

## POSTER ABSTRACT

### m-RESIST, a modular intervention programme addressed to patients with treatment-resistant schizophrenia

17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017

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In European Union, between 0.2 and 2.6% of the population suffer from psychotic disorders (Wittchen et al., 2011). The largest group is patients with schizophrenia, and around 40% can be considered resistant to pharmacological treatment (Essock et al., 1996; Kennedy et al., 2014). Standard intervention in patients with treatment-resistant schizophrenia (TRS) is difficult due to the persistence of positive symptoms, extensive periods of hospitalization, and higher risk of comorbidities. The full scope of this scenario generates a financial burden on society because of frequent emergency visits, hospitalizations and chronic use of polytherapy (de Silva et al., 2012), as well as a huge impact in the humanistic burden. This concerns patients and caregivers, and involves several dimensions such as quality of life, treatment side effects, caregiver burden, social impairment, suicide, violence, and healthy lifestyle among the most important (Millier et al., 2014 )

In this sense, we have developed the m-RESIST, an intervention programme based on m-Health that offer to TRS patients an holistic approach to: i) integrate psychiatric and psychosocial assistance with other medical health-carers; ii) better monitorization of symptoms through a personalised and optimised therapeutic process; iii) promote acceptance and self-management

of disease and co-morbidities; and iv) potentiate involvement of patients and their caregivers in the therapeutic process. Moreover, there are no studies in TRS patients that collect real-time information from patients that allow monitoring, evaluation and intervention in the main areas of the disease, as well as in situations of risk. In this regard, m-RESIST brings an excellent opportunity to access this information, as well as permit an immediate and tailored intervention. This program will have integrated a mobile application that will deliver three possible intervention packages: treatment adherence, healthy lifestyle and symptoms management that include training strategies based on cognitive behaviour therapy for psychosis. Clinical algorithms have been created for each intervention package in order to deliver tailored recommendations to patients, caregivers and clinicians, which will be based on clinical and real-time sensor data. Moreover, a risk level ranking system will be used in order to prioritize actions in risk situations. On-going challenges include a pilot test to assess acceptability, usability and satisfaction of patients, caregivers and clinicians with the m-RESIST intervention program.

m-RESIST project is funded by Horizon 2020 Framework Programme of the European Union. PHC26 2014 m-RESIST "Mobile Therapeutic Attention for patients with Treatment Resistant Schizophrenia". The authors listed in this abstract are only a part of the m-RESIST Group.

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**Keywords:** treatment resistant schizophrenia; mhealth

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