

ABOUT

Umbrella term for diagnoses like schizophrenia, schizoaffective disorder, delusional disorder, schizophreniform disorder...

3 types of symptoms

- ⊕ Positive: e.g. hallucinations, delusions, disorganised thinking, speech or behaviour
- ⊖ Negative, e.g. loss of motivation and emotional expression, reduced sense of pleasure, reduced motivation for social connection
- ⚙ Cognitive, e.g. impairment of memory, attention, learning, reasoning

Onset: typically late adolescence/early adulthood

Heterogeneous course but often chronic/recurrent with persistent symptoms and substantial long-term consequences.

Causes: multifactorial, with a dynamic interaction of genetic vulnerability, environmental exposures, neurodevelopmental factors, early psychosocial trauma; and sometimes substance use/abuse, or other medical conditions.

Diagnosis: clinical (no reliable tests)

Treatment is symptomatic, not disease-modifying

💊 Medication (antipsychotics) mainly improve positive symptoms. Individual response and tolerability vary but overall significant side-effects.

🧠 Psychosocial interventions to improve functioning

EPIDEMIOLOGY

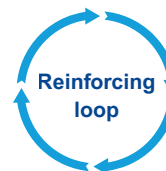
12 month prevalence

- Schizophrenia: about 4 in 1000 pop.; slightly higher in men
- No precise estimates for other types



EQUITY

socio-economic challenges*
=> higher risk, severity and burden of disease



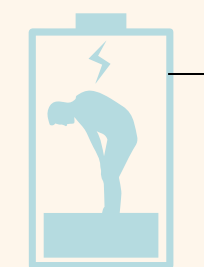
psychotic disorders => increased risk of socioeconomic deprivation

*poverty, disadvantaged environment, migration, isolation/exclusion...

x30 Prevalence of psychotic disorders among homeless/marginalised persons

IMPACT OF DISEASE

PHYSICAL SYMPTOMS



90% Fatigue/exhaustion

→ increased risk of psychotic episodes

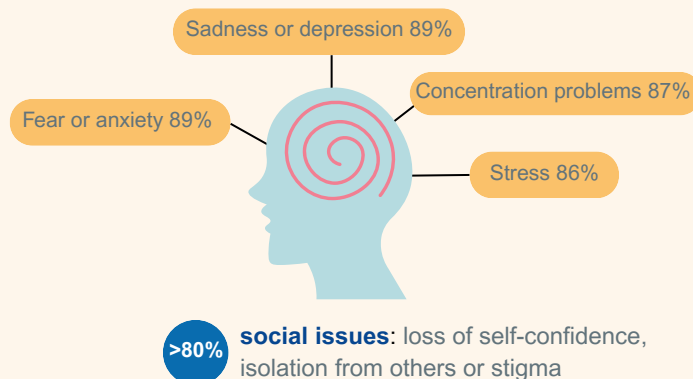
IMPACT ON DAILY LIFE AND QUALITY OF LIFE

Patients with a psychotic disorder experience substantial deterioration of QoL after disease onset

Issues with...	before	vs	after onset
Mobility	5%	→	19%
Self-care	5%	→	16%
Usual activities	32%	→	53%

Fatigue, cognitive difficulties, disorganisation and dissociation can make activities (e.g. driving) more stressful and, at times, unsafe

PSYCHOLOGICAL SYMPTOMS



Positive symptoms: disorganised thoughts or behaviours, intrusive thoughts, hallucinations, feeling of external control

>60%

LOSS OF LIFE EXPECTANCY

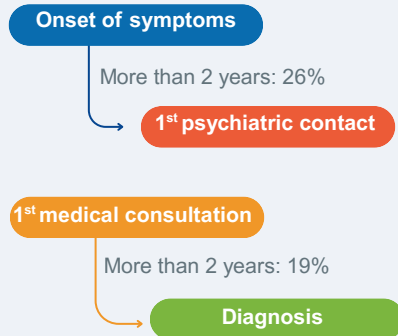


👉 Comorbidities or reduced physical health

EXPERIENCES WITH HEALTHCARE SERVICES

DIAGNOSTIC TIMING

It is known that early diagnosis and specialised interventions lead to better engagement with care, clinical outcomes, functional outcomes



- ! Lack of disease awareness
- ! First symptoms are often subtle

TREATMENT

Medication is **moderately effective** overall, with low effectiveness in specific groups (e.g. treatment resistance, comorbidities, adolescents and older adults, substance use, socioeconomic vulnerability).

Burdensome side-effects



Patients also report **comorbidities** linked to the medication (e.g. metabolic or cardiovascular diseases, issues with bones, joints or muscles...)

Side-effects have a heavy impact on functioning and well-being

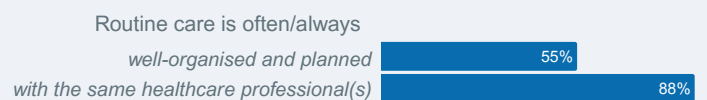
INVOLVEMENT IN CARE



Respondents also reported:

- Receiving limited explanations about disorder, treatment rationale, side-effects and long-term expectations, particularly in the early stages of the disorder.
- Often not retaining or accepting information during acute crises.
- Experiencing acute interventions as traumatising or dehumanising.

COORDINATION AND CONTINUITY OF CARE



- ! Lack of coordination of care when transitioning between settings and professionals
- Burden of navigating care frequently rests on patients' shoulders, even at very vulnerable times

ACCESSIBILITY

35% did not receive care over the past 12 months when they felt they needed it because of...



SOCIAL ASPECTS

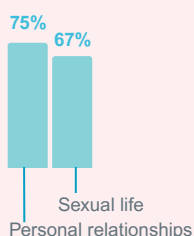
SOCIAL SUPPORT

Lack of...



PERSONAL RELATIONSHIPS

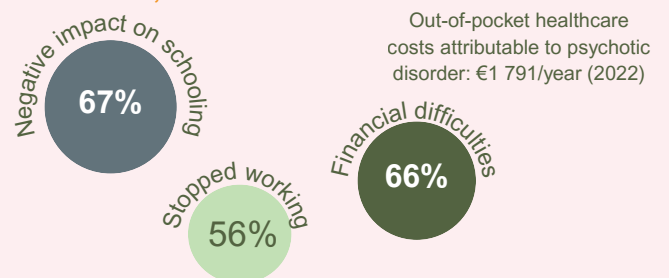
Negative impact on...



Social isolation is common.

Patients often feel misunderstood, powerless, and they experience stigma, shame, and emotional distress.

EDUCATION, WORK AND FINANCES



PSYCHOTIC DISORDERS AND SOCIETY

- ✓ **Societal healthcare costs** for psychosis in Belgium in 2022: €8 293/ patient
- ✓ **Secondary prevention** through early intervention
- ✓ **Major cause of early workforce exit and absenteeism:**
 - 39% had work incapacity for 1-5 years
 - 28% had work incapacity for > 10 years
- ✓ **Burden on informal carers:** high to extreme impact on
 - caregiver health (80%)
 - caregiver social life (70%)