

Abstract

Facilities available for Patients with Schizophrenia in Polonnaruwa district is limited. A large number of patients receive their treatment from rural outpatient clinics. There have not been previous assessments of the management issues and outcome of such patients. The study focuses this gap in evidence. A consecutive sample of patients with Schizophrenia who attend rural outpatient clinics in Polonnaruwa district was interviewed. Focus group discussions were conducted with 2 groups of care takers who were parents and spouses.

Most patients were Sinhalese Buddhists and with more or less balanced age and sex distributions. Most were from low and middle income groups and educated up to secondary level. Majority of the patients were known for more than 2 years.

Treatment defaults were common (nearly 70 %) and when it happens it was mostly (67%) a complete default. Most common reasons for defaults were misconceptions (46%) and side effects were causing defaults among 20%.

More than 60% has not required readmissions during past 2 years while 37% needed 1- 2 admissions. About 30 % or fewer patients reported one of other symptoms. Most commonly reported positive symptoms include hostility (24%) and suspicion (20%) conceptual disorganization (16%) and delusions (11%). Commonly reported negative symptoms include; blunted affect (26%), motor retardation (24%), emotional withdrawal (19%), and difficulty in abstract thinking (15%). Somatic concerns (19%) and depressive moods were also common (20%).

According to clinical judgment 46% of patients were in complete remission and functioning satisfactorily, while, 53% were having mild to moderate symptoms with moderate impairments of functioning. Only one patient was having florid symptoms.

Patient outcomes that were assessed using number of symptoms, clinical judgment, and need for readmissions as indicators identified; age, sex, knowledge of patient, knowledge of principal care giver, number of side effects experienced, and clinic access as the factors associate with the patient outcome.

Patients were more or less satisfied with clinic arrangements and happy to receive information from medical staff and through leaflets and booklets. Care givers reported usual pattern of problems associated with looking after patients with Schizophrenia. Problems were mostly attributed to positive and negative symptoms. Stigma was experienced more by spouses when compared to parents of patients.

Recommendations are made to strengthen the field follow up care, patient and caregiver education. Use of psycho-social approaches of management in addition to pharmacotherapy is deemed necessary. Patients' clinic access problems should be alleviated and uninterrupted drug supplies should be ensured. Community based studies recommended to have a wider insight in the wellbeing of schizophrenic parents living in the community.