

## Review Article

# Complementary Treatment in Schizophrenia Patients in Turkey

Aysel A Özdemir<sup>1</sup>, Abdurrezzak Gültekin<sup>1</sup> and Funda Budak<sup>2\*</sup>

<sup>1</sup>Assistant of Psychiatry Nursing, Inonu University, Malatya, Turkey

<sup>2</sup>Assistant Professor of Psychiatry Nursing, Inonu University, Malatya, Turkey

\*Corresponding author: Funda Budak, Assistant Professor of Psychiatry Nursing, Inonu University, Malatya, Turkey

Received: May 30, 2017; Accepted: June 23, 2017;

Published: June 30, 2017

## Introduction

Schizophrenia is one of the most important mental health problems in the world. It is thought that 2 million schizophrenia cases are observed every year in the world and it is thought that schizophrenia affects more than 21 million people [1]. While the frequency of schizophrenia was 0.85% in Europe and Asia, the frequency of life-long incidence in Turkey was 0.89% [2].

Although schizophrenia is serious and important because of the symptoms and accompanying symptoms of the disease, it is now considered a disorder that can be treated well. It was noted that the healing rates varied between 10% and 60%, and that approximately 20-30% of all patients were able to maintain normal life [3,4].

Somatic techniques such as Electroconvulsive Therapy (ECT) are usually used in cases of schizophrenia, in addition to the use of antipsychotic medication, or in cases where medication is not available or does not respond to medication in Turkey. However, the success of treatment is thought to be limited when the adoption of a holistic approach that focuses on both organic and psychosocial components is beneficial and where drug treatment is not adequately supported by mental-social treatment programs [1,5-8]. In the treatment of schizophrenia, organic therapy (Eg, Typical and atypical antipsychotic) somatic therapy (Eg, ECT), psychological treatments (Eg, individual psychotherapy, group therapy, behavior therapy, social skills training), social treatments (Eg, family therapy, community therapy) and in addition complementary therapies (Eg, Music therapy, yoga, occupational therapy and art therapy) are frequently used in Turkey [5,9]. With the use of antipsychotic medications, the symptoms of the disease are removed from a significant extent, and antipsychotic treatment is effective at all stages of the disease (onset, exacerbation and preventive treatment) [10]. However, despite regular drug use, recurrence occurs in 25% within two years and 40-60% within 5 years. As the number of attacks increases, the likelihood of chronicity of the disease increases. Therefore, the goal in treatment should not only be to alleviate the symptoms, but to prevent the destructive effects of the disease and to increase the patient's social cohesion [5]. ECT is an effective and safe treatment in patients with schizophrenia, particularly in the first acute attack, catatonia and

## Abstract

The purpose of this review is to provide information about complementary treatment in schizophrenia in Turkey. This includes factors treatments, psychotherapies, complementary treatments in patients with schizophrenia.

**Keywords:** Complementary Treatment; Schizophrenia; Patients

suicidal behavior and limited response to drug treatment [11-15].

Individual psychotherapy is mainly aimed, at reducing anxiety and increasing confidence in all cases of schizophrenia patients [16]. Group therapy is an intensively stimulating treatment modality that is particularly effective in remotely monitored schizophrenia when it is combined with drug therapy [17]. In schizophrenia patients cognitive-behavioral therapy is aimed at reducing the frequency of strange and disturbing behaviors and increasing the frequency of appropriate behaviors [18,19]. In generally, cognitive-behavioral therapy has been used both group and individual psychotherapies [20-22].

Social dysfunction is one of the distinctive features of schizophrenia, and nowadays great emphasis is placed on increasing the social skills of these patients. The basic assumption of social skills education is that complex inter-personal skills meet seamlessly with simple behaviors including nonverbal behaviors, semi-verbal behaviors, verbal content and interaction balance [23]. It has been determined that there is an increase in the functional levels of schizophrenia patients after awareness-based psychosocial skills education in Yilmaz and Okanlı schizophrenic patients [24] according to another study, the social skills given to schizophrenic patients by Uzdil and Tanrıverdi have found an increase in social functioning after education in Turkey [25]. In a study conducted in the USA, it has been shown that 12 sessions of social cognitive skills training is beneficial schizophrenic patients [26]. In a study conducted in Mexico, comparing training in schizophrenia patients, who were given social skills and who were not given social skills training, it was found significant improvement in disease findings and general functioning in the mental social skills training group [27].

Schizophrenia is not just an individual problem, but an entire family. Family intervention programs are increasingly important to support the schizophrenia family system, to prevent or delay relapses, and to help the patient maintain his or her life in the community [28]. Family therapy has been shown to have a positive effect on the outcome of schizophrenia [29,30].

Schizophrenia is an important social mental health problem that affects not only the individual but also the family and society.

In the past, only antipsychotics were used in the treatment of schizophrenia. Today, it is known that only drug use decreases the positive indications and negative symptoms often remain the same. For this reason, spiritual social initiatives are often used additionally in correct treatment [31]. In Turkey, community care services are carried out by Community Mental Health Centers (TRSM) to increase the quality of life of schizophrenic individuals, facilitate coordination, improve communication and problem solving skills, reduce hospital admissions and care costs [9]. According to results of a study with schizophrenic patients registered with TRSM in Turkey, it was determined that psychotic symptom severity decreased significantly for TRSM patients who had been regularly visiting for 6 months [5]. According to the results of the study carried out with another schizophrenic individual in TRSM, the service provided in TRSM significantly increased the quality of life, general and social functioning [9]. According to the results of social skills training, which were given by Söğütü to 18 patients with schizophrenia registered with TRSM, schizophrenia patients showed a significant improvement in psychopathology, depression levels, internal consistency, drug compliance, quality of life and functionalities [7].

In Turkey, also there are Protected Houses serving after discharge from hospital to increase the adaptation of patients with schizophrenia, to reduce the burden on patients and society, and to reduce stigmatization. In studies conducted by Kavak and Ekinci to investigate the life quality and functionalities of schizophrenic patients, schizophrenic patients living in protected homes have higher life qualities and functionalities than those living in hospitals and houses [31].

The purpose of this review is to provide information about complementary treatment in schizophrenia in Turkey.

## Complementary Treatments in Schizophrenia in Turkey

### Occupational therapy

Therapeutic approaches and practices are increasingly important to increase the personal and social functioning of patients with schizophrenia. Clinical occupational therapy is an intervention that creates a social environment for daily use of the patient's learning and competence, where the individual is involved in social work within the daily routine [32].

In a study conducted in Israel, one year of occupational therapy and cognitive therapy to patients with schizophrenia, and the memory and thought processes of schizophrenic individuals were observed to improve [33]. According to the results of the study performed by Çakmak and his colleagues was applied with the schizophrenic patient's occupational therapy the therapy for 3 months, a significant improvement was observed in the individual and social performance of patients with schizophrenia participating in occupational therapy [32]. It has been claimed by Cook and colleagues that a study of the efficacy of occupational therapies in the psychotic group may contribute to healing [34]. Studies conducted by Buchain and colleagues patients with schizophrenia reported that occupational therapy improves executive functioning in addition to routine treatment [35].

### Music therapy

The use of musical therapy, which is as old as human history, in mental illnesses continues to exist today [36]. Music therapy is a therapeutic method that uses music interaction as a means of communication and expression [37]. Turkish history extends to the Seljuks with mental illnesses with sound of water and music therapy. Some authorities in Turkish musicology have classified mental illnesses according to their application times and their effectiveness. These authorities are; " Rehab, zirgle, saba, irak, buselik, neva, zirefgent and büzürk [36]. Music therapy is used to improve the cognitive and social functioning, to improve interpersonal skills, and to change behavior [37,38].

Studies with schizophrenic patients show that music therapy has improved recovery from negative symptoms such as blunt affect, speech disorders, anhedonia, increased speech ability and external events, decreased depression and social isolation, and therefore the success of treatment is higher than standardized treatments alone [39,40]. According to the results of the study performed by Kavak and Ekinci have shown that music therapy is effective in reducing psychological symptoms and depression in schizophrenia patients [8]. In a study of the background music played in the background in chronic schizophrenic patients, it was found that the background music played on the background increased the attention performance of the patients significantly [41].

### Art therapy

Psychopathological sanctuary is a complementary treatment method that is used to estimate the progress of diagnosis, treatment and disease, not as a means of engaging or hobbies in art activities. It enables to follow up the formation of the disease with the products made by the patient step by step and to treat the disease through these expressions and products, reflecting the unconscious and subconscious confusion and conflicts as graphic and plastic expressions with spontaneous images. In other words, art therapy is a mirror method that finds herself and behaviors in the patient [42].

In art therapists, it is up to the patients themselves to decide what to do and how to do it themselves. Thus, they not only realize their active involvement in the treatment process, but also realize that what they do is acceptable and that they can communicate with the healthcare personnel. All this helps to improve the individual's insight, awareness and communication skills in repairing the self-worth damage [43]. Studies show that the use of schizophrenia art therapy increases cognitive perceptions of patients, body images, interpersonal communication, social competence and quality of life [44,45]. 48 weeks of art therapy by Hong-Zhong and his colleagues in schizophrenia, the experimental group showed anxiety, depression, anger, and negative psychiatric symptoms; it has been reported that following the 16-week session, compliance with rules, socialization with peers and regular sleep began [46].

### Yoga

Yoga is an ancient Hindu practice documented in therapeutic efficacy that provides relief of the body, emotions and mind. It allows man to be interwoven with nature and the universe, body and soul are purified from negativity and help to fill with positive thoughts. Breathing techniques applied to yoga help to stretch and revive, while

body exercises help to get physical fatigue and discomfort [47]. As all of these effects are due to yoga all over the world, schizophrenia is used as complementary treatment in Turkey and positive results are obtained [48].

In a study conducted by Visceglia and Lewis in 18 schizophrenic patients for 8 weeks, the study found that yoga practice positively improved functional recovery in schizophrenic patients [49]. Paikkat and Singh found that yoga practice in 28 schizophrenic patients affects positively the level of functional improvement by increasing personal hygiene and daily living activities in schizophrenic patients [50]. Similarly, Jayaram and colleagues found that 43 schizophrenic patients had an improvement in their level of social functioning compared to the group not practiced in the yoga group [51]. Manjunath and Varambally found that 88 schizophrenic patients Yoga practice has been found to increase the ability to cope with illness and to cope with the side effects of treatment, and to reduce negative symptoms such as positive change in thought and behavior, withdrawal from society, and decrease in willing actions [52]. According to the results of the study performed by Kavak and Ekinici, it was concluded that the practice of yoga was important in increasing the level of functional recovery in schizophrenic patients in Turkey [53].

## Conclusion

In patients with schizophrenia in addition to medication use, complementary treatment methods can be effective on its own due to both socioeconomic burden and side effects (Hong-Zhong, 2016). Treatments supplemented with complementary treatment methods give better results. In conclusion, it can be said that researching the effectiveness of complementary treatments in addition to treatment programs for schizophrenia will lead to clearer results in the treatment of schizophrenia as well as a reduction in social and global burden by spreading these services in Turkey and the world.

## References

- Kocal Y, Karakuş G, Sert D. Schizophrenia: etiology, clinical features and treatment. *Archives Medical Review Journal*. 2017; 26: 251-267.
- Binbay T, Ulas H, Elbi H, Alptekin K. Türkiye'de psikoz epidemiyolojisi: yaygınlık tahminleri ve başvuru oranları üzerine sistematik bir gözden geçirme. *Türk Psikiyatri Dergisi*. 2011; 22: 40-52.
- Lloyd H, Lloyd J, Fitzpatrick R, Peters M. The role of life context and self-defined well-being in the outcomes that matter to people with a diagnosis of schizophrenia. *Health Expectations*. 2017; 1-12.
- Ridgewell C, Blackford JU, McHugo M, Heckers S. Personality traits predicting quality of life and overall functioning in schizophrenia. *Schizophrenia Research*. 2017; 182: 19-23.
- Gül UE, Can DÖ, Şahin EHK, Şahin Ş, Şimşek E. The evaluation of the schizophrenia patients in Kirikkale community mental health center. *KÜ Tıp Fak Derg*. 2014; 16: 15-19.
- Özkan B, Eskiuyurt R. Effectiveness of telepsychiatry interventions for families of patients with schizophrenia. *Current Approaches In Psychiatry*. 2016; 8: 228-243.
- Söğütü L, Özen Ş, Varlık C, Güler A. Toplum ruh sağlığı merkezinde şizofreni hastalarına ruhsal toplumsal beceri eğitimi uygulanması ve sonuçları. *Anatolian Journal of Psychiatry*. 2017; 18: 121-128.
- Kavak F, Ünal S, Yılmaz E. Effects of relaxation exercises and music therapy on the psychological symptoms and depression levels of patients with schizophrenia. *Archives of Psychiatric Nursing*. 2016; 30: 508-551.
- Ensari H, Gültekin BK, Karaman D, Koç A, Beşkardeş AF. The effects of the service of community mental health center on the patients with schizophrenia - evaluation of quality of life, disabilities, general and social functioning- a summary of one year follow-up. *Anatolian Journal of Psychiatry*. 2013; 14: 108-114.
- Zhang ZJ, Chen YC, Wang HH, Xue YY, Feng SF. Electroconvulsive therapy improves antipsychotic and somnographic responses in adolescents with first episode psychosis- a case kontrol study. *Schizophrenia Research*. 2012; 137: 97-103.
- Tomruk NB, Oral T. Clinical use of electroconvulsive therapy: a review. *Anatolian Journal of Psychiatry*. 2007; 8: 302-309.
- Hızlısayar G, Özten E, Eryılmaz G, Göğçeğöz I, Ceylan ME. Electroconvulsive therapy: a current review. *Current Approaches in Psychiatry*. 2014; 6: 107-125.
- Puthane VH, Thirtalli J, Kesavan M, Kumar NC, Gangadhar BN. Why do we prescribe ECT to schizophrenia patients? *Indian J Psychiatry*. 2011; 53: 149-151.
- Zervas IM, Theleritis C, Soldatos CR. Using ECT in schizophrenia spectrum disorders. *World J Biol Psychiatry*. 2012; 13: 96-105.
- Sommer IE, Slotama CW, Daskalakis ZJ, Derks EM, Blom JD, Gaag M. The treatment of hallucinations in schizophrenia spectrum disorders. *Schizoph Bull*. 2012; 38: 704-714.
- Hamm JA, Firmin RL. Disorganization and individual psychotherapy for schizophrenia: a case report of metacognitive reflection and insight therapy. *Journal of contemporary psychotherapy*. 2016; 46: 227-234.
- Schaub A, Mueser KT, Werder T, Engel R, Möller HJ, Falkai P. A randomized controlled trial of group coping-oriented therapy vs supportive therapy in schizophrenia: results of a 2-year follow-up. *Schizophr Bull*. 2016; 42: 71-80.
- Naaem F, Kingdon D. Brief cognitive behavior therapy for psychosis. *Brief Interventions for Psychosis*. 2016; 27-39.
- O'Driscoll C, Mason O, Brady F, Smith B, Steel C. Process analysis of trauma-focused cognitive behavioural therapy for individuals with schizophrenia. *Psychology and Psychotherapy: Theory, Research and Practice*. 2016; 89: 117-132.
- Wykes T, Hayward P, Thomas N, Green N, Surguladze S, Fannon D, et al. What are the effects of group cognitive behavioral therapy for voices? A randomised controlled trial. *Schizophr Res*. 2005; 77: 201-210.
- Gumley A, Karatzias A, Power K, Reilly J, McNay L, O'Grady M. Early intervention for relapse in schizophrenia: Impact of cognitive behavioural therapy on negative beliefs about psychosis and self-esteem. *Br J Clin Psychol*. 2006; 45: 247-260.
- Samarasekera N, Kingdon D, Siddle R, O'Carroll M, Scott JL, Sensky T, et al. Befriending patients with medication-resistant schizophrenia: Can psychotic symptoms predict treatment response? *Psychology and Psychotherapy: Theory, Research and Practice*. 2007; 80: 97-106.
- Malky MIE, Attia MM, Alam FH. The effectiveness of social skill training on depressive symptoms self-esteem and interpersonal difficulties among Schizophrenic patients. *International Journal of Advanced Nursing Studies*. 2016; 5: 43-50.
- Yılmaz E, Okanlı A. Test of mindfulness-based psychosocial skills training to improve insight and functional recovery in schizophrenia. *West J Nurs Res*. 2017.
- Uzdil N, Tanrıverdi D. Effect of psychosocial skills training on functional remission of patients with schizophrenia. *West J Nurs Res*. 2014; 37: 1142-1159.
- Horan WP, Kern RS, Shokat-Fadai K, Sergi MJ, WynnJK, Green MF. Social cognitive skills training in schizophrenia: an initial efficacy study of stabilized outpatients. *Schizophr Res*. 2009; 107: 47-54.
- Valencia M, Rascon ML, Juarez F, Murow E. A psychosocial skills training approach in Mexican out-patients with schizophrenia. *Psychol Med*. 2007; 37: 1393-1402.
- Das B, Borbora SA. A case report of schizophrenia with severe disability:

- the eclectic family therapy approach. *Open Journal of Psychiatry & Allied Sciences*. 2017; 8: 91-98.
29. Asmal L, Mall S, Emsley R, Chiliza B, Swartz L. Towards a treatment model for family therapy for schizophrenia in an urban African setting: Results from a qualitative study. *Int J Soc Psychiatry*. 2014; 60: 315-320.
30. Caqueo-Úrizar A, Rus-Calafell M, Urzúa A, Escudero J, Gutiérrez-Maldonado J. The role of family therapy in the management of schizophrenia: challenges and solutions. *Neuropsychiatr Dis Treat*. 2015; 11: 145-151.
31. Kavak F, Ekinci M. Kendi evlerinde yaşayan ve korumalı evlerde yaşayan şizofreni hastalarının yaşam niteliklerinin ve işlevsel iyileşme düzeylerinin karşılaştırılması. *Gümüşhane University Journal of Health Sciences*. 2014; 3: 588-598.
32. Çakmak S, Süt H, Öztürk S, Tamam L, Bal U. The effects of occupational therapy and psychosocial interventions on interpersonal functioning and personal and social performance levels of corresponding patients. *Arch Neuropsychiatry*. 2016; 53: 234-240.
33. Hadas-Lidor N, Katz N, Tyano S, Weizman A. Effectiveness of dynamic cognitive intervention in rehabilitation of clients with schizophrenia. *Clin Rehabil*. 2001; 15: 349-359.
34. Cook S, Chambers E, Coleman JH. Occupational therapy for people with psychotic conditions in community settings: a pilot randomized controlled trial. *Clin Rehabil*. 2009; 23: 40-52.
35. Buchain PC, Vizzotto Barbosa AD, Neto JH, Elkis H. Randomized controlled trial of occupational therapy in patients with treatment-resistant schizophrenia. *Rev Bras Psiquiatr*. 2003; 25: 26-30.
36. Birkan ZI. Music therapy, its historical development and applications. *Ankara Akupunktur ve Tamamlayıcı Tıp Dergisi*. 2014; 1: 37-49.
37. Mössler K, Chen XJ, Hoidal TO, Gold C. Music therapy for people with schizophrenia and schizophrenia-like disorders. *Cochrane Database of Systematic Reviews*. 2011; 12: 1-58.
38. Talwar N, Crawford MJ, Maratos A, Nur U, Mcdermott O, Procter S. Music therapy for in-patients with schizophrenia exploratory randomised controlled trial. *The British Journal of Psychiatry*. 2006; 189: 405-409.
39. Lua SF, Kao Lob CH, Sung HC, Hsiehb TC, Yue SC, Changa SC. Effects of group music intervention on psychiatric symptoms and depression in patient with schizophrenia. *Complementary Therapies in Medicine*. 2013; 21: 682-688.
40. Kwon M, Gang M, Oh K. Effect of the group music therapy on brain wave, behavior, and cognitive function among patients with chronic schizophrenia. *Asian Nursing Research*. 2013; 7: 168-174.
41. YN Shih, CS Chen, HY Chiang, CH Liu. Influence of background music on work attention in clients with chronic schizophrenia. *Work*. 2015; 51: 153-158.
42. Utaş Akhan L. Psychopathological art and the use of art in psychiatric treatment. *Journal of Higher Education and Science*. 2012; 2: 132-135.
43. Aydın B. Medical art therapy. *Current Approaches in Psychiatry*. 2012; 4: 69-83.
44. Hanevik, H, Hestad K, Lien L, Teglbaerg H, Danbolt L. Expressive arttherapy for psychosis: A multiple case study. *The Arts in Psychotherapy*. 2013; 40: 312-321.
45. Greenwood H. What aspects of an art therapy group aid recovery for people diagnosed with psychosis? *Art Ther Online*. 2012; 1: 1-32.
46. Qiu HZ, Ye ZJ, Liang MZ, Huang YQ, Liu W, Lu ZD. Effect of an art brut therapy program called go beyond the schizophrenia (GBTS) on prison inmates with schizophrenia in mainland China-A randomized, longitudinal, and controlled trial. *Clin Psychol Psychother*. 2017; 1-10.
47. Broderick J, Crumlish N, Vancampfort D. Yoga as part of a package of care versus standard care for schizophrenia. *Cochrane Database of Systematic Reviews*. 2016; 4: 1-16.
48. Cabral P, Meyer HB, Ames D. Effectiveness of yoga therapy as a complementary treatment for major psychiatric disorders: A meta-analysis. *Prim Care Companion CNS Disord*. 2011; 13: 10-12.
49. Visceglia E, Lewis S. Yoga therapy as an adjunctive treatment for schizophrenia: A randomized, controlled pilot study. *The Journal of Alternative and Complementary Medicine*. 2011; 17: 601-607.
50. Paikkatt B, Singh AR. Efficacy of yoga therapy on subjective well-being and basic living skills of patients having chronic schizophrenia. *Industrial Psychiatry Journal*. 2012; 21: 109-114.
51. Jayaram N, Varambally S, Behere RV, Venkatasubramanian G, Arasappa R, Christopher R, et al. Effect of yoga therapy on plasma oxytocin and facial emotion recognition deficits in patients of schizophrenia. *Indian Journal of Psychiatry*. 2013; 55: 10-12.
52. Manjunath RB, Varambally S, Thirthalli J, Basavaraddi IV, Gangadhar BN. Efficacy of yoga as an add-on treatment for in-patients with functional psychotic disorder. *Indian Journal of Psychiatry*. 2013; 55: S374-S378.
53. Kavak F, Ekinci M. The effect of yoga on functional recovery level in schizophrenic patients. *Archives of Psychiatric Nursing*. 2016; 30: 761-767.