, dyslipidemia, metabolic syndrome, etc.) negatively influence therapeutic adherence.

IV. The value of long-acting antipsychotics (APAP):

APAPs are a good way to optimize the quality of the therapeutic alliance and reduce the frequency of relapses. The marketing of the long-acting form of second-generation antipsychotics aims to combine clinical efficacy, neurological tolerance and maintenance of a stable plasma level associated with compliance control. It is important to keep in mind that the mere use of an APAP is not sufficient to maintain quality medication compliance over the long term; obtaining a good therapeutic relationship associated with regular clinical evaluations are elements to be privileged in order to reduce the risk of occurrence of a possible new psychotic decompensation.

V. Benefits brought by neuroleptics:

Improve the clinical condition of 60-75% of patients in the acute phase (Davis and Andriukaitis, 1986); Neuroleptic treatment remains the best way to reduce the risk of relapse of psychotic disorders. This has been shown by numerous controlled studies which indicate that the risk of relapse at one year can be reduced by more than 03 times.

VI. Conclusion:

It appears that the problem of medication compliance in schizophrenia is still in its infancy. Schizophrenia is a complex, multifactorial biopsychosocial pathology, and the adherence behavior of a subject with this disease depends on many variables (some of which are purely subjective).

While it is obvious that the quality of life of patients is improved by the arrival on the market of better and better tolerated and more and more effective molecules, the problem of patient adherence to treatment remains unresolved.

If conventional neuroleptics are criticized for their problematic tolerance negatively affecting adherence and therefore the risk of relapse, if atypical antipsychotics do not significantly improve the quality of medication adherence, it may seem -be looking for the origin of this poor compliance elsewhere, within the biopsychosocial trajectory of patients with schizophrenia.

Bibliography:

- [1]. Jerome PALAZZOLO. Drug compliance and relapses in schizophrenia: from classic neuroleptics to APAP. Senghor University of Alexandria.
- [2]. Aurore BOST. Pharmacology of antipsychotics: towards an individual adaptation of the treatment of schizophrenia. UNIVERSITY TOULOUSE III PAUL SABATIER FACULTY OF PHARMACEUTICAL SCIENCES. Monday July 4, 2016.
- [3]. Bertrand QUENET. Atypical neuroleptics and antipsychotics: what differences between the two generations of treatments. UNIVERSITY OF LIMOGES Faculty of Pharmacy. September 23, 2013.
- [4]. Mohamed Amine. RAOUAH. Study of therapeutic compliance in patients with Schizophrenia About 153 cases. MERRAKECH Faculty of Medicine and Pharmacy. 2016.
- [5]. Yessonguilana Jean-Marie Yeo-Tenena, and All. Place of atypical neuroleptics in the medication management of schizophrenia of the mental health service of Abidjan. 2008
- [6]. Mr. MOISSET Marion. Schizophrenia: from diagnosis to therapeutic action. Faculty of Pharmaceutical and Biological Sciences of Lille. France. University year 2015/2016

Abdelkrim MESSAOUDI. "The impact of classical neuroleptics and Atypical antipsychotics on the quality of medication adherence and relapses in Schizophrenia." *IOSR Journal of Pharmacy and Biological Sciences (IOSR-JPBS)*, 15(4), (2020): pp. 60-61.