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| Host department: Manchester |
| Project Title: |
| Improving medication concordance in patients with schizophrenia in primary care |
| Proposed supervisory team:  |
| * Chris Armitage (primary supervisor), Professor of Health Psychology, University of Manchester: expertise in development and evaluation of behaviour change interventions
* Maria Panagioti (co-supervisor), Senior Lecturer in Primary Care, University of Manchester: expertise in quality and safety of patient care, and mental health in primary care
* Rachel Elliott (co-supervisor), Pharmacist and Professor of Health Economics, University of Manchester: expertise in economics of medicines adherence/concordance, patient safety and mental health
* Carolyn Chew-Graham, General Practitioner and Professor of General Practice Research, Keele University. Expertise in mental health in primary care
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| Potential for cross consortium networking and educational opportunities: |
| *Networking:* There will be opportunities to network and build collaborations at UK conferences such as the NIHR SPCR showcase which is a network of 9 of the most elite primary care schools and is free to attend, NIHR PSTRCs, the Health Services Research UK conference and SAPC annual conference. The student will also have opportunities to attend at least one major national/international conference in or with a focus on medication non-concordance in patients with mental illness and behaviour science. |
| Project description: |
| *Background*Psychosis, and the specific diagnosis of schizophrenia, is a global health challenge that affects around 7 in 1000 adults. The WHO defines medication concordance as, “a case in which a person’s behaviour in taking medication does not correspond with agreed recommendations from health personnel”. Patients with schizophrenia are susceptible to problems with medication concordance because they often have multiple long term conditions and manage complex medication regimens. Suboptimal concordance to antipsychotic medication is observed in about 50% of patients with schizophrenia and is a preventable cause of morbidity and avoidable costs incurred by health and care services, as well as wider societal impacts. Patients who stop their antipsychotic medication have a 3- to 5-fold risk of relapse and deterioration compared with patients who continue to take their medication and they are more likely to experience avoidable hospitalisations, self-harm, or mortality. Patients with schizophrenia are managed in primary care and therefore primary care has a key role in managing their medication. General practitioners are tasked to offer medication reviews to patients with schizophrenia at least annually but often patients with schizophrenia do not attend or they may attend at emergencies/deterioration of symptoms. Simple and low cost, interventions based on behaviour science (e.g. reminders can be useful strategies to improve medication concordance) are promising because they can easily be provided at a primary care level by a range of health care professionals.*Aims:*1. Update literature reviews on rates, harms and costs associated with medication non-concordance in patients with schizophrenia;
2. Conduct a qualitative study to understand the experiences of patients with schizophrenia, their carers and primary care providers in relation to medication concordance;
3. Co-produce and test the feasibility and acceptability of an innovative brief intervention based on behaviour change to improve medication concordance in patients with schizophrenia
4. Conduct exploratory economic modelling to estimate potential cost-effectiveness of the developed intervention, to identify key uncertainties, and target areas for further research.

*Methods*Phase 1: A mixed method systematic review of observational quantitative studies and qualitative studies to understand the levels of medication non-concordance in patients with psychosis; factors contributing to non-concordance from the patient perspective and the provider perspective; the harms and costs associated with medication non-concordance. Key outcomes are levels of medication concordance, relapse, quality of life, hospitalisations rates, ED visits, GP visits, and self-harm episodes. Phase 2: A qualitative study will be conducted using semi-structured interviews to understand reasons for medication non-concordance among patients with schizophrenia, carers and primary care providers (GPs, practice nurses, health care assistants) and psychiatrists. The study will explore participants’ attitudes, beliefs and experiences concerning medication use and strategies to encourage patients with schizophrenia in long-term medication concordance.Phase 3: A series of co-production workshops and consensus exercises with patients/carers and primary care providers and commissioners will be conducted to identify intervention options, intervention content and implementation options and coproduce a behaviour change intervention. A study will be conducted to test the feasibility and acceptability of the behaviour change intervention and gather data to undertake an explorative economic modelling for the potential cost-effectiveness of the intervention, to identify key uncertainties, and target areas for further research. |
| Training and development provision by host: |
| *Formal training:* The training will be tailored to the skills and needs of student but some examples of formal training include: Systematic review and meta-analysis training course (year 1); NIHR webinars on PPIE (Year 1); Qualitative research methods at University of Manchester (year 2); Statistics Support and Resources (Year 2); Health economics (Year 2); Pilot and feasibility intervention studies (Year3) |
| *Informal training:* Throughout the PhD, the student will have opportunities to attend university training courses and departmental seminars that offer training in planning a PhD, time management, presentation skills, viva preparation, writing up, publications, and career development. The student will receive career advice, mentoring, and support on behaviour science theories, systematic reviews including meta-analysis and mixed method reviews, qualitative research methods, co-production of interventions, feasibility and pilot studies, and economic modelling from the supervisory team and wider research teams in the host institution. The student will submit abstracts to relevant conferences. |
| *PPIE:* Improving medication concordance for patients with schizophrenia has raised as a priority for research in the Mental Health Service User Group of the NIHR Greater Manchester Patient Safety Translational Research Centre which consists of patients/carers with lived experiences of mental illness. PPIE will be embedded throughout the PhD programme; a PPIE group with four members will meet twice yearly with the student and the supervisory team to discuss the research aims, intervention co-production and testing, patient/provider faced materials, the meaning of the findings as well as the dissemination approach. |