



## Maintenance treatment for schizophrenia during the COVID-19 pandemic: the views of Japanese psychiatrists

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**To the editor:** Schizophrenia is a chronic, relapsing disease, and one of its most important factors is poor adherence to medication. The patients' lack of insight and cognitive impairment lead to irregular medication adherence. Additionally, the COVID-19 pandemic has made it difficult for patients to access healthcare [1]. What should be the maintenance treatment for schizophrenia in these situations? First and foremost, we need to consider the maintenance treatment under normal circumstances. Numerous studies have shown that schizophrenic patients with poor medication adherence constitute a prominent group [2]. Furthermore, even patients with good medication adherence can easily show poor medication compliance [3]. Hence, maintenance treatment with long-acting injectable antipsychotics (LAIs) is essential to avoid treatment abandonment, regardless of the situation. Therefore, to investigate Japanese psychiatrists' views of maintenance treatment for schizophrenia during the COVID-19 pandemic, we conducted a web-based survey of 69/1629 (4.2%) psychiatrists in Japan in October 2020. The participants were psychiatrists (2 women, 67 men; mean age 49.1years, SD=10.2; mean work experience 20.1years, SD=9.7), working in university hospitals (15.9%), general hospitals (14.5%), single-department psychiatric hospitals (42.0%), clinics (26.1%) and other (1.5%) throughout Japan. The institutional review board of St. Marianna University School of Medicine Hospital determined that the study was exempt from review.

Our survey enquired whether medication adherence

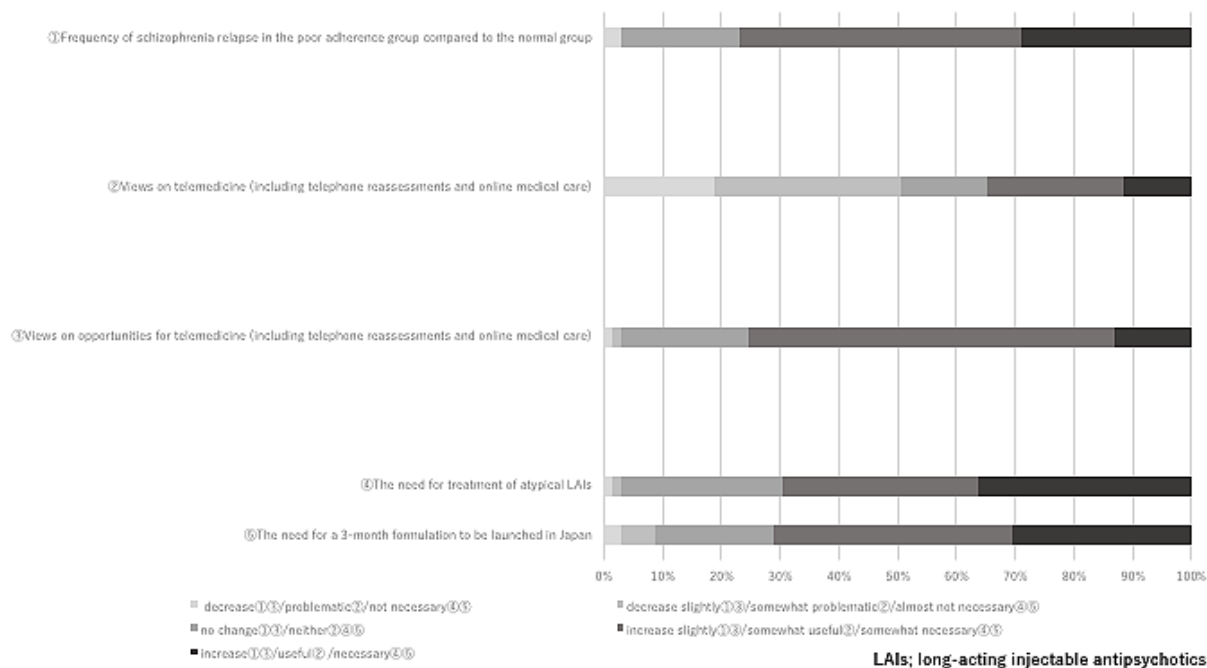
in patients with schizophrenia was associated with more relapses than usual during the COVID-19 pandemic. A total of 76.8% (n=53) of the participants answered that cases of relapse were on the rise (Fig. 1). We further enquired about the need for 1-month and 3-month formulations (not available in Japan at the time of the survey) of long-acting injectable atypical antipsychotics (atypical LAIs), which are useful therapeutic tools for the maintenance treatment of schizophrenia. In total 69.6% (n=48) and 71.0% (n=49) of the psychiatrists responded that the 1-month and 3-month formulations were "necessary," respectively (Fig. 1). Furthermore, we asked whether the use of telephone reassessments and online medical care (telemedicine) during the COVID-19 pandemic would be useful or increase in frequency in the future. As a result, 75.3% (n=52) of the participants answered that the frequency would increase; however, only 34.8% (n=24) answered that it would be useful (Fig. 1).

Considering COVID-19 infection, online medical practice is recommended because there is no risk of direct patient contact [1, 4]. This survey also suggested an increased need for online medical care; however, because of Japan's aging society, online medical care is not likely to become more widespread.

Another factor impeding widespread online practice in Japan may be the lack of medical facilities and support systems. Especially in isolated rural areas,

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**Figure 1.** The views of Japanese psychiatrists regarding maintenance treatment for schizophrenia during the COVID-19 pandemic

one must also consider the difficulty in accessing the internet [1]. In addition, it is difficult to evaluate psychopathological aspects online [1], and even during the COVID-19 pandemic, face-to-face treatment may be necessary for certain schizophrenia relapse cases [5]. LAIs administration has been cited as one such type of practice [5]; however, it has been pointed out that patients are switching from LAIs to oral medications due to infection-related issues and drug procurement problems [1, 4].

In contrast, a study has reported that even during the COVID-19 pandemic, the prescription rate of LAIs has not decreased [5]. One of the reasons for this was an emphasis on the need for continuous visits for LAIs and the importance of medication adherence. This information should be discussed by all concerned and shared with patients, caregivers, and family members [5]. According to the latest reports, it is essential that medical staff, including nurses, administer LAIs in hospitals and implement infection control measures carefully [1, 4, 5].

Taken together, these results suggest that, considering the COVID-19 pandemic, it will be crucial to transition stable patients with schizophrenia who do not require antipsychotic dose adjustment from the usual time or prepare them for the transition to LAIs. Moreover, according to the latest reports from overseas, there is a growing expectation for

dose escalation of single-dose drugs and LAIs with longer intervals to account for this stress period [1, 4, 5]. One of the most important aspects of LAI use in a COVID-19 pandemic is how dosage may also be set and LAI restarted when regular LAI administration is difficult. The following guidelines should be consulted. <https://oxfordhealthbrc.nihr.ac.uk/our-work/oxppl/covid-19-and-mental-health-guidance/>.

In Japan, there are currently no strict restrictions on daily activities as those imposed outside Japan; however, it is vital to consider 3-month formulations to minimize the need for face-to-face treatment in the future.

## CONFLICT OF INTEREST

Y. O., N.M. and K.A. has no conflict of interest.

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