CASE REPORT

Role of Modified Assertive Community Treatment (ACT) In Maintaining Stability in Patients with Dual Diagnosis:
A Case Report

Siti Rohana AH and Marhani M

Department of Psychiatry, Universiti Kebangsaan Malaysia Medical Centre,
56000 Cheras, Kuala Lumpur, Malaysia

Abstract

This case report highlights the role of hospital-based modified assertive community treatment (ACT) in maintaining stability in a patient with dual diagnosis. We report a case of a middle-aged Indian gentleman who had schizophrenia with co-morbid alcohol abuse presented with multiple relapses, with recurrent suicidal attempts and criminal behaviour during his relapse episodes. After stabilisation of his most recent acute episode in hospital, the patient was followed-up by the community mental health team (CMHT). He was able to maintain in remission and stay free from alcohol, suicidality and criminal behaviour when provided ACT. The hospital-based modified ACT is proven to be effective in the management of this patient with co-morbidities and complications to sustain remission and prevent relapses.

Keywords: Assertive Community Treatment (ACT), Community Mental Health Team (CMHT), Dual Diagnosis

Introduction

Schizophrenia is the most severe mental illness that comes with complications like increased suicidality, unemployment, damage in relationships, impaired social functioning, substance misuse and crimes. About half of patients with schizophrenia have co-morbid alcohol abuse. Alcohol misuse was identified as one of the suicidal risk factors among this group of patients. Extra care is needed for patients with dual diagnosis with multiple psychosocial complications in order to maintain them in remission state while continuing their journey to recovery.

Having dual diagnosis was enlisted as one of the exclusion criteria for the hospital-based modified ACT in Malaysia at the initial stage of its implementation. It still remains an exclusion criterion now in some centres. This is so possibly due to the extra challenges posed by patients with dual diagnosis which may intimidate the CHMT members resulting in ineffective treatment and care. This paper highlights the efficacy of hospital-based modified ACT in managing a patient with dual diagnosis with serious illness complications.
Case Report

Mr. RP is a 46-year-old unemployed Indian gentleman who has been suffering from schizophrenia with co-morbid alcohol abuse for the last eight years. His first psychotic experiences started after his divorce. He had second and third person auditory hallucinations; derogatory and commanding in nature, associated with persecutory delusions, tactile hallucinations, and somatic passivity that a ghost has entered his body and harassing him sexually. The ghost would inflict uncomfortable heavy sensation on his private part when he refused to respond. He also had depressed mood and attempted suicide by hanging himself due to the distressing auditory hallucinations.

Mr. RP also had a history of abusing cannabis and alcoholic drinks since early adulthood. However, this did not cause any problem to him. He stopped taking cannabis well before the onset of the psychotic symptoms. However, his alcohol intake increased after he developed schizophrenia, particularly so during the acute episodes as a form of self-medication to temporarily ease him off the disturbing voices. Mr. RP, who was employed before with several odd jobs, became totally unemployed after the onset of illness.

Since his first episode, Mr. RP has had multiple relapses due to non-adherence to medications which was partly due to side effects of the medications. He typically presented with florid auditory hallucinations associated with similar symptoms described earlier which led to suicidal attempts. There was no proper supervision of his medications as he had poor family support. He was staying with his maternal aunt at home. All this while Mr. RP had been treated in another hospital, in Kuala Lumpur, where he did not receive ACT.

His first contact with us was two years ago when he was hospitalized for another suicide act; he ingested bleaching agent in response to the hallucinations. His medications were continued. He was on tablet Haloperidol 2.5mg in the morning and 10mg nocte, tablet Artane 2mg three times daily, tablet Stilnox 10mg at night when needed, injection Modecate 25mg monthly and injection Kemadrin 10mg monthly. The patient was referred to CMHT upon discharge to monitor his adherence to medications and deliver his depot injection.

He was well under the care of the CMHT until June 2012. The patient then decided to continue his follow-up at his former treating hospital due to financial reasons. Unfortunately, he was later admitted to the medical ward in September 2012 for yet another suicidal attempt by ingesting organophosphate; and again, in a state of relapse. He had defaulted his medications and follow-up for quite some time while not under our care. After being stabilized medically, he was discharged and continued his follow-up at his former hospital without being referred for ACT.

He relapsed again not long after that. As usual, he took alcohol in order to reduce the voices and to help him to sleep. This time, he went to the extent of stealing to support his alcohol intake and was caught by police and detained in prison for 5 months. His medications were not served during his entire stay in prison. He attempted suicide again soon after his release from the prison by overdosing with a few types of medications and attempted to jump from a height. After 2 weeks of hospitalisation, the patient was discharged and referred to the hospital’s CMHT for follow-up.

The patient was visited by the team once to twice weekly at the initial stage after his
discharge. It was noted that the patient tended to take more benzodiazepines than prescribed and alcoholic drinks to aid his sleep. His medications were adjusted to help him with the sleep problem, and psychoeducation was given on the importance of medication adherence. Both his depot injection and oral medications were delivered by the team. The team also prepared a medication chart with single packing medications pasted on a chart board and engaged his aunt to monitor and supervise his medication intake. During one of our home visits, he was noted to have extrapyramidal side effects. Therefore, his oral antipsychotic was switched to tablet Risperidone with close monitoring given by the team. His extrapyramidal side effects improved, and he had no signs of relapse. The team also assisted to facilitate him withdraw some amount of his EPF money, which he had planned earlier, to continue his living. He was helped in money management with his aunt’s support. Additionally, he was referred to a social work officer for further financial aid.

Mr. RP still has a long journey to travel towards recovery; however, the first milestone has been achieved by maintaining him free from acute episodes and the accompanying serious complications. The state of recovery will be much easier to achieve with continuous holistic management approach adopted by CMHT than the usual treatment. Patient was planned for social networking and other psychosocial interventions in order to improve his social skills; particularly in preparing him for future employment.

Discussion

This case illustrates the success of hospital-based modified ACT in maintaining stability in a person with schizophrenia with comorbid substance abuse with multiple relapses and serious complications of relapse. ACT in Malaysia typically treats a patient with single primary diagnosis. However, in real practise, we encounter a lot of patients with dual diagnosis who are much more vulnerable to relapses and serious complications, which all require extra attention and care. As illustrated in this case, patients with dual diagnosis and other related complications could benefit from the service. ACT in this patient had helped him in certain aspects of his daily routine and improved his treatment adherence, attitude towards and knowledge about illness. In fact, ACT can be seen as life saviour in this patient.

The Cochrane review on the ACT for people with severe mental disorders concluded that ACT is effective in maintaining contact in people with severe mental illness as ACT reduces in-patient care and improves outcome. ACT also is cost effective when applied to the targeted population correctly though it is arguably more expensive as compared to standard care. In conclusion, the delivery of ACT in Malaysia needs to be individually tailored to meet one’s needs. It is true that a more frequent home visits are required in managing this patient which arguably could translate into high cost. However, it is justified for this group of patients with complex needs to be given enough service appropriate to their level of difficulties.

References


**Corresponding Author**
Dr. Siti Rohana Abdul Hadi
Department of Psychiatry,
Universiti Kebangsaan Malaysia Medical Centre,
56000 Cheras,
Kuala Lumpur, Malaysia

**Email:** twin_sitirohana@yahoo.com