

Original article

Evaluation and socio-occupational intervention in bipolar and schizophrenic patients within a multimodal intervention programme – PRISMA[☆]



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ABSTRACT

Background: Functional improvement in bipolar and schizophrenic patients is one of the main aims of treatment. Nevertheless, there is no evidence about the effect of socio-occupational intervention within a multimodal intervention (MI) programme.

Objective: To describe the socio-occupational profile and to evaluate the functional effect of a MI in bipolar I and schizophrenic patients.

Methods: A prospective, longitudinal, therapeutic-comparative study was performed including 302 subjects (104 schizophrenic and 198 Bipolar Disorder I [BDI] patients), who were randomised into two groups, multimodal (psychiatry, psychology, medicine, occupational therapy, neuropsychology, and family therapy), or traditional intervention (psychiatry and medicine only). Several scales were applied to assess assertiveness, free time management, social abilities, general anxiety, self-care and performance in home, work and community tasks.

Results: After performing the longitudinal analysis, it was shown that the multimodal intervention was more effective than traditional intervention in general anxiety scores ($p=0.026$) and development in home tasks ($p=0.03$) in schizophrenic patients. No statistical differences were found in bipolar patients. The other variables showed improvement, however, their effect was similar in both intervention groups.

Conclusions: Our study identified functional improvement in home tasks in schizophrenic patients after receiving multimodal intervention. Other variables also showed improvement for both interventions groups. Future studies, applying longer rehabilitation programmes and other ecological strategies should be performed to identify the most effective interventions.

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Evaluación e intervención socioocupacional en pacientes con TAB y esquizofrenia, dentro del programa de intervención multimodal PRISMA

R E S U M E N

Palabras clave:

Terapia ocupacional
Trastorno bipolar
Esquizofrenia
Intervención multimodal
Funcionalidad

Introducción: La mejoría en la funcionalidad de los pacientes con trastorno afectivo bipolar y esquizofrenia es una de las principales metas en el tratamiento. Sin embargo, no hay evidencia del efecto de la intervención socioocupacional dentro de una intervención multimodal (IM).

Objetivo: Describir el perfil socioocupacional y evaluar el efecto de un programa de IM en sujetos con trastorno afectivo bipolar tipo I y esquizofrenia.

Métodos: Se realizó un estudio longitudinal, prospectivo y terapéutico-comparativo con 302 pacientes (104 con esquizofrenia y 198 con trastorno afectivo bipolar), asignados aleatoriamente a un grupo de IM (psiquiatría, psicología, medicina, terapia ocupacional, neuropsicología y terapia de familia) o intervención tradicional (IT) (sólo medicina y psiquiatría). Se aplicaron instrumentos que midieron: asertividad, manejo del tiempo libre, habilidades sociales, ansiedad general, autocuidado y desempeño en tareas del hogar, trabajo y comunidad.

Resultados: Se identificó que la IM fue más efectiva que la IT en las puntuaciones de ansiedad general ($p=0,026$) y participación en las tareas del hogar ($p=0,03$) para los pacientes con esquizofrenia. En los pacientes con trastorno afectivo bipolar no se encontraron diferencias estadísticamente significativas. En las otras variables hubo mejoría durante el seguimiento, pero el efecto se observó en ambos grupos de tratamiento.

Conclusiones: El presente estudio identificó mejoría en la funcionalidad dentro del hogar en los pacientes con esquizofrenia después de recibir una IM; también se encontró mejora en otras variables, independientemente del tipo de tratamiento. Se deberá realizar futuros estudios con programas de mayor duración y otras estrategias más ecológicas con el fin de aclarar las dudas sobre la efectividad de las intervenciones.

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Introduction

Bipolar affective disorder (BAD) and schizophrenia have traditionally been classified as major psychiatric disorders; at the same time, they are among the most disabling conditions and those that generate the largest number of consultations.¹ Both disorders affect around 1% of the world population and come to have a serious impact on the quality of life of patients and their support networks.^{1,2}

Study of persistent subthreshold symptoms in inter-critical periods, associated with impairment of patient functionality, indicated the need for new therapeutic approaches that would have an impact on these complex aspects of the disease^{3,4}; that has led in recent decades to a trend towards multimodal interventions (MI) — multiple interventions by an interdisciplinary team to support pharmacological measures as the cornerstone.⁴ This approach is based on intervention in the different human dimensions — biological, psychological, family and social — and the objective is to work in a coordinated manner and potentiate the impact in each of these areas.⁵

It is known that psychoeducation helps to reduce relapse and improve adherence to treatments in numerous psychiatric disorders, and that it has a positive impact on patients' quality of life.⁶ In the words of the World Federation of Occupational Therapists (WFOT), occupational therapy is a "profession concerned with promoting health and well-being through occupation. Occupational therapists achieve

this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement".⁷ The current vision of mental health includes the intervention of numerous related professions, including occupational therapy. This has had an economic impact on society, made evident by the reintegration of patients, reduction in hospital stays, increase in adherence to treatments and better prognoses.^{8,9}

Consequently, within the framework of the PRISMA project, the GIPSI (*Grupo de Investigación en Psiquiatría* [Psychiatry Research Group]) at the Universidad de Antioquia designed an MI and a traditional intervention (TI) to be offered to patients with type I BD (bipolar I disorder, BID) and schizophrenia, in order to compare the primary outcomes of the two interventions. This article shows the effects of the MI compared to those of the TI with respect to variables assessed from an occupational therapy point of view.

Material and methods

Participants

The study included 302 patients, 104 of whom were diagnosed with schizophrenia and 198 with BID; based on this group, we conducted a prospective, longitudinal, randomised,

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