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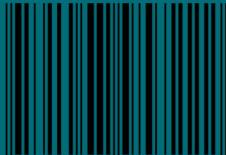
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《社区应用抗精神病药长效针剂治疗精神分裂症专家共识》专家笔谈

10%~15%的精神分裂症患者经历首次精神分裂症后可痊愈,而更高比例的患者则可能进入迁延加重的状态。复发不仅是精神症状的再次出现,还会加剧疾病进行性进展,降低患者对药物治疗的反应,并且与脑形态结构改变相关,造成患者大脑灰质减少,进一步加剧患者的不良预后。因此,提高患者治疗依从性、预防复发是精神分裂症治疗的关键,也是决定患者预后和社会功能改善程度的核心因素。

在我国,社区卫生机构是精神分裂症患者巩固期和维持期治疗的主要场所。截至2020年底,约643万严重精神障碍患者在社区接受治疗和管理,其中精神分裂症患者占71.28%,社区精神分裂症患者的服药率为88.74%,规律服药率为70.00%,较2017年、2018年数据有所提高;但东西部地区差异显著,西部地区服药率和规律服药率仍明显低于东中部地区,云南省、西藏自治区、甘肃省、青海省患者规律服药率仍不足50%。

与口服抗精神病药相比,抗精神病药长效针剂(简称长效针剂)有改善依从性、减轻管理负担等独特优势,也和社区管理需求相吻合。国际上,长效针剂也广泛应用于精神分裂症的社区干预。近年来我国陆续开展了一系列社区管理模式的探索,并积极推广长效针剂在社区的使用。国内多个管理政策及文件强调在社区精神分裂症管理中应用长效针剂。

随着长效针剂在社区中的广泛应用,社区精神分裂症管理中与长效针剂应用的相关问题也将频繁地出现,与此同时社区医生囿于临床知识和经验,在选择使用长效针剂以及相关问题应对处理方面依旧存在问题。为了解决这一困境,提高社区精神分裂症患者管理的有效性,本共识专家组通过与精神分裂症管理典型社区的社区医生深入沟通,收集/汇总一线存在的医学相关问题(共计10项问题),以期能够针对性解答社区医生的困惑。

司天梅.《社区应用抗精神病药长效针剂治疗精神分裂症专家共识》专家笔谈[J].中国全科医学,2022, 25 (29): 目次页.

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