

A comparison study of psychiatrists and psychiatrist nurse practitioners in managing care patients with schizophrenia

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Background

Schizophrenia, a condition marked by impairments in cognitive and social functioning, manifests early in adulthood and is associated with severe impairment as well as increased suicide risk. With the continued emergence of nurse practitioners (NPs) in psychiatric practice, identifying and understanding differences in management decisions for patients with schizophrenia is very important for developing effective continuing education for both psychiatrists and psychiatric NPs.

This study was conducted to identify current practice patterns of both providers in managing patients with schizophrenia, specifically addressing the following clinical areas:

- Perceptions of schizophrenia patient management
- Management at diagnosis
- Management of a patient's progressive disease
- Management of a patient's negative symptoms
- Use of cognitive behavioral therapy (CBT)

Methods

A survey was developed to elicit information from US psychiatrists and nurse practitioners (NPs) in psychiatric practices regarding their management decisions for patients with schizophrenia. The survey included treatment selection questions for varying patient presentations in case vignettes and perception questions regarding management of patients with schizophrenia. The survey items used a 10-point Likert scale to assess perceptions of management of patients with schizophrenia. Prior to distribution, the surveys were pilot tested with community-based psychiatrists to ensure clarity of content. The surveys were distributed electronically in December 2010; 156 psychiatrist and 103 NP responses were collected and analyzed. Data were collected and analyzed with PASW Statistics 18 (SPSS; Chicago, Illinois).

Table 1: Respondent demographics

	Psychiatrists (n = 156)	Psych NPs (n = 103)
Practice setting		
Solo practice	37%	11%
Group practice	25%	41%
Community health clinic	6%	23%
Non-government hospital	6%	8%
Government	6%	1%
Patients seen per week, mean	93	57
Patients seen per week with schizophrenia, mean	20	13
Years since graduation, mean	27	12

Results

Figure 1: Expected goals when managing a patient's positive and negative symptoms

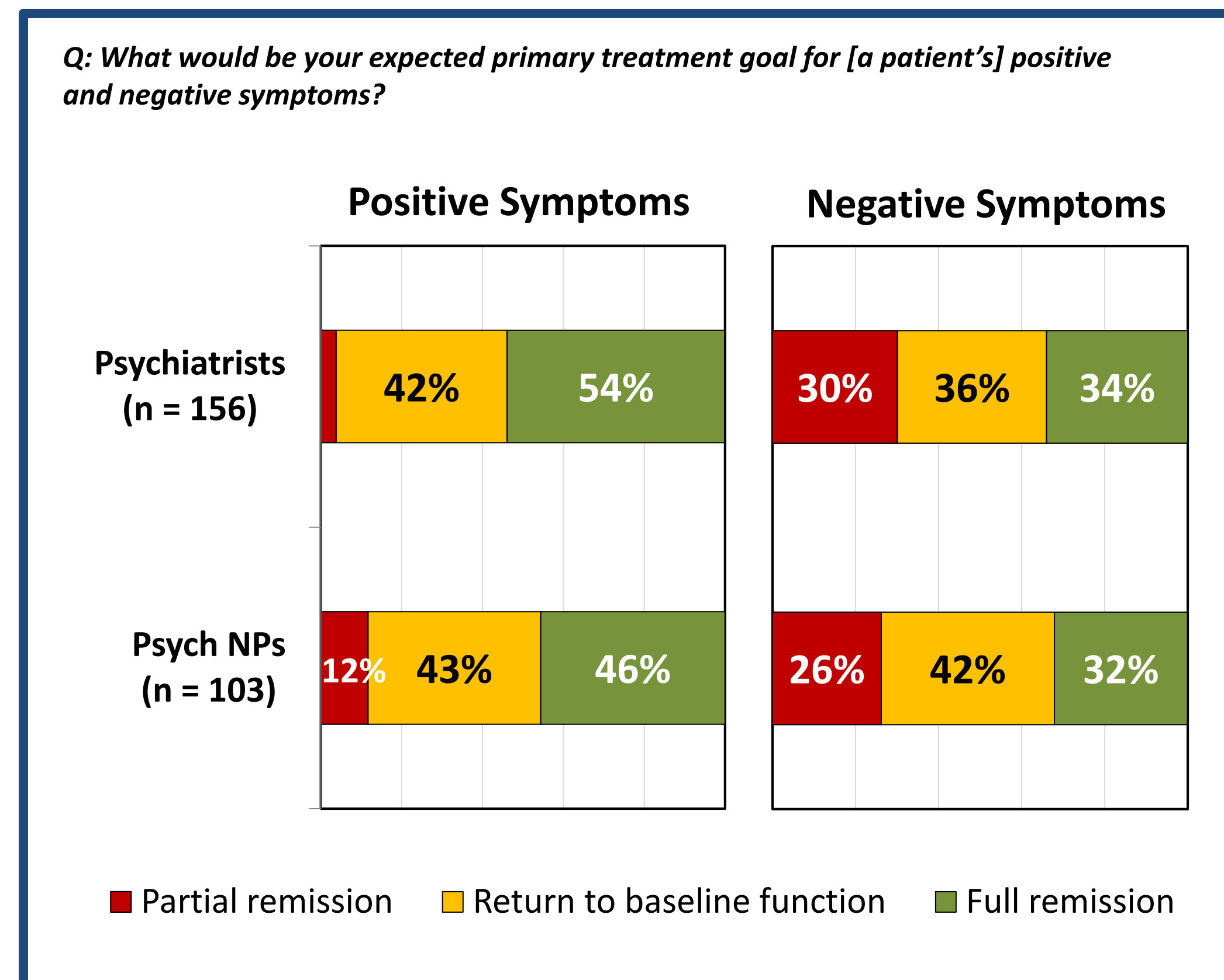


Figure 2: Managing a patient's progressive negative symptoms

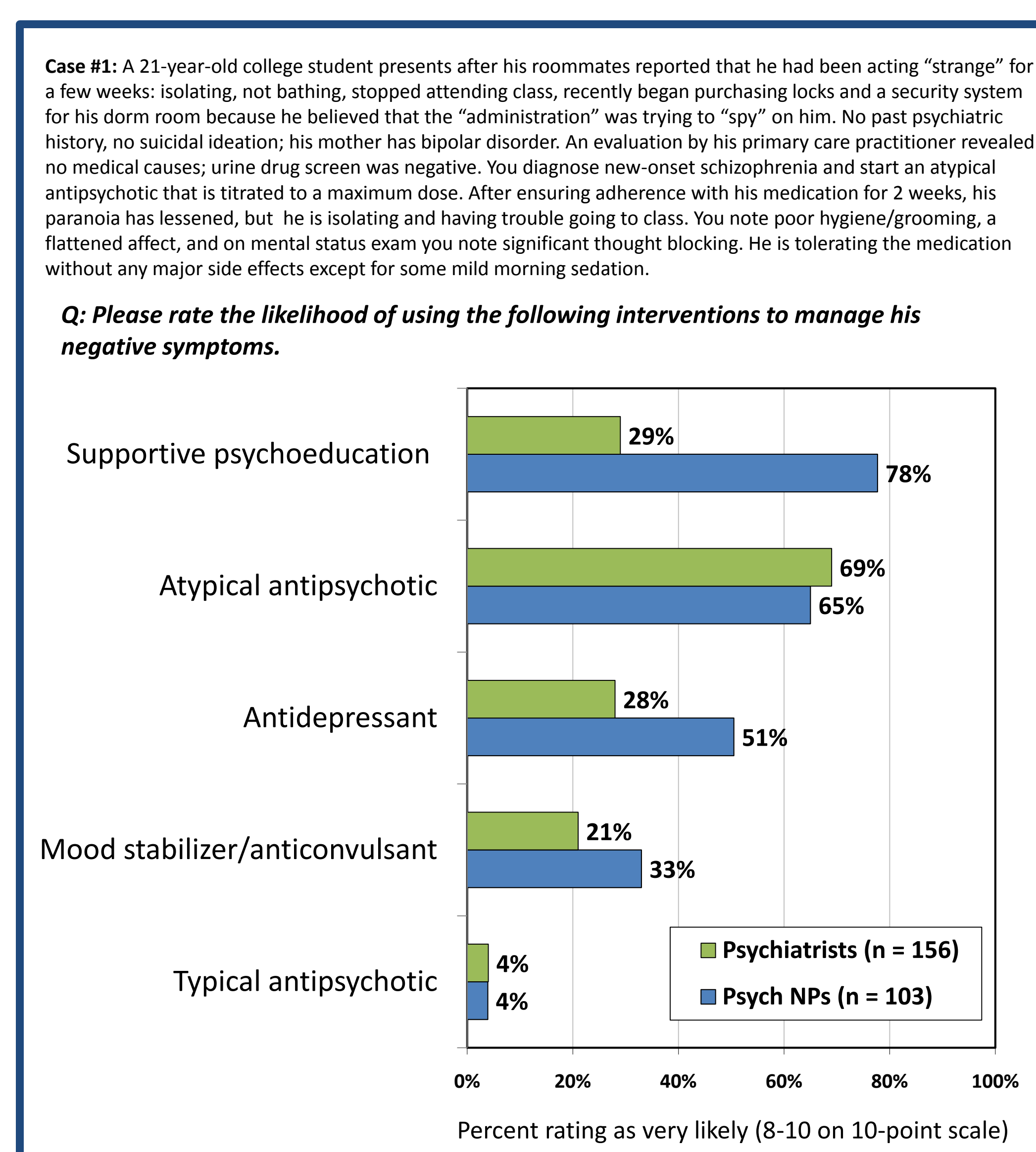


Figure 3: Altering regimen for a patient on maximal dose atypical antipsychotic with worsening negative symptoms

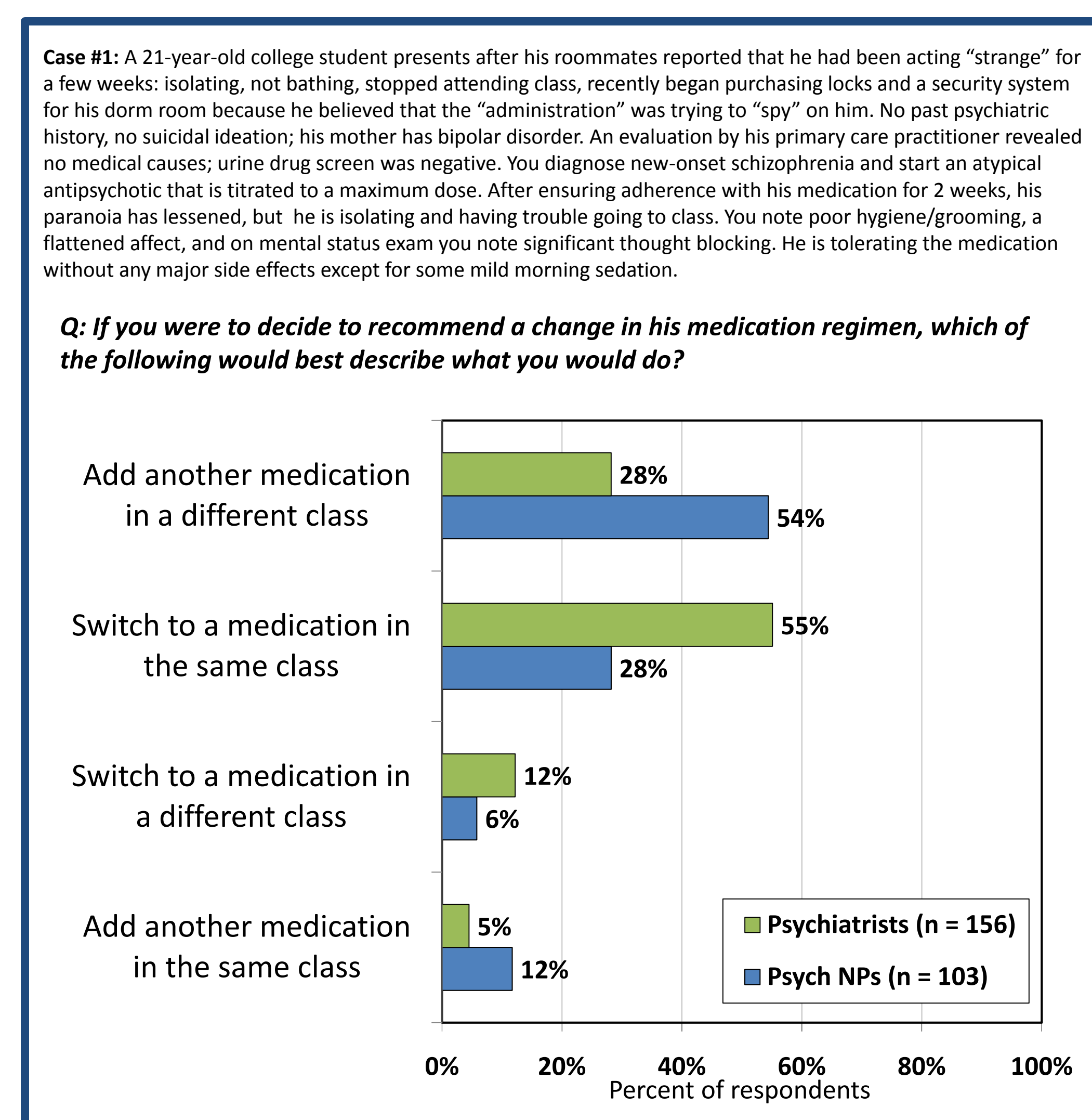
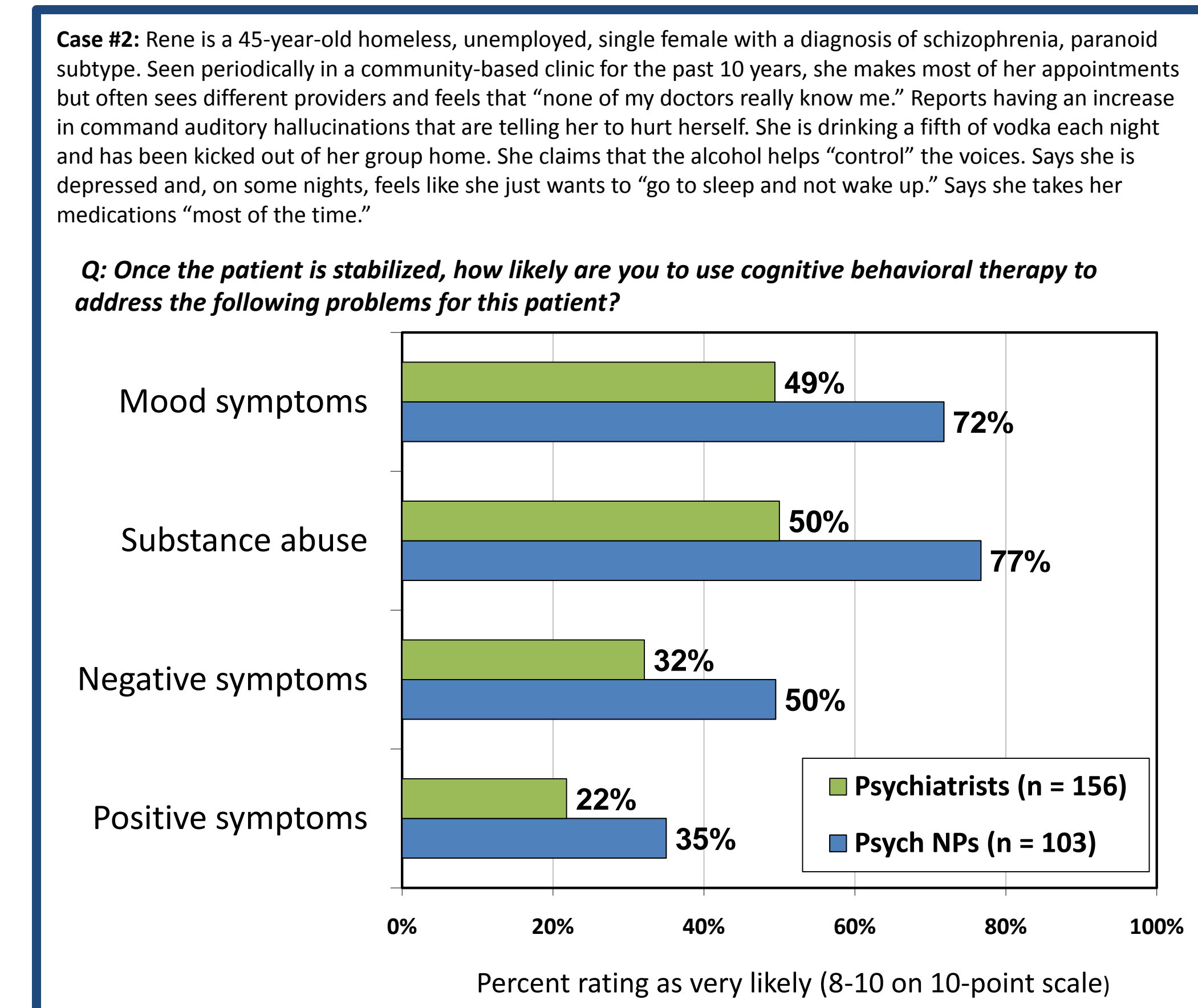


Figure 4: Likelihood of including CBT to address aspects of middle aged woman with schizophrenia



Conclusions

This study identified several clinical aspects of management of patients with schizophrenia where a lack of agreement exists within and between psychiatrists and psychiatric NPs:

- Approach to management of negative symptoms
- Modifying therapy for progressive negative symptoms
- Lower use of CBT among psychiatrists

Both psychiatrists and psychiatric NPs have lower outcome expectancies for managing negative symptoms than managing positive symptoms of schizophrenic patients.

Educational Implications

Given this lack of agreement and less than positive outlook for improving negative symptoms associated with schizophrenia, reviews of the latest evidence in management would be beneficial for all psychiatric healthcare providers. Addressing the role and uses of CBT in management of patients with schizophrenia should be considered for education targeting psychiatrists. Management of a patient's negative symptoms related to schizophrenia has been demonstrated to be a notable issue in patient care. Education designed to address these issues is warranted and could prove beneficial to improving patient outcomes.

References

1. Buckley PF. Update on the treatment and management of schizophrenia and bipolar disorder. CNS Spectr. 2008 Feb; 13(2 Suppl 1):1-10.

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