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What do we know about treatment-resistant schizophrenia? – A systematic review

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Introduction Treatment-resistant schizophrenia (TRS) is a severe form of schizophrenia. From one fifth to one third of all patients with schizophrenia are resistant to treatment.
Objective To determine the knowledge on TRS and to find out the extent and the quality of research on TRS.
Aims To conduct a systematic review of the current literature on TRS.
Methods Original studies and reviews on TRS were systematically collected from PubMed and Scopus databases. The following search strategy was used as a title search; ("ultra-resistant" OR "treatment-refractory" OR "treatment-resistant") AND (schizophrenia). The search was restricted to English language articles.
Results The literature search identified 403 studies. After abstract and title review, 324 studies were included. The included studies considered medication (*n* 213), electroconvulsive therapy and repetitive transcranial magnetic stimulation (15), prognosis (15), genetics (15), studies on neurobiology (15), definitions (14), psychotherapy (12), brain structures and functioning (10), cognition (7) and other miscellaneous studies (6) on TRS. Definitions of TRS varied notably and in most of the non-pharmacological studies, the samples were fairly small. Regarding treatments, clozapine, ECT, and cognitive-behavioral therapy have shown effectiveness, though the quality of research on interventions is limited. Very little is known about risk factors and predictors of outcome in TRS.
Conclusions Our findings suggest TRS is poorly studied and understood condition contrasted to its high prevalence, clinical importance and poor prognosis. There is a lack of studies on epidemiology, for example risk factors of TRS, as well as on outcomes and longitudinal course. Most of the studies considered medication.
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Preventable schizophrenia

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Introduction Schizophrenia is a psychiatric disorder with multiple causes, including genetic, immune, environmental causes of various kinds, which all increase the vulnerability and predisposition to the disorder. Among them stand out prenatal infections, thus being a preventable risk potential factor in our daily clinical practice.
Objectives To analyze the relation between prenatal infections and schizophrenia.
Methods Review of the subject and recent articles on schizophrenia in psychiatric guides and magazines.
Results After analyzing several studies, it have shown that prenatal infections, where the nervous system is not yet fully developed, may be a risk factor for the development of schizophrenia in adults, in relation with genetically predisposed individuals. Infections such as influenza, especially during the first quarter of gestation; rubella, toxoplasma and herpes simplex virus-type 2 are related to potentially increase risk of suffer schizophrenia.
Conclusions Prenatal infections, especially in the first quarter and the periconceptional period, constitute a risk factor in individuals with vulnerability to develop schizophrenia. Awareness and prevention is important in the pregnant population of the influence of these infections on the possible origin of psychotic episodes.
Disclosure of interest The authors have not supplied their declaration of competing interest.
Further readings
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Medication adherence in schizophrenia

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Introduction Compliance is a major issue in the treatment of schizophrenia. Many studies have attempted to identify factors that influence it.
Objective To assess treatment adherence in patients with schizophrenia. To identify factors correlated with poor adherence.
Methods It was a cross-sectional, descriptive and analytical study, involving 37 outpatients with DSM-IV diagnosis of schizophrenia, followed in the psychiatry department at the Hédi Chaker University Hospital of Sfax (Tunisia). The questionnaire included socio-demographic, clinical and therapeutic data. We also used the Medication Adherence Rating Scale "MARS", the Insight Scale "IS" and the Stigma Scale (9 items).
Results The average age was 36.4 years. The majority of patients was male (68.8%), did not exceed the level of secondary education (89.2%) and had a low socioeconomic level (84.4%).
Paranoid schizophrenia was the most frequent type of schizophrenia (54.1%). Atypical antipsychotic were prescribed in 40.5% of cases.
Patients were non-adherent to treatment in 56.8% of cases. The factors correlated with poor adherence were: psychoactive substance use ($P = 0.036$), sexual dysfunction ($P = 0.036$), complexity of treatment ($P = 0.036$), poor insight according to the subscale "awareness of the need for treatment" of the IS ($P = 0.047$) and high score on the subscale "discrimination" of the Stigma Scale ($P = 0.008$).
Conclusion Tunisian schizophrenic patients have a poor adherence to treatment. Acting on risk factors (such as substance use, sexual side effects, poor insight and discrimination perception) would improve patient compliance and management of schizophrenia.
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