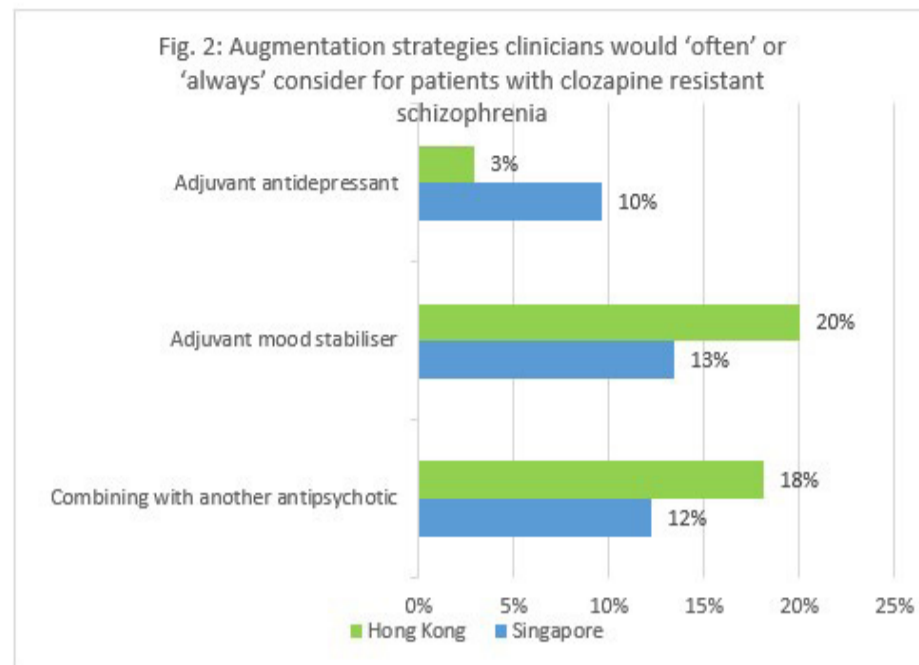
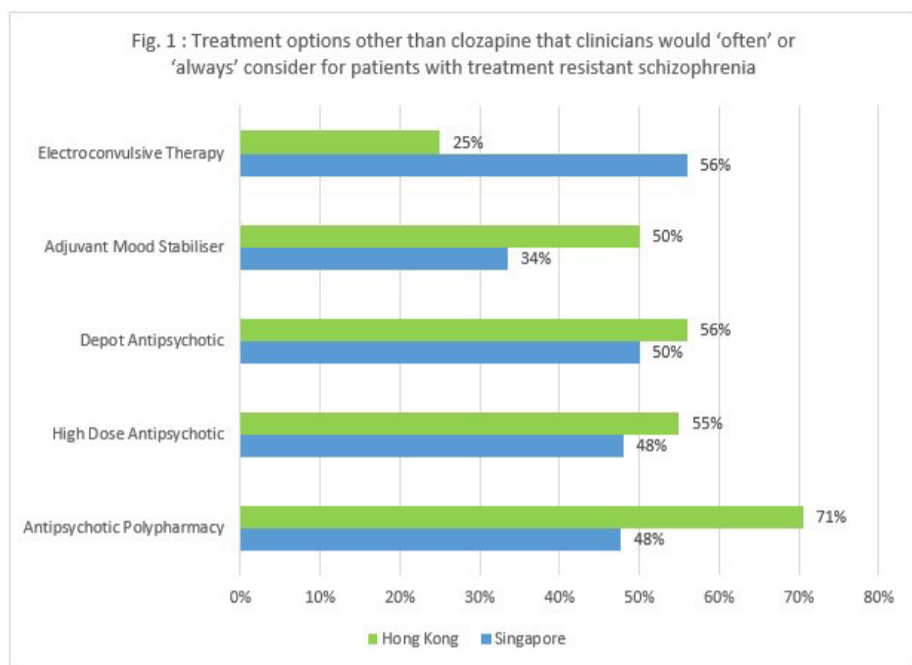


Managing treatment resistance in schizophrenia: A joint study in Hong Kong and Singapore



Approximately 30% of patients with schizophrenia have treatment-resistant schizophrenia (TRS), of which a further 40-70% of patients with TRS respond poorly to clozapine, i.e. clozapine-resistant schizophrenia (CRS). With limited evidence to support treatments beyond clozapine, the management of CRS is a challenge and patients tend to have poorer clinical and functional outcomes. Prompt treatment with clozapine is therefore important as the risk of clozapine resistance increases with the length of clozapine delay.

We surveyed 261 clinicians in psychiatry in Hong Kong and Singapore on their treatment approaches to TRS. Despite being familiar with treatment guidelines, approximately half of the clinicians in both regions delayed the prescription of clozapine when indicated. The barriers to clozapine prescription are complex and include the inconvenience of frequent blood monitoring, concerns about clozapine's tolerability and its medical complications, and health system factors e.g. limited clinic resources and administrative support.

The clinicians' top alternative to clozapine was electroconvulsive treatment (ECT) in Singapore and antipsychotic polypharmacy in Hong Kong (see Figure 1). There is moderate-quality evidence to support the use of ECT in TRS, and some (lower quality) evidence to support the use long-acting injectable antipsychotics, antipsychotic polypharmacy and adjuvant mood stabilisers in TRS. High dose antipsychotics are not recommended due to the limited benefits and concerns over

side effects. The choice of pharmacological augmentation strategy in clozapine resistance is shown in Figure 2. Studies of clozapine augmentation strategies are often based on open-label trials and meta-analysis of trials that are of low quality. Recommendations for management for CRS were made by the TRRIP Working Group on the basis of international expert consensus. More research is needed to guide the use of augmentation strategies and the search for effective treatments beyond clozapine.

Study reference

Zheng S, Chan SKW, Lee J. *Managing treatment resistance in schizophrenia: A joint study in Hong Kong and Singapore.* *Front Psychiatry.* 2022 Oct 20;13:1005373. doi: 10.3389/fpsyt.2022.1005373. PMID: 36339860; PMCID: PMC9631784.

Zheng S, Lee J, Chan SKW. *Utility and Barriers to Clozapine Use: A Joint Study of Clinicians' Attitudes From Singapore and Hong Kong.* *J Clin Psychiatry.* 2022 May 18;83(4):21m14231. doi: 10.4088/JCP.21m14231. PMID: 35584194

Contributed by:

Dr Zheng Shushan

Consultant, Department of Psychosis and East Region
Institute of Mental Health

Therapy Through Work for Young-onset and Early Stage dementia (TTW YES) – Insights from an implementation research study

Getting diagnosed with dementia in one's 50s can be an unexpected life-turning event. Due to the condition's impact on memory, planning, problem-solving, and communication, individuals with young-onset dementia (i.e. dementia that develops before the age of 65) can face involuntary termination of employment. The sudden loss of a part of one's identity, meaningful daytime activity, and everyday social interactions at work can be a blow to one's self-worth and well-being, especially for those still in relatively good physical health and holding multiple roles and responsibilities.

From 2018 to 2021, IMH Research Division collaborated with Apex Harmony Lodge (AHL), the first purpose built lodge for persons with

dementia, to examine factors that influence the implementation of the Therapy Through Work programme for Young-onset or Early Stage Dementia (TTW YES). The TTW YES aimed to provide individuals with the opportunity to work at partnering worksites such as a laundry service, baking studio, and urban farm and offer caregivers respite.

The mixed-methods implementation research project led by a team of researchers at the IMH Research Division adopted the Consolidated Framework for Implementation Research (CFIR) which systematically guided the study and analysis of data from a series of semi-structured interviews with caregivers, employers, and the AHL's staff as well as on-site observations.



Facilitators and Barriers to Implementation

The top 2 facilitators and barriers to the implementation of TTW YES are found in Fig 1. The research found that a major facilitator to the implementation was the gap that the TTW YES filled for this subgroup of clients with dementia. According to caregivers, the hands-on work opportunities were what appealed to them when enrolling their loved ones into the programme. In particular, caregivers shared that their loved ones preferred to participate in interactive work-based activities over sedentary recreational ones as they felt a greater sense of purpose and fulfilment. Employers also played a key role in facilitating the implementation. They chose to partner with AHL because they believed strongly in the value of the programme. Through discussions with the TTW YES programme managers, they made modifications to their workspaces and processes to better support clients as they worked. Employers also shared that although there were initial reservations among some of their workers, these doubts morphed into appreciation and comfort in working side-by-side clients with dementia. They expressed that these gains observed in their workers could not be pegged to any monetary value.

Although TTW YES was well-received by clients and caregivers, the organization persistently faced logistical and operational barriers. Worksites were insufficient in meeting the growing demand for the programme as each worksite could only accommodate a small group at a time. Furthermore, only few companies were willing to come on board the programme due to concerns over disruptions to business operations. In a related manner, transportation costs were high as chartered transport was required to ferry a small group to and from worksites.

Implications for Future Programmes

Findings from this study provided useful insights to enhance programme sustainability and guide future work-based programmes for individuals with young-onset or early stage dementia.

By studying how the programme was conducted in a real-world setting, practical barriers and facilitators to programme delivery were identified, which points to the importance of such applied research for newly implemented interventions.

Contributed by:

Ms Tan Yoke Boon and **Ms Shazana Shahwan**

Research Division

Institute of Mental Health

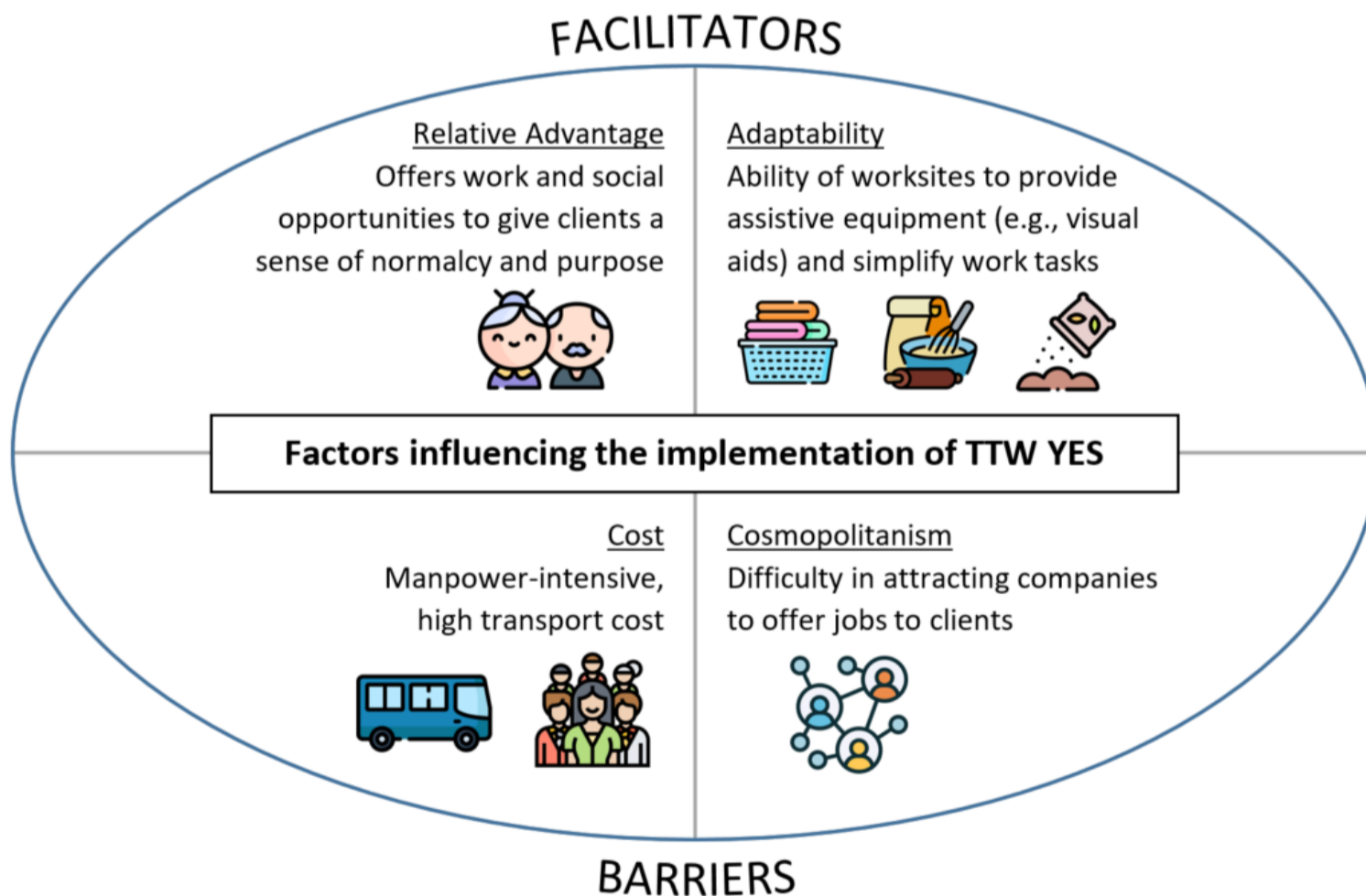


Fig 1. Top 2 facilitators and barriers to the implementation of TTW YES.
Credit: Icons taken from www.flaticon.com.

