

Family therapy should be considered for patients with schizophrenia

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THE PROBLEM: Schizophrenia affects around 1% of the population worldwide.¹ The most common form of treatment is currently antipsychotic medication, either alone or in combination with psychodynamic counselling and other pharmacotherapy. However, antipsychotics provide limited effectiveness in terms of negative symptoms and often result in severe side effects, which in turn impact on compliance. Furthermore, approximately one-third of patients do not respond to antipsychotic therapy.

CLINICAL BOTTOM LINE: Supportive family environments have been shown to be beneficial for individuals with schizophrenia. This review found some promising results from family therapy, but there is a need for more studies to comprehensively determine the magnitude of effectiveness with this therapeutic approach. Nevertheless, due to the limited treatment options for patients with schizophrenia and the lack of harms associated with this treatment, family therapy should be considered as an addition to antipsychotic medication.

Family therapy compared to standard care in patients with schizophrenia

	Success	Evidence	Harms
Hospital admission	At 12 months, fewer admissions in family therapy group, but this difference was non-significant.	Cochrane review ²	No major harms
Global state improvement	At 12 months, greater improvement in family therapy group, but this difference was non-significant.		
Antipsychotic medication increase	At 3 months, a slight increase in medication in the standard care group, but the difference between groups was non-significant.		

References

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- Okpoko U, Adams CE, Sampson S. Family intervention (brief) for schizophrenia. *Cochrane Database Syst Rev*. 2014(3):CD009802.

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String of PEARLS

Practical Evidence About Real Life Situations

about diabetes

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- Low glycaemic index and low glycaemic load diets effective for diabetes mellitus
- Insufficient evidence for patient education in preventing diabetic foot ulceration
- Some evidence of improvement in glycaemic control with treatment of periodontal disease in people with diabetes mellitus
- Limited evidence for targeting intensive glycaemic control in Type 2 diabetes
- Culturally appropriate health education for Type 2 diabetes is effective in the short term
- Computer-based self-management interventions effective in diabetes
- ACE inhibitors prevent diabetic kidney disease

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