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Current Status and Measures to Treat Schizophrenia

Situation

Currently, the number of patients with mental diseases who are visiting medical institutions^[A1] exceeds the number suffering from the so-called four major diseases (cancer, stroke, acute myocardial infarction, and diabetes mellitus) in Japan. The number of patients in 1996, at 2,180,000, rapidly increased to 3,200,000 patients in 2011, which is approximately a 1.5-fold increase in fifteen years. Including schizophrenia, dementia among the elderly, developmental disorders^[A2] among children and adults, and depression among workers^[A3] mental diseases are becoming more common across the population. Therefore, the preparation of a regional environment that shares the concept of “social inclusion,” involving not only patients, but also their families, healthcare professionals, (including attending physicians), local residents, and administration, is required.

The Convention on the Rights of Persons with Disabilities, an international treaty promoted by the United Nations intended to protect the human rights and dignity of persons with disabilities, including mental disabilities, was adopted on December 13, 2006 at the 61st United Nations General Assembly.¹ The ratification of the treaty was approved at the Upper House plenary session in Japan on December 4, 2013.

In parallel with this international convention with respect to rights of those with mental disabilities, the Japanese Mental Health Act was revised in April 2014. The purpose of this Act is to promote the transition of individuals with mental disabilities into community life.

As of 2011, schizophrenia accounted for a majority of the diseases of inpatients in psychiatry departments in Japan, including as many as 171,700 inpatients, representing 58.5 percent of the entire population of inpatients with mental diseases.

For inpatients with schizophrenia, the duration of hospitalization of new patients has fallen in recent years (approximately 90 percent of are discharged within a year), and the number of inpatients has been decreasing. The development of drugs for treatment and the preparation of an emergency medical system are cited as causes for shortening the duration of hospitalization.

On the other hand, 160,000 patients with schizophrenia suffer from relapse every year.² The present situation remains a critical challenge to promoting the return of patients to the community.

Schizophrenia

Schizophrenia is a serious mental disease that is associated with particularly heavy impairment resulting in a significant burden on the medical system. Younger people, no longer living with their parents, often develop the disease, where the mean age of onset is 18 years in males and 25 years in females. Reaching a definitive diagnosis takes time and, in some cases, the commencement of treatment is delayed for a number of years.^{3,4,5} In addition, schizophrenia is known as a disease that recurs, and the symptoms worsen each time.^{6,7}

Without appropriate treatment, 70 to 80 percent of patients experience a relapse within a year. The negative effects of relapse include (1) a decrease in psychological and social functions, (2) the patient becoming less responsive to drugs and dose increases, and (3) many of the patients who experience relapse being re-hospitalized.^{8,9}

At present, although there is no way to cure schizophrenia completely, it is possible to control the symptoms and decrease the risk of relapses using psychotherapy and medications. It is extremely difficult, however, to maintain regular drug administration of treatments for

schizophrenia in patients who originally have cognitive dysfunction, and the fact that many patients experience relapses is a leading reason why the treatment of this disease is even more complicated.^{10,11,12}

The relapse of schizophrenia ranks high among the list of conditions for which families of patients desire treatment.¹³ The suppression of the occurrence or relapse is also critical from the perspective of effective utilization of economic resources required for schizophrenia treatment.^{14,15}

Currently, an estimated 10 percent of patients with schizophrenia commit suicide. Comprehensive support measures, including a health services system, appropriate treatment support, welfare system, life support, and job assistance are required in order to achieve the long term suppression of relapse and reduce the impact of schizophrenia on a patient's life and financial situation. In particular, community support that offers employment opportunities is critical to encourage financial stability and realize social reintegration in the fullest sense. The relapse of schizophrenia, however, means the loss of a stable social life. Research conducted in Japan estimated the economic losses due to schizophrenia to be approximately JPY2.77 trillion in 2008.¹⁶

Current Policy

Specific measures for communities to address mental disabilities are the subject of the "Guideline to secure high quality and adequate medical care for mental disabilities" announced in March 2014.

In July 2014, "the future direction of specific measures for transition of long-term inpatients with mental diseases to life in the community" was summarized in the "Review meeting related to specific measures for the transition of long-term inpatients with mental diseases to the community," which presented the transition of

long-term inpatients with mental diseases and the future vision of mental health as follows:

- As support for patients, ensuring continued "motivation of their willingness to be discharged (including motivating their willingness for discharge support)," "transition support that prioritizes the patient's intent," and "support for community life" are necessary.
- The structural reform of hospitals, such as the optimization of beds in the psychiatry department and the reduction of unnecessary beds in the future to secure high and adequate quality of mental health care equivalent to general medical care, is required.

The practice of using a group home within a hospital compound, which was presented as a trial measure, for example, is drawing attention as a new approach, unprecedented in Japan, for the recovery and transition to society of long-term inpatients with mental diseases.

If the approach of "facilitating the access of the community to the group home within the hospital compound" is widely accepted within the idea of "transition from the inpatient facility to the community," such an approach may serve as a secondary contribution to the establishment of "social inclusion" in the country. Although issues such as "support for patients" and "structural reform of hospitals" have been discussed, specific treatment measures for mental diseases were not discussed. Therefore, further discussion and the specification of guidelines for the treatment of mental diseases focused on promoting a smooth transition to the community are required.

Recommendations

- Have the MHLW establish review meetings in the Department of Health and Welfare for Persons with Disabilities composed of medical professionals and academics. This

would accelerate the promotion of treatment options and the establishment of a medical system to avoid the relapse of schizophrenia from the perspective of effective utilization of economic and medical resources required for the treatment of the disease.

- Have the MHLW should develop a national guideline for the treatment of schizophrenia that facilitates the prevention of occurrences or relapses and implement the guideline under an aggressive administrative direction that covers the social reintegration of inpatients with schizophrenia.

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[A1] This includes inpatient and outpatient.

[A2] Yes

[A3] 3.2MM includes schizophrenia, dementia, depression, and development disorders.

22. Number of Hospitalized Patients in Japan by Mental Disease

