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Research Article

# Severe Mental Disorder: Empowerment and Recovery

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**Abstract**

Recovery in psychiatry is a difficult concept to define and implies concepts such as stability, functionality, remission of symptoms and response to treatment or improvement of insight. On the other hand, the evolution of medicine towards a less paternalistic doctor-patient relationship makes the autonomy of the patient to gain prominence. Thus it is becoming more frequent to talk about the empowerment of patients. In this paper we want to objectify if there is a way to unify concepts of classical biologist psychiatry (referral of symptoms and response to treatment) with more biopsychosocial concepts, studying whether the type and dose of neuroleptic treatment influences the empowerment or insight, in order to obtain a better understanding of the recovery of patients with Severe Mental Disorder.

**Keywords:** Serious mental disorder; Recovery; Empowerment and treatment

## Abbreviations

DAI: Attitude Inventory for Medication; GAF: Global Assessment of Functioning scale; ICD-10: International Classification of Diseases Version 10 Codes; SMD: Severe Mental Disorder; SUMD: Scale Unawareness of Mental Disorders; TMAP: Texas Medication Algorithm Project; WHO: World Health Organization

## Introduction

The development of evidence-based medicine over the last two decades aims to find and apply the best evidence available, but in this process the patient's point of view has not always been taken into account. The importance of the patients' vision, what they think, what they feel and experience with the health actions and with the treatments applied, is at the origin of the change in the doctor-patient relationship. If the paternalist model where the prescriptions and recommendations of the doctor were complied with for years ago, today we tend towards a model of shared decisions in which the patient is gaining prominence [1]. This evolution of medicine and the autonomy of patients, has also reached mental health. However, the way to know what psychiatric patients feel about their own evolution and improvement is not defined. The limits between recovery, symptomatic remission, stability, and response to treatment do not appear clear. In addition, concepts such as functionality and empowerment must be added. In order to better present this work, we will define these concepts.

### Response to treatment

It is defined as a significant improvement in the patient's psychopathology, despite the fact that he is still symptomatic at the end of treatment [2].

### Symptomatic remission

According to The Remission in Schizophrenia Working Group "symptomatic remission is the state in which the patient demonstrates improvement in signs and symptoms, to such a degree that as they are of so low intensity, they no longer significantly interfere in their behavior and Therefore they are below the threshold used to justify the initial diagnosis of schizophrenia [3].

### Stability

We will define stability, as the period of at least two years in which there has not been clinical exudation, being valued by two factors: the absence of hospital admission and the need not change of treatment or higher doses of antipsychotic corresponding to the Maintenance phase. This definition is not homologated, but it is the one that we will use based on the data of the review of Marcelo Valencia and is one of the criteria with which the patients of the sample have been selected.

### Functionality

Inclusion of normative levels of social and occupational functioning, independent living and remission of psychiatric symptoms [4].

### Recovery

"The state in which the patient is free, or without the presence of significant clinical symptoms", [2]. "The ability to function in the community, socially and vocationally, as well as being relatively free from the psychopathology of the disease" [5]. It may also consist of "increasing the patient's ability to successfully meet the challenges of life and symptom". The concept emphasizes the person's ability to have hope and lead a meaningful life that includes achievements at the highest level in the following aspects: a) being able to achieve autonomy according to his desires and abilities, b) demonstrate dignity and respect for himself, c) accept that their life should include their full integration into their community and d) resume their normal development [6].

### Empowerment

WHO considers that "empowerment" is an essential concept of health promotion. At the individual level, empowerment is an important element of human development. It is a process of taking control and responsibility for actions that aim to reach the full capacity. This process consists of four dimensions: self-confidence; Participation in decisions; Dignity and respect; Belonging and contribution to a more plural society. For the individual, the process




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of empowerment means overcoming a situation of impotence and gaining control over one's own life. This process begins with the individual definition of the desired needs and objectives, focusing on the development of the capacities and resources that support it. Empowerment of individuals is aimed at helping self-determination and autonomy, so that it can exert more influence in making social and political decisions, and to increase their self-esteem [7]. The Mental Health Declaration for Europe [8], the Mental Health Action Plan for Europe [9] and the European Pact for Mental Health and Welfare [10] recognize that the empowerment of people with mental health problems and of their caregivers is a priority in the coming decades [7].

### Satisfaction with treatment

This concept is defined as an evaluation by the patient of the treatment administration process and its related outcomes [11]. It is a patient-centered measure that is becoming more and more important in clinical practice since, among others, it could affect compliance with therapeutic regimens and, therefore, their effectiveness. Satisfaction with the treatment is important since with this measure the aspects related to the treatment that most concern the patient can be known [12]. This allows to improve the present treatment and to consider these aspects to apply them in the future. It can help differentiate different treatments for the same disease. In cases where efficacy and cost are similar, satisfaction is an important factor when choosing a particular treatment (including not treating). In other cases, efficacy is diminished, but it is compensated by greater comfort of use or lack of adverse effects6. Satisfaction with a treatment can increase adherence. If a patient is dissatisfied with the mode of administration of a treatment or with its benefit, it is less likely to comply with the prescribed regimen [13]. In asymptomatic and chronic diseases this possibility is more pressing, since the probability of abandonment of treatment is greater, and in a great number of cases it is associated with an increase in morbidity. It is possible that the fact of knowing the degree of satisfaction of the patient with their treatment can contribute to predict patient compliance and help the professional in decision making8. In addition, treatment satisfaction is related to clinical outcomes [14].

### Insight

It is defined as the recognition of the existence of a symptomatology and attribution to a disease that suffers [15]. Disease awareness is neither a one-dimensional nor a dichotomous construct, since there are different factors that interact in the patient's opinion about his illness [16].

Recovery in psychiatry is a difficult term to define, which depends exclusively on patients' perception of their illness and implies that disease-related roles do not dominate the person's identity. Recovery-oriented services focus on the empowerment and control of users about their interactions with socio-health services. One of the most important aspects of recovery is the sense of control over one's life and the ability to make decisions [17]. A field of study regarding the feeling of control is its relation with psychopharmacological treatment. On the other hand, another area of recovery and the sense of self control correspond to the insight.

## Materials and Methods

The objective of this study is to find a way to measure the improvement of patients throughout their treatment, taking into account their participation in the therapeutic process. To do this, we will assess the empowerment of people with Severe Mental Disorder (SMD), satisfaction with treatment and disease awareness, associated with two variables: the type of active substance prescribed and the dose required achieving stability. We will define the patients with SMD to those adults, over 18, who: Meet diagnostic criteria (ICD-10) for any of the following disorders: Schizophrenic disorders (F20.x); Schizotypal disorder (F21); Persistent delusional disorders (F22); Schizoaffective Disorders (F25); Paranoid personality disorder (F60.0), schizoid (F60.1); Serious depressive episode with psychotic symptoms (F32.3); Bipolar disorder (F31.x); Personality disorder (F60.3x). They present moderate-severe disability in one of the following areas: self-care, work performance, social support, and autonomy in the community environment and in the use of social resources, economic management, leisure activities management and leisure time. Score equal to or less than 50 in Global Assessment of Functioning (GAF) scale. They require a complex and intensive socio-sanitary approach, through the combination of interventions or use of multiple resources and/or professionals of the health care network. After a period of treatment of two years, the functional clinical picture does not refer or even remitting the symptomatology, the disabilities persist for a period of at least 6 months [18].

The sample is made up of 30 patients included in the outpatient SMD consultation program, aged between 18 and 65 years. More than half of the group are also in a situation of civil incapacity and coexist in Community Residency, a social and health resource, which is why they have requested informed consent both patients and their legal representatives for their participation in this study. Obtaining data on the evolution and treatment has been through the computerized medical history. Applied Scales: Attitude Inventory for Medication (DAI) [19]; Scale Unawareness of Mental Disorders (SUMD) [20]; Empowerment Scale [21]. Variables analyzed: sex; age; Neuroleptic (active principle) with which they are treated; Dose equivalence of neuroleptic with doses of chlorpromazine in mg/day; Results of each of the previous scales. Statistical analysis using statistical package SPSSv.17, with study of frequencies, means, Pearson correlation and covariance.

## Results and Discussion

Of the sample studied, 60% were men and 40% were women. The average age was 50 years. The most frequently prescribed drug was paliperidone palmitate long-acting (3-month formulation) (26.66%), followed by aripiprazole in both injectable and oral (23.33%) formats. Clozapine in monotherapy represents 16.66% of the prescriptions of the group, but there is a 6.66% that takes combination therapy with clozapine. The less prescribed drugs are risperidone, olanzapine, zuclopenthixol decanoate and quetiapine. Although the use of poly therapy according to the Canadian Psychiatric Association is not recommended, it is also possible to resort to it if necessary as TMAP says [22]. Although clozapine is recommended as the best drug in treatment-resistant schizophrenia, the reality of the consultation shows that before the launch of new drugs and dispensing formulas, they evolve faster and reach patients earlier than the clinical guidelines contemplate. The introduction into protocols and consensus of biopsychosocial factors for the improvement of patients is becoming more frequent [23]. In relation to the studied variables (type of active

**Table 1:** Pearson correlation coefficients and covariates.

| | Empowerment | DAI | SUMD |
|---|---|---|---|
| Type of active substance | -0,9251 | -0,3,3151 | -0,1647 |
| | -13,375 | -1,0195 | -1,0758 |
| Dose of neuroleptics | -0,2963 | -0,0413 | -0,1952 |
| | -1519,285 | -23,8505 | -227,5862 |

principle and drug dose), related to the scores of the empowerment scales, DAI and SUMD, the results are shown in Table 1, using Pearson's correlation coefficient and Covariance.

According to these data, we find that there is no relationship between satisfaction with the treatment and the type of neuroleptic prescribed, nor with the dose taken. We also find no relationship to the level of insight and the type of neither active ingredient taken nor the prescribed dose. However, we analyze the level of empowerment and the active principle. Numerical values were assigned to each active principle from highest to lowest prescribing frequency, with 1 being for paliperidonepalmitate3-monthly most frequently taken by the sample and 9 for quetiapine, the least frequently prescribed. We objectify inverse negative relation. There is a relationship between empowerment and the type of drug targeted to achieve stability. With paliperidone palmitate 3-monthly patients consider having a higher level of empowerment, than with other active principles, regardless of the dosage

## Conclusion

Empowerment is part of the patient's recovery process. Although it is a subjective value of each patient we can quantify it using scales. Measuring empowerment, treatment satisfaction, and insight assessment should be done more often in order to know and favor the participation of patients in their disease process. It does influence the perception of empowerment of the type of active ingredient with which it is treated, being paliperidone palmitate 3-monthly which better results are obtained in this aspect. The dose of neuroleptic that each patient takes, is individually adjustable and not for their high values sometimes achieved, empowerment is affected, which is why the reduction of symptoms prevails at the expense of drug doses to achieve recovery. Of the variables studied, the type of drug, the active principle, is the most determinant factor in the perception of recovery by the patient, measured through empowerment, without influencing the dose of drug used. Satisfaction with treatment and insight has not been associated with the type of drug used or the dose used.

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