The Effectiveness Of Cognitive Behavioral Therapy (CBT) For Chronic Schizophrenia Patients: A Systematic Review

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Keyword: Chronic Schizophrenia, CBT, Therapy

Abstract: Introduction: Schizophrenia is a chronic and frequent recurrence that causes a decrease in functional and cognitive impairment and behavioral changes. Antipsychotic drugs are at the core of the treatment of schizophrenia, but the achievement of cognitive behavior is one of the psychosocial therapies for schizophrenic patients. This research has not been widely developed. The purpose of this paper is to investigate the effectiveness of cognitive behavioral therapy as adjunctive therapy in reducing signs and symptoms in schizophrenic patients


Results: The results of this study indicate that CBT in the treatment group showed a significant and more significant clinical improvement compared to the control group.

Conclusion: CBT as additional therapy in schizophrenic patients effectively lower signs and symptoms in patient with chronic schizophrenia.

1 INTRODUCTION

Mental disorders are maladaptive responses to stressors from internal and external environments, evidenced by thoughts, feelings and behaviors that are inconsistent with local or local cultural norms, and disrupt social, occupational and or physical functions (Townsend, 2005). The prevalence of severe psychiatric disorders in the Indonesian population is 1.7 per mile. Severe major mental disorders in DI Yogyakarta, Ace, South Sulawesi, Bali, and Central Java. The proportion of households with severe mental disorder 14.3%, and the highest in rural population (18.2%), and in population group with lower population index (19.5%). The prevalence of emotional mental disorder in Indonesia’s population is 6.0%. Provinces with the highest prevalence of mental emotional disorders are Central Sulawesi, South Sulawesi, West Java, NTT (Badan Penelitian dan Pengembangan Kesehatan, 2013). About 450 million people in the world suffer from mental health problems. A third of them occur in developing countries in 2012. While in 2016 there are about 32% of all sub-districts in the world. The lift increased from the previous year.

Schizophrenia is a severe mental disorder with a lifelong prevalence. Schizophrenia is associated with functional impairment including concentration in activities, thus decreasing patient productivity and burdening families in finance. Symptoms Schizophrenia can be classified in 3 dimensions are: gejala positive, gejala positive, and gejala disorganization. Positive gangs include: hallucinations, wisdom, rowdy anxiety and violent behavior. Negative gangs include: blunt and flat effect, apathy, withdrawal, lack of motivation, tend to be silent and difficult to talk to. Grievances disorganization includes: disorder in focusing and experiencing a decline in managing information.

Schizophrenia is at risk for suicide Schizophrenia is a severe mental disorder with a lifelong prevalence. Schizophrenia is associated with functional impairment including concentration in activities, thus decreasing patient productivity and burdening families in finance. Symptoms Schizophrenia can be classified in 3 dimensions are: positive symptom, and disorganization symptom. Positive gangs include: hallucinations, wisdom, rowdy anxiety and violent behavior. Negative gangs include: blunt and flat effect, apathy, withdrawal, lack of motivation, tend to be silent and difficult to talk to. Grievances disorganization includes: disorder in focusing and experiencing a decline in managing information. Recurrent schizophrenic patients will experience...
deterioration so as to burden families in meeting family need. There is no single treatment that can improve a lot of symptoms and must be comprehensive. Anti-psychotic therapy and family support, communities can help patients improve their quality of life.

Cognitive Behavior Therapy is one of psychosocial therapies in addition to family therapy, social skills, supportive counseling and vocational rehabilitation (Kaplan & Sadock, 2003). The main aim of cognitive Behaviour Therapy is for the treatment of psychosis in reducing the intensity of intelligence, hallucinations and increasing the active participation of individuals and reduce the risk of recurrence. Cognitive behavior therapy is a form of psychotherapy emphasizing the importance of the role of the mind in how we feel and what we will do. Cognitive Behavior Therapy in addition to antipsychotic regimens and the growing evidence supporting the use of CBT for the most effective treatment of schizophrenia (Naeem, F., Kingdon, D., & Turkington, 2009). Cognitive first treatment was given to patients with chronic schizophrenia by Beck in 1952 and was found to be beneficial in the treatment of their persistent delusional system. Although cognitive behavioral therapy has been used for more than fifty years, it is not often used in the treatment of psychotic disorders to date. Recently, several specialized cognitive care programs have been developed for the treatment of schizophrenia and are being used (Naeem, F., Kingdon, D., & Turkington, 2009).

Previous studies have compared the effectiveness of cognitive behavioral therapy combined with drug treatment, known as standard treatment, in schizophrenia and other psychotic disorders, with alone treatment and standard treatment alternatives. Some behavioral cognitive therapy (CBT) programs are given individually and some groups. Because group therapy saves time compared to individual therapy, it appears to be more feasible in crowded clinics. Therefore, in the present study, studies investigating the effectiveness of cognitive behavioral therapy group programs (CBGT) have been discussed. The purpose of this review is to test the effectiveness of CBGT as compared to conventional treatment and other psychosocial treatments.

2 METHOD

Search Strategy

The search strategy of the journal begins by asking the research question, "whether CBT can reduce signs and symptoms of patients with schizophrenia?". The results of research on all indexed journals related to CBT and chronic schizophrenia. The database used for journal searching are Science Direct, Google Scholar, Ebsco, and Scopus databases. Keywords used are TITLE-ABS-KEY (CBT AND reduce AND chronic AND schizophrenia) AND DOCTYPE (ar) AND PUBYEAR>2012; TITLE-ABS-KEY (CBT AND chronic AND schizophrenia) AND DOCTYPE (ar) AND PUBYEAR>2012. The journal searching begins on February-March 2018. Study characteristics are selected from 2013 to 2018. The language chosen on the characteristics of this study is using the English language.

Data extraction is done by first searching the journals related to the variables to be studied. Researchers then select the appropriate areas and titles to the variable of the variable CBT to reduce sign of chronic schizophrenia. Then the researcher reviewed the abstracts, the contents of the journal, and finally found the appropriate journal.

The first step of the researcher identified the search through 4 databases, that are Science Direct, Google Scholar, Ebsco, and Scopus databases. Found as many as 1626 displayed and matching titles. A total of 59 journals are according with abstract to the title of CBT for chronic schizophrenia. Then the researchers do the assessment on full text and obtained results as many as 34 appropriate.

Then the researchers went on the search and got 15 journals that compare control group and therapy group of CBT for chronic schizophrenia.

Selection Procedures and Data Extraction

Selection of study and criteria this Systematic Review by PICOS approach.

Population

The selected population is adult man and women (18-50 years) who are experiencing schizophrenia ≥ 2 years.

Intervention

This study compared between the control group and the group that CBT gave to the decline in chronic schizophrenia symptoms.
Comparison
This study compared control groups and CBT treatment groups to chronic symptoms of schizophrenia.

Output
Studies had to report that there was a significant difference between the control group and the treatment of CBT on the reduction of schizophrenia symptoms.

Study Design

<table>
<thead>
<tr>
<th>Record identified through database searching (n=1626)</th>
<th>Other source (n=0)</th>
</tr>
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<tbody>
<tr>
<td>Record title and abstract (n=1567)</td>
<td>Record exclude title and abstract</td>
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<tr>
<td>Record screen (n=59)</td>
<td>Full text article assessed for eligibility</td>
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<tr>
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<td>Article exclude didn’t compare control group and treatment of CBT (n=17)</td>
</tr>
<tr>
<td></td>
<td>Articles accordingly (n=15)</td>
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</tbody>
</table>

Figure 1 PRISMA flow Diagram CBT for Chronic Schizophrenia.

3 RESULT

Study Results and Selection Selection
The results obtained from the Scopus and Science Direct databases. The search results obtained result of 1626 journals. Scopus database got 8 journals. Database Science Direct obtained as many as 1618 journals.

All the journals that have been obtained are then screened according to the area of Medicine, Nursing, and Psychology until there are 1567 journals. Then performed a filtering back in accordance with the CBT variable and schizophrenia research got 59 journals accordingly.

Then, the re-screening was obtained as many as 15 journals that fit the inclusion criteria and exclusion. Design used include: 6 journals using RCT, 5 journals using quasi experiment, 2 journals using cluster randomized trial using cohort, 1 journal using cross-sectional, with a focus on CBT as an adjunctive therapy on the reduction of signs and symptoms in schizophrenic patients.

Study Characteristic
Of the 15 journals conducted the review of the number of samples varied between 42 - 269 respondents were performed in the psychiatric and psychiatric inpatients, pediatric and adult patients suffering from schizophrenia, overall control group of ordinary medication or antipsychotic medication while the intervention group in addition to antipsychotic treatment also performed cognitive behaviour therapy. With the duration of follow up varies from 24 weeks to 24 months. The research used Randomized Controlled Trial design, Quasy experiment, cohort and Cross-sectional. The total number of respondents is 1797. The research was conducted in various countries, namely: Africa, Italy, Denmark, Amsterdam, Australia, USA, Hongkong, Pakistan, China, Germany and Turkey.

4 DISCUSSION

Studies on cognitive behavioral therapy (CBT) for schizophrenia, 50% of patients showed improved relative. Studies have shown that CBT is effective in patients with persistent treatment of persistent schizophrenia (Naeem, F., Kingdon, D., & Turkington, 2009). There is also evidence of CBT being helpful in acute relapse treatment and for early schizophrenia.

CBT has been shown to reduce relapse in psychosis (Naeem, F., Kingdon, D., & Turkington, 2009). Successful CBT involves reducing the pressure, through problem solving, modifying distorted thinking, and reducing dysfunctional behavior. CBT for psychosis (CBTp) pays particular attention to reducing the stress associated with positive psychotic symptoms (Naeem, F., Kingdon,
D., & Turkington, 2009) and has been shown to have beneficial effects in relieving anxiety symptoms in patients with first episode psychosis (Naeem, F., Kingdon, D., & Turkington, 2009) and more lasting schizophrenia with a brief insight-focused intervention CBTp study involving session 16, focused primarily on paranoid cognitive restructuring hallucinatory hearing assessments and experimental behavior work increasingly through assessed exposure to induced anxiety-inducing stimuli, found beneficial in patients with paranoid schizophrenia and co-morbid anxiety disorders, such as paranoid attenuated, anxiety, and improved psychosocial functioning. The multicentre randomized control trial day found that CBTp, given as 15 sessions over 24 weeks, improved positive symptoms, insight and long-term social functioning, up to 60 weeks postintervention (Li, Z.-J., Guo, Z.-H., Wang, N., Xu, Z.-Y., Qu, Y., Wang, X.-Q., ... Kingdon, 2015). Six-session, 12-week CBTp interventions designed to reduce negative self-esteem and positive self-cognitions, find abatement in negative self beliefs, improvements in well being psychological, positive beliefs about self, minus negative social comparison, self esteem, and depression, but not there was a change in anxiety, and reported improvement was not maintained. Another enlargement of CBTp intervention focuses on management concerns associated with paranoid delusions: the worry is portrayed by the authors thus, his hopes occur worst. It consists of repeated negative thoughts about potential adverse outcomes, and the psychological component of anxiety. Worrying to bring unreasonable ideas to the mind, to make them exist, and to increase the degree of difficulty. From this, they suggest that the worry may be a contributing factor in the occurrence of a delusional persecutory (Startup et al. 2016) The six-session worry-reduction intervention results in a decrease in worry and delusion of confidence: positive decreased worry (cognitive component anxiety) accounts for 66% of positive changes in delusional presentations.

CBT for co-morbid anxiety disorders in psychotic disorders appears promising, with effects such as attenuation of social anxiety symptoms, panic disorder, and OCD. However, a new study addressing PTSD in schizophrenia found no reduction in PTSD-related symptoms with CBT, where positive effects were found only with the passage of time from trauma: the authors suggest that further adaptation of cognitive-restructuring programs, such as CBT, is necessary to improve emotional processing of traumatic memories in psychotic disorders (Steel, C., Hardy, A., Smith, B., Wykes, T., Rose, S., Enright, S., ... Mueser, 2017).

Cognitive behavior therapy can improve cognitive function and alter gradual deviant behavior in schizophrenic patients found in the study in the treatment group (6,473, df = 38. P <0.05) this means that CBT effectively decreases signs and symptoms schizophrenia (Williams, E., Ferrito, M., & Tapp, 2014). Kelitan conducted by Kukla, Davis, & Lysaker, 2014 the control and intervention groups were not significant where there was no difference.

Implications

Based on the results of research that has been done a study, it can be concluded that the results of the journal can be applied in the realm of Nursing Soul. Therapy is one of the skills that must be possessed by a specialist nurses. This makes it easier for nurses to conduct comprehensive nursing care. Cognitive behavioral therapy is effective as an adjunctive therapy for schizophrenic patients, thus this study is expected to be used to expand and deepen the study of mental nursing. This systematic review can be the foundation of further research so that it can provide benefits in terms of future schizophrenia patients implantation

5 CONCLUSION

The overall way the results of analysis of 15 journals on behavioral cognitive therapy demonstrate that CBT may decrease the signs and symptoms of delusions and hallucinations in schizophrenic patients compared with patients receiving only antipsychotic therapy. CMB added to standard treatment is an effective method of management of psychotic disorders such as schizophrenia or schizoaffective disorder. Although this method does not seem to be economical it must therefore be managed by trained personnel and therapy that takes longer than the drug, the evidence that CBT reduces the number and duration of admissions demonstrates cost-effectiveness. In addition, the fact that short-term intervention yields positive results improves the feasibility of this method to be used on a regular basis.

CBT is expected to be developed to help patients control their behavior toward the positive, providing benefits in the management of chronic schizophrenic patients in the future.
ACKNOWLEDGMENTS

The authors would like to thank the parties who helped the implementation of this systematic review. Thank you to Airlangga University for giving us the opportunity, thanks also to our mentors who always helped to provide feedback and guidance on this systematic review. Thanks to all members of the group who have given spirit and dedication for the implementation of this systematic review, and all parties who helped and we can not mention one by one.

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