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## CONFERENCE ABSTRACT

### **Suicide attempts in people with severe schizophrenia. Psychosocial and pharmacological integrated community program, case managed vs. standard treatment.**

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### ***Introduction***

Case managed approach (As a model of community intervention in people with severe mental illness) with pharmacological and psychosocial integrated care have been suggested as a way to prevent suicide attempts among people with severe schizophrenia compared with standard treatment.

The objectives of this study were to know the suicide attempts of patients with severe schizophrenia before (standard treatment in mental health units) and during treatment in a comprehensive, integrated, community based, intensive case managed program.

The program for people with severe mental illness in Gijón (Spain) is based on the principles of community care with intensive case management and with a multidisciplinary team intervention. Nurses as case managers and integrated psychological and pharmacological treatment, social skills training, psychoeducation, vocational intervention and home support are provided.

### ***Methods***

Observational, mirror image study of ten years of follow-up and ten retrospective (pretreatment), of patients with severe schizophrenia under treatment in an intensive, integrated, case managed and community based program (N=344). Reasons for Program discharge (including deaths by suicide) and suicide attempts before and during treatment were recorded.

### ***Results***

The retention in the Program was high: only 12.2% of patients were voluntarily discharged (in previous standard treatment 84.3%). After ten years 57.1% continued treatment in the Program; 19.3% were medical discharged; 40 patients died during follow-up (11.4%), five of them by suicide (1.4%).

Suicide attempts decreased significantly: only 26 (7.6%) patients had had some suicide attempt in the Program versus 134 (38.9%) the previous ten years ( $p < 0.0001$ ). The average of attempts fell from 0.3 (0.1) to 0.07 (0.02);  $p < 0.0001$ ).

## ***Discussion***

This study shows the effectiveness (in terms of treatment adherence and suicide attempts) of integrated treatment and intensive case management approach.

Those clear significant differences between previous standard treatment and case managed integrated community program in adherence and suicidal behaviour allows us to consider the program as highly effective compared to standard treatment in mental health units.

## ***Conclusions***

Treatment of patients with severe schizophrenia in a program with a comprehensive, pharmacological and psychosocial integrated treatment, community-based approach and intensive case management methodology, achieved a high reduction of suicide attempts in a population at high risk treatment abandonment and suicidal behaviour.

## ***Lessons learned***

The results support the effectiveness of case management approach in terms of improving adherence and diminishing suicide attempts compared to standard treatment. The widespread implementation of comprehensive community programs, with integrated psychosocial and pharmacological treatment and intensive case management should be considered as the choice for people with schizophrenia with clinical severity and suicide risk.

## ***Limitations***

We have designed an open, non-randomized study under conditions of usual, pragmatic practice. There is therefore no control group and there is no active comparator during the course of this investigation.

All patients are classified as seriously ill at the beginning of the study. Because of this, the results presented here cannot be generalized to populations that are not severely ill.

## ***Suggestions for future research***

Further researches with naturalistic approach and even randomized clinical trials should be made to confirm these findings.