

**[International Workshop]**

**Schizophrenia in Asia: Clinical and Research foci**

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**Research on Schizophrenia in Thailand \***

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**Present Status**

Due to a shortage of Thai psychiatrists and mental health workers, psychiatrists working in psychiatric hospitals are overwhelmed with seeing patients, commonly 40 -100 cases per 3-4 hours. Those working in medical schools are equally overwhelmed with teaching medical students and nurses, giving supervision to residents or trainees, and also treating psychiatric patients at both in- and outpatient units. On top of the heavy workload they face other serious problems, including lack of resources, limited time and a lack funding (although as drug addiction and suicide become national concerns, funding for research in these areas is improving).

Concerning schizophrenia in particular, the number of published research papers has been rather constant, with approximately 10 papers per year published, mainly in the Journal of the Psychiatric Association of Thailand and the Journal of Mental Health of Thailand, with papers related to psychiatric nursing published in the Journal of the Psychiatric Nursing Association of Thailand. Most of these research papers focus on clinical data, such as types and dosages of medications, clinical manifestations, natural course, response to treatment, medication adherence, self-care behavior, psychosocial rehabilitation, relapse prevention, families and caregivers, etc. Here are examples of titles of research papers which has been published recently :

- The study of schizophrenic patients' and their relatives' quality of life : A case-study of Day Hospital's patients, Somdetchaopraya Institute of Psychiatry.
- Types of antipsychotic drugs used in a university hospital, southern Thailand.
- Efficacy of risperidone long-acting injectable in Thai patients with stable schizophrenia.
- Clinical correlates of metabolic syndrome in schizophrenia
- Neuroleptic malignant syndrome : report of 6 unusual cases.
- Antipsychotic drug induced severe tardive myoclonus and dystonia; a series of 9 cases.

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Very little research on the basic science of schizophrenia has been done because there are few neuroscientists, and also a lack of equipment related to basic science research in our country.

### **Possible Future Paths**

To establish links within Asia countries, it would be beneficial to share the research findings from one place for possible application to patients in another place. Therefore, exchanging information, sharing experiences and collaborating through research will be a vital process for caring for our patients and establishing linkages among mental health workers in Asia countries. International collaborative research projects among interested psychiatrists should be encouraged and supported. As we have known that there is a shortage of data from this part of the world compared to the West. Many research questions do need our effort to find answers or solutions, such as “Is it true that Asian schizophrenic patients have a better prognosis than their Western counterparts ?” If this is true, is the prognosis similar in patients in different countries in this region and if so, why? If not, why not? We should develop similar protocols, and use similar methodologies with appropriate sample sizes from each country, giving an end result of a substantial group of patients which could provide important data for all mental health workers in Asian countries.

In closing, I might add that for the reasons I just gave, and perhaps others as well, I strongly endorse the idea of establishing a new Asian Society of Schizophrenia Research.

### **References**

Udomratn P. Schizophrenia research in Thailand (editorial). J Psychiatr Assoc Thailand 1999;44(2):77-79.