PEOPLE LIVING WITH SCHIZOPHRENIA DESERVE ACCESS TO TREATMENTS THAT CAN IMPROVE THEIR FUNCTIONING AND QUALITY OF LIFE

Over **21 MILLION** people are **living with schizophrenia** globally[1]

With effective treatment, **symptoms of schizophrenia** can be reduced by **60%**[2]

Of people living with schizophrenia:

90% experience a **decline in functioning**, according to a large Australian survey of 1.5 million people[3]

1 in 2 patients report that schizophrenia has a **'very strong impact' on quality of life**[4]

Func·tion·ing *verb*
1. a persons' ability to perform normal daily activities and to maintain their independence, their role in society and their overall mental health[5,6]

Qual·i·ty of life *adjective*
1. the general well-being of a person, including all emotional, social, and physical aspects of their life[7]

Catching the bus, cooking a meal, or fulfilling a role in society can become **huge challenges**

What causes this drop in functioning and quality of life in people living with schizophrenia?

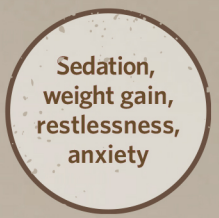
Poor physical health[8]

Clinical symptoms of schizophrenia[8]

Less ability to cope with everyday stress[8]

Difficulty in thinking clearly[8]

Lack of social support[8]



Side effects of medication[9,10]

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This infographic has been developed by H. Lundbeck A/S from published literature as a contribution to the public health debate and is endorsed by the European Brain Council, the European Federation of Associations of Families of People with Mental Illness, the Global Alliance of Mental Health Illness Advocacy Networks and the World Federation for Mental Health.

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Reduced functioning and lower quality of life affects people living with schizophrenia and society as a whole

Treatment associated side effects may mean patients stop taking their medication[11]

Patients who do not take their medication have higher rates of **relapse and hospitalisation**[12]

Unemployment of people living with schizophrenia is high at **70–90%**[13,14]

Informal caregivers of people living with a mental health problem, such as schizophrenia, spend **22 hours per week caring** for their relatives, comparable to a part-time job[15]

One in four caregivers (28%) has difficulties making ends meet[15]

Improved functioning and quality of life are major goals for people living with schizophrenia...[16,17]

...however the focus of many treatments is on managing symptoms[18]

There could be an opportunity to **improve assessment of new treatments** by considering functioning and quality of life

Policies and guidelines that could increase access to new treatments are not always implemented due to **stigma, lack of awareness, lack of uptake** and **disparity** between national and local mental health legislation[18,19]

SO WHAT CAN WE DO?

INVOLVE patient and caregiver groups to give patients a voice when developing programmes and assessing new treatments

EDUCATE people living with schizophrenia and their informal caregivers about treatment options, so they can play an active role in decisions that affect them and society at large

SUPPORT access to new treatments that may improve functioning and quality of life, including when these treatments are being assessed

1. World Health Organization: Schizophrenia Fact Sheet. April 2016. Retrieved from: http://www.who.int/mediacentre/factsheets/fs397/en/. Accessed December 2016. **2.** Kahn RS, *et al. Lancet.* 2008;371:1085–1097. **3.** Morgan VA, *et al. Aust N Z J Psychiatry.* 2012;46(8): 735–752. **4.** SANE study. Living with schizophrenia: People's experience of the condition. May 2014. Retrieved from: http://www.sane.org.uk/uploads/living-with-schizophrenia-final-uk_am_0414_0121_vcertification_1-2.pdf. Last accessed January 2017. **5.** Liberman RP, *et al. Int Rev Psychiatry.* 2002;14(4):256–272. **6.** Preedy VR, Watson RR. *Handbook of disease burdens and quality of life measures.* New York: Springer, 2010. **7.** The WHOQOL Group. *Soc Sci Med.* 1998;46(12):1569–1585. **8.** Harvey PD, Strassnig M. *World Psychiatry.* 2012;11(2):73–79. **9.** Hofer A, *et al. J Clin Psychiatry.* 2004;65(7):932–39. **10.** Kane JM, Sharif ZA. *J Clin Psychiatry.* 2008;69[Suppl 1]:18–31. **11.** Lieberman JA, *et al. N Engl J Med.* 2005;353(12):1209–23. **12.** Haddad PM, *et al. Patient Relat Outcome Meas.* 2014;5:43–62. **13.** Marwaha S, Johnson S. *Soc Psychiatry Psychiatr Epidemiol.* 2004;39(5):337–349. **14.** Rosenheck R, *et al. Am J Psychiatry.* 2006;163(3):411–417. **15.** EUFAMI. March 2015. Retrieved from: http://www.caringformentalhealth.org/c4c_reports/c4c_global.pdf. Accessed December 2016. **16.** Bellack AS, *et al. Schizophr Bull.* 2007;33(3):805–822. **17.** Lehman AF, *et al.* for Work Group on Schizophrenia. Practice Guideline for the Treatment of Patients with Schizophrenia. 2nd ed. Washington, DC: *American Psychiatric Association;* 2010. **18.** Mojtabai R, *et al. Schizophr Bull.* 2009;35(4):679–695. **19.** Cabana MD, *et al. JAMA.* 1999;282(15):1458–1465.

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