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DOUBLE BLIND, RANDOMIZED, CONTROLLED STUDY OF A PSYCHOTHERAPY DESIGNED TO IMPROVE MOTIVATION FOR CHANGE, INSIGHT INTO SCHIZOPHRENIA AND ADHERENCE TO MEDICATION

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Most patients with DSM-IV schizophrenia exhibit full or partial non-adherence to pharmacological treatment (Rummel-Kluge, 2008). Only about one-third reliably take antipsychotic medication as prescribed (Oehl, 2000). Poor adherence (ie, both complete and partial non adherence) has been found to be associated with serious negative outcomes and as such, interventions aimed at improving and maintaining adherence are of great interest to clinicians, researchers, and policy makers. Objective: To assess the efficacy of a psychotherapy based on motivational enhancement and cognitive therapies designed to improve patient's adherence to treatment and motivation to change (Listen-Empathize-Agree-Partner, or LEAP therapy; Amador, 2007). Method: 54 patients diagnosed with schizophrenia about to be discharged following inpatient treatment were included in a six month repeated measures study. Patients were randomly assigned to either the experimental or control therapies and were blind to group assignment. All patients received long acting injectable antipsychotic medications and were rated as compliant when the injection was confirmed and non compliant if the injection was refused or the appointment was missed. Insight into schizophrenia and attitudes toward treatment were assessed using the Scale to assess Unawareness of Mental Disorder, the Birchwood Insight Scale and the Drug Attitude Inventory, respectively. All assessments were made by a rater blinded to group assignment. Results show that compared to the control psychotherapy LEAP improved motivation for change, insight and adherence to treatment. Conclusion: This study found LEAP to be superior to the control psychotherapy. Strengths of the experimental design include the randomized blinded group assignment, blinded assessments of the dependent variables and near 100% reliability and validity of the adherence measure. Among the limitations of the present study was the absence of a LEAP fidelity measure and the fact that the senior author was the only therapist for all patients and as such could have biased the results by differentially treating patients depending on which therapy they were assigned to. This study should be replicated in a larger more heterogeneous sample with a longitudinal assessment of fidelity to the LEAP intervention and a therapist(s) blinded to study hypotheses. Key words: compliance; poor adherence to treatment, insight, motivation to change, schizophrenia, Long-acting injectables.

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