CONFERENCES ABSTRACT

Results of the m-RESIST feasibility study. A Mobile therapeutic attention for treatment-resistant schizophrenia

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In the European Union between 0.2 and 2.6% of the population suffer from psychotic disorders, and around 40% can be considered resistant to pharmacological treatment [1]. Interventions based on m-Health solutions may be effective in increasing treatment adherence, relieving some of the symptoms of schizophrenia and thus, preventing relapses. Although smartphone ownership among people with schizophrenia is relatively high and increasing, to date, mHealth studies have not been performed in Treatment Resistant Schizophrenia (TRS) samples. In this study, we present the results of the m-RESIST feasibility project (www.mresist.eu), a new therapeutic program based on novel technology.). The aim of the m-RESIST study is to assess acceptability, usability and user experience, satisfaction and empowerment after using the m-RESIST solution.

Thirty-nine TRS patients, 11 caregivers and 8 clinicians were recruited for the study, which was carried out in Gertner Institute (Tel-Aviv, Israel), Semmelweis University (Budapest, Hungary) and Hospital de la Santa Creu i Sant Pau (Barcelona, Spain). Acceptability was measured with an adapted version to TRS patients of TAM questionnaire (7-point Likert scale). [2]. Satisfaction and empowerment was measured with CSQ-8 [3] and BUES [4] scales
respectively. In order to yield insights into user experience a questionnaire was developed and administered at the start, in the middle and at the end of the pilot.

Results showed that patients’ acceptance of m-RESIST ranged from moderate to high, with a mean score for perceived use and ease of use 5.16 and 5.36, respectively. In general, patient’s satisfaction was good: 57% thought that the quality of service was good or excellent. 65% of patients reported having the services they wanted and 43% thought that the program met their needs. However, 19% did not get the kind of service they wanted and for 38% only few of their needs were met. 78% of the sample was overall satisfied with m-RESIST and 70% would come back again to it. In terms of user experience, patients indicated that m-RESIST solution permits an easier and a quicker communication with clinicians. Patients also reported that the feeling of having a clinical team involved and concerned in their wellbeing made them feel more protected. Caregivers reported that m-RESIST provided a better support for patients and a better follow-up, and also were unanimous about the sense of security. Clinicians indicated that the m-RESIST system was easy and intuitive to use and felt that it opened up a new communication pathway with their patients. Finally, the result of empowerment in our patients was 2.76, out of a possible score of 4, which indicates a high level of empowerment Mean for dropouts was 20%.

To conclude, in terms of acceptability, usability and satisfaction, the m-RESIST solution was well accepted by patients, caregivers and clinicians. These results offer an encouraging starting point concerning the use of ICT tools in the treatment of TRS patients.

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Keywords: m-health; treatment-resistant schizophrenia; mobile device based intervention; feasibility