

## **A letter to the Editor. Documented persistent lack of cooperation during treatment of schizophrenia – recommendations of the National Consultant in Psychiatry**

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The antipsychotic drugs which are administered in the form of long-acting injections (LAI) were to answer the question of how to improve compliance of patients suffering from schizophrenia. Continuous antipsychotic therapy significantly reduces the risk of relapse [1], and in the case of schizophrenia, compliance with therapeutic recommendations is more difficult for patients than in the case of other chronic diseases, such as asthma or diabetes [2]. Self-withdrawal or modification of the dose of antipsychotic drugs by the patient may be associated with an increased risk of hospitalization or loss of life. The risk increases with the longer periods of inactivity [3, 4].

The antipsychotic drugs in the form of LAI ensure the certainty of taking a dose of the drug, a constant, predictable level of the drug in the blood, maintaining effectiveness despite the missed dose and, thanks to regular contacts between the patient and the doctor, allow for immediate detection of lack of cooperation [5].

The use of LAI, despite a number of benefits for patients, doctors and the system, remains, especially in Poland, at a low level. In the countries of Western Europe, the percentage of patients receiving long-acting therapies averages 24% [6] and reaches 30% in Great Britain [7, 8], 31% in Finland, and in Poland this percentage is estimated at less than 10% [9, 10].

There are many reasons for the low number of patients receiving LAI in Poland, such as the doctors' lack of knowledge or conviction about LAI therapy and ineffective conversation with the patient about therapeutic options [10]. When making a therapeutic decision, it is important to have comfort in terms of both knowledge about the selected therapy and certainty as to the formalities that entitle the patient to receive a LAI as part of the reimbursement. The provision regarding “documented persistent lack of cooperation” has raised controversy and anxiety on many occasions.

The guidelines for the use of second-generation long-acting antipsychotics [11] prepared by the Team of Experts clearly specify how this provision should be interpreted:

By “documented persistent lack of cooperation” of the patient in treatment, we mean long-term (lasting at least 4 weeks) and persistent, despite attempts to change the patient’s behavior, at least one of the following:

- (1) Patient’s failure to follow the doctor’s instructions regarding taking the drug in the prescribed dose and in the prescribed manner; the doctor’s recommendations are understood as informing the patient about the necessity and method of treatment (i.e., the choice of the drug, its dosage and form of administration);
- (2) The use of drugs and their doses inconsistent with the doctor’s recommendations;
- (3) The breaks in taking medications that are not recommended by a doctor or medically justified;
- (4) Failing to report to a doctor for subsequent visits when it causes unsuitable changes in taking medications.

Documenting the lack of cooperation can be done, for example, by completing the questionnaire proposed by the Polish Psychiatric Association:

[http://www.psychiatriapolska.pl/uploads/images/PP\\_6\\_2011%20kwestionariusz-Heitzmana167\\_Psychiatria\\_Polska\\_6\\_2011.pdf](http://www.psychiatriapolska.pl/uploads/images/PP_6_2011%20kwestionariusz-Heitzmana167_Psychiatria_Polska_6_2011.pdf)

## References

1. Kane JM. *Schizophrenia*. N. Engl. J. Med. 1996; 334(1): 34–41.
2. Keith SJ, Kane JM. *Partial compliance and patient consequences in schizophrenia: Our patients can do better*. J. Clin. Psychiatry 2003; 64(11): 1308–1315.
3. Herings RM, Erkens JA. *Increased suicide attempt rate among patients interrupting use of atypical antipsychotics*. Pharmacoevidemiol. Drug Saf. 2003; 12(5): 423.
4. Weiden PJ, Kozma C, Grogg A, Locklear J. *Partial compliance and risk of rehospitalization among California Medicaid patients with schizophrenia*. Psychiatr. Serv. 2004; 55(8): 886–891.
5. Mathews M, Gopal S, Singh A, Nuamah I, Pungor K, Tan W et al. *Comparison of relapse prevention with 3 different paliperidone formulations in patients with schizophrenia continuing versus discontinuing active antipsychotic treatment: A post-hoc analysis of 3 similarly designed randomized studies*. Neuropsychiatr. Dis. Treat. 2020; 16: 1533–1542.
6. Arango C, Baeza I, Bernardo M, Cañas F, Dios de C, Díaz-Marsá M et al. *Long-acting injectable antipsychotics for the treatment of schizophrenia in Spain*. Rev. Psiquiatr. Salud Ment. (Engl. Ed.). 2019; 12(2): 92–105.
7. Barnes TR, Shingleton-Smith A, Paton C. *Antipsychotic long-acting injections: Prescribing practice in the UK*. Br. J. Psychiatry Suppl. 2009; 52: S37–42.
8. Patel MX, Bishara D, Jayakumar S, Zalewska K, Shiers D, Crawford MJ et al. *Quality of prescribing for schizophrenia: Evidence from a national audit in England and Wales*. Eur. Neuropsychopharmacol. 2014; 24(4): 499–509.
9. Łoza B, Murawiec S. *Leki przeciwpsychotyczne w postaci długodziałających iniekcji w leczeniu schizofrenii – nowe standardy terapii*. Psychiatria 2015; 12(3): 119–127.

10. Szulc A. *Długoterminowe leczenie schizofrenii – odpowiedzi na nowe wyzwania*. Psychiatria 2016; 13(1): 39–43.
11. Jarema M, Wichniak A, Dudek D, Samochowiec J, Bieńkowski P, Rybakowski J. *Guidelines for the use of second-generation long-acting antipsychotics*. Psychiatr. Pol. 2015; 49(2): 225–241.

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