

SCHIZOPHRENIA AS A CHRONIC DISEASE

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Schizophrenia is one of the ten conditions under the Ministry of Health's Chronic Disease Management Programme (CDMP). Through CDMP, the Ministry aims to increase the level of care of the ten selected diseases through the promotion of systematic, evidence-based care. The use of Medisave is aimed to reduce out of pocket cash payments for outpatient bills, making these ten conditions more manageable to patients. Reprint of the notes on the administration of the CDMP on schizophrenia from the MOH CDMP Handbook is also included in this issue of the SFP. Thanks are due to the Agency for Integrated Care (AIC), Institute of Mental Health (IMH) and Ministry of Health (MOH) for supporting this Family Practice Skills Course. Thanks are also due to the many colleagues who have contributed to the papers in this issue of the Singapore Family Physician as well as speaking in the seminar and conducting the workshops.

The aim of this issue of the Singapore Family Physician is to provide the reader with an understanding of schizophrenia, its diagnosis, holistic management covering early referral, biological interventions, psychosocial interventions, follow up care, and care that meets and exceeds the clinical indicators of care.

Unit 1 highlights the importance of early diagnosis and intervention in schizophrenia as this gives the patient with such a condition the best outlook possible. The family doctor plays an important role in the early diagnosis and referral of the patient for care, in supporting the family, and holistic management.

Unit 2 describes the Singapore experience of the Early Psychosis Intervention Programme (EPIP) in Singapore. EPIP has shown good outcomes in terms of number of patients accepted into the programme, as well as our clinical service

provision. Such outcomes are achieved with our community partners playing an important role. General Practitioners, in particular, are vital not only in the detection, management of such individuals, but also in the re-integration of our patients back to community.

Unit 3 covers the differential diagnoses to be considered and these can include a number of medical and neuropsychiatric illnesses. Substance use, schizoaffective and bipolar affective disorders, delusional and certain personality disorders, metabolic, endocrine and infectious illness can mimic and complicate a diagnosis of schizophrenia. More than 50% of patients with schizophrenia have co-morbid psychiatric or medical conditions including impairment of cognitive function, depression, obsessive-compulsive behavior, substance abuse, and aggressive behavior, and these affect the prognosis of both acute as well chronic schizophrenia.

Unit 4 describes the GP Partnership Programme (GPPP), an integrated care programme, and its contributions over a span of ten years, since its implementation in 2003 by the Institute of Mental Health, a tertiary mental health institution in Singapore. The GPPP is a collaboration between the GPs and IMH, for the care and management of stable patients with mental illness in the community and primary care setting. Since 2003, more than 1300 patients have been referred through the GPPP to a team of 51 GP-Partners for continued care within the community.

Unit 5 covers the management of Relapse of psychotic symptoms in Schizophrenia occurs in up to 40% of patients within a year of being hospitalized. It is necessary to implement a proactive approach towards the prevention of relapses by using strategies such as psychoeducation and early identification of relapse signatures. More importantly, it should be emphasised that empowerment of the individuals in understanding and managing their illness is crucial.

Unit 6 is an update on the medications in the management of the different phases of schizophrenia as well as the diagnosis and management of the adverse effects of antipsychotics.

In addition, this first issue of Singapore Family Physician for 2013 presents to our readers an interesting array of original articles: a topic review on managing high altitude sickness and a case study about managing adverse outcomes during a primary care consultation under the PRISM column.

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