

## Voluntary Vs Involuntary Outpatient Treatment: Comparing Two Groups with Schizophrenia

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The involuntary outpatient commitment has been under discussion because of their effectiveness and ethical issues. In schizophrenia, the patient in acute phases of his illness does not have insight about his medical condition or actions. It is estimated that 90% of patients with schizophrenia only adhere partially to the treatment which is associated with a greater number of relapse, readmission and poor prognosis. The involuntary outpatient commitment is an option for these patients, however, implies some degree of constraint and restriction of human rights, which some authors consider unjustifiable.

We tried to check for differences in the outpatient treatment of schizophrenia among patients receiving compulsory (n=19) and voluntary (n=39) treatment, assessing socio-demographic and clinical features, therapeutics, likelihood of medication adherence, personal and social performance and predominant kind of symptoms.

In both analyzed populations we found a predominance of male patients, in the 4th decade, mostly single/divorced and living alone/with parents, however the patients in involuntary outpatient commitment had less autonomy. We found differences between the population in voluntary and compulsory treatment in social and personal functionality; in addition, compulsive patients had lower scores and presented more symptoms in *Positive and Negative Syndrome Scale*. These results could be justified by the implementation of compulsory treatment in populations with more severe pathology and less insight.

To better analyze the impact of the involuntary outpatient commitment in patients with schizophrenia longitudinal studies should be carried out, with larger samples and a control group of similar disease severity.