

## KNOWLEDGE AND PRACTICE OF GENERAL PRACTITIONERS OF BANNU ABOUT SCHIZOPHRENIA

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### ABSTRACT

**Objectives:** To obtain information about the number of patients attended by general practitioners in different stages of schizophrenia; relevant knowledge, diagnostic skills and ongoing practice concerning management of patients suffering from severe mental illness.

**Methodology:** For this cross sectional survey conducted from May to September 2010, a semi-structured questionnaire, obtained and modified from that of Simon AE et al was distributed among general practitioners working in Bannu district. The participants were requested to fill the questionnaire anonymously and return it to research worker.

**Results:** Out of 100, 72 general practitioners responded to the request of filling the questionnaire. Among them 60 (85%) were males. Only 17% replied that they could spare more than half an hour for the assessment of schizophrenic patients. Sixty four percent reported delusions and hallucinations as the most frequent symptoms of schizophrenia. Seventy percent relied on personal history for diagnosis of schizophrenia. Sixty percent practitioners considered pharmacotherapy as the first line therapy. More than half of them wanted to continue treatment for six to twelve months in first psychotic episode. Seventy percent preferred to refer the patients to specialist care for complete handover. No one of the working practitioners participated in continuing medical education CME on schizophrenia during the past few months of their professional life.

**Conclusion:** The knowledge of general practitioners about signs and symptoms of schizophrenia is reasonable but they lack interventional skills. They need easily accessible specialized services for referral and regular training programmes to update their knowledge.

**Key words:** General practitioners, Schizophrenia, Knowledge, Practice.

### INTRODUCTION

Psychiatric disorders have been reported as third most common reason for consultation in primary care<sup>1</sup>. However more than half of patients, sufferings from psychological problems do not receive proper psychiatric care<sup>2</sup>. Similarly schizophrenia a form of severe mental illness, though with one percent prevalence<sup>3</sup>, remains untreated in more than ninety percent of cases<sup>4</sup>. More over in coming decade's schizophrenia and other psychotic disorders may become the most common non communicable disorders to afflict the developing countries<sup>5</sup>. Contact of mentally with primary care physicians also helps them to

overcome the stigma of being treated in mental health facility<sup>6</sup>.

In this background GPs have an important role in the care of patients with chronic schizophrenia and of those in the early phases of this disorder<sup>7,8</sup>. Moreover they are more effective in early identification of cases with acute psychosis<sup>9</sup>.

So this study was planned to obtain information about the number of patients attended by GPs in different stages of schizophrenia, relevant knowledge, diagnostic and treatment skills and ongoing practice concerning management of patients suffering from severe mental illness.

**METHODOLOGY**

For this descriptive cross sectional study conducted from May to September 2010, a list of GPs working in Bannu district was obtained from the office of executive district officer. It included doctors working in basic health units, projects under non governmental organizations (NGOs), district headquarter hospital (DHQ) and those working in private clinics. Those who had worked in secondary or tertiary care mental health facility were excluded. The doctors working in administration were also not included as the survey was not relevant to their routine health care work.

The principal investigator administered the questionnaire to the doctors explaining the purpose of survey and the nature of questions to them. The doctors were requested to return back the completed proforma to research worker in which the anonymity of the responders was maintained. The questionnaire was obtained and modified by one of the team members (MI) from that of Simon AE et al used in a Swiss survey. It consisted of two demographic items while others were designed to assess:

- 1 Patients load on GPs, of individuals suffering from schizophrenia.
- 2 Preferred treatment options.
- 3 Diagnostic skills
- 4 Therapeutic knowledge and current treatment options in schizophrenia
- 5 Recent training received in the field of acute or chronic psychosis.

The data was collected analyzed by using SPSS Version 11. Descriptive statistics were recorded for questions and univariate comparisons were performed using Chi square or Fisher exact tests as appropriate. Statistical significance was calculated at p value < 0.5.

**RESULTS**

Hundred questionnaires were distributed in which 72 GPs responded to the request. Among them 60(85%) were males and 12 (17%) were female (Table 1).

Out of 72, 38% replied that they generally take less than 10 minutes for the assessment of schizophrenic patients while only 17% were able to spare more than 30 minutes for this group.

Regarding Knowledge about schizophrenia, 64 % GPs were of the view that hallucinations and delusions were the most frequent symptoms of schizophrenia while 59% reported social withdrawal as the most common presentation followed by depression and anxiety (23%) (Table 2).

Sixty percent practitioners considered pharmacotherapy as the first line treatment for schizophrenia, but 58% reported psychotherapy as an effective treatment in this population. 13% Preferred "observe and wait policy" as treatment option for first schizophrenic episode.

More than 55% of the patients wanted to continue treatment for 6—12 months in first psychotic episode. Regarding relapse risk 37% GPs had no knowledge about it while 44% thought that

**Table 1: Gender distribution (n=72)**

Gender	No. of GPs	Percentage
Male	60	83.3 %
Female	12	16.6 %

**Table 2: Most frequent symptoms of schizophrenia (n=72)**

Symptoms	No. of GPs	Percentage
Delusions / Hallucinations	46	64%
Social withdrawal	43	59%
Psychosomatic complaints	23	31.94%
Suicidality	7	9.7%
Depression/ Anxiety	33	45.8%
Bizarre behavior	36	50%
Drug misuse	13	18.05%
Functional decline	9	12.5%

**Table 3: Attitude towards provision of services (n=72)**

Nature of service	No. of GPS	Percentage
Treatment exclusively in Clinic	15	20.8%
Occasional /regular consultation with specialist	24	33.3%
Referral to specialist for initial diagnosis only	33	45.8%
Referral to specialist and complete handover	51	70%

**Table 4: Duration of treatment after a first schizophrenic episode (n=72)**

Duration	No. of GPs	Percentage
Few days	0	0%
3—4 weeks	18	25%
1—6 months	27	37.5%
6—12 months	13	18.05%
12—24 months	9	12.5%
3—5 months	5	6.9%

there is 50—60 % chance of relapse after each schizophrenic episode.

Extra Pyramidal Symptoms as the most relevant adverse effect of antipsychotic use was reported by 38 % of the practitioners while 34% had no information in this regard.

In relation to diagnostic skills 87 % relied on personal history, 70 % on family history while 45% were interested to collect informations from significant others. Consultation with specialist services or referral was found in 29 % only.

On the other hand for treatment purpose 70% of GPS wanted to refer the schizophrenic patients to psychiatric outpatient department and complete handover to specialist care (Table 3).

In pharmacotherapy 93% of the GPs used antipsychotic, both conventional and 2<sup>nd</sup> generation, in optimum doses while about 20% also added antidepressant to the treatment.

A total of 54 GPs (75%) considered that the duration of treatment after a first schizophrenic episode should be more than a month (Table 4).

Most of the practitioners (58%) expected good prognosis after a single Psychotic episode. No one of the working practitioners participated in CME on schizophrenia during the past few months of their professional life.

**DISCUSSION**

Our response rate was 72% which is satisfactory as compared to 23.6 % in a similar study by Helnevaldous<sup>9</sup>. However this high rate

was achieved by average 2-3 reminders to each recipient.

Average number of schizophrenic patients treated annually by each GP was 3.54 and similar was reported by Swiss study in 2005<sup>7</sup>.

Sixty nine percent of GPs were of the view that first schizophrenic episode was usually preceded by early warning signs in contrast to 90% in Swiss study. However these findings are encouraging in a way that alertness to these signs can help in early detection of severe mental illness.

Hallucinations and delusions were considered as the most frequently experienced symptoms of schizophrenia by 64% of the practitioners.. The same figure was reported in Swiss study<sup>7</sup> reflecting the similarity in clinical knowledge of practitioners in both developing and developed countries<sup>7</sup>.

Social withdrawal was also mentioned as a symptom by more than half of the practitioners which is an encouraging sign as negative symptoms of schizophrenia are usually overlooked in assessment or diagnosis of this psychiatric disorder<sup>10</sup>.

In response to questions regarding duration of treatment after first schizophrenic episode only 12.5 % of the GPs mentioned the international recommendations of more than 12 months duration<sup>11</sup> (work group of schizophrenia 1977). It is alarming, as an incomplete treatment regime can lead to frequent relapses and so to the deficit state of schizophrenia. However treatment

duration of more than three was mentioned by 39% of GPs in patients with multiple episodes of schizophrenia well meeting the international recommendations on this issue.

Relapse risk of 60 to 90 % in first schizophrenic episode in first year is considered correct. This range was mentioned by 62.% of the GPs. However about 37% had no knowledge about it. All it demands for the regular training programmes on important aspects of schizophrenia.

Sixty percent of the GPs mentioned pharmacotherapy as the first line treatment which reflects the cultural tendency of pharmacotherapeutic approach in interventional strategies. However same strategy was mentioned by 47% of GPs in Swiss study. Moreover only 38% Of the GPs considered extra pyramidal syndrome as the most relevant side effect of antipsychotics, which reflects lower importance given and poor teaching about psychiatric illnesses at undergraduate level. However more than 80% of the GPs indicated antipsychotics (both old and new) as the drug of choice in schizophrenia. The same was mentioned by 98.5% of the GPs in Swiss study. It can be attributed to the role of pharmaceuticals in imparting knowledge in field of psychotropic medicine in developing countries.

Regarding practices for diagnosis of schizophrenia, personal history (87.5%) and family history (70%) were at the top, though 45% of the GPs were also in favor of getting informations from significant others to know about the functional deterioration and social withdrawal, Both of these factors have frequently been reported in prodromal phase of schizophrenia<sup>12</sup> and prediction of diagnosis of this disabling mental illness<sup>13</sup>. So the sensitivity of the GPs towards this dimension can be of much help in early detection.

Sixty per cent GPs wanted to refer the patients to the specialist outpatient department and complete handover. It again reflects the poor exposure and insufficient training at undergraduate level leading to overburden on tertiary care facilities.

Surprisingly no one of the GPs participated in continuing medical education on schizophrenia in the past few months reflecting neglect at level of health planners for mental health training programmes.

The limitation of the study was its basis on questionnaire and not on direct interviewing so our results may overestimate the clinical knowledge of general practitioners. The results may be influenced by social desirability bias and the clinical behavior of GPs may be different from that indicated in the written responses. The survey

was carried out in a small border district of the country so it cannot be generalized.

## CONCLUSIONS

The knowledge of general practitioners' about signs and symptoms of schizophrenia is reasonable but they lack interventional skills. They need easily accessible specialized services for referral and regular training programmes to update their knowledge and improve upon their clinical skills.

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