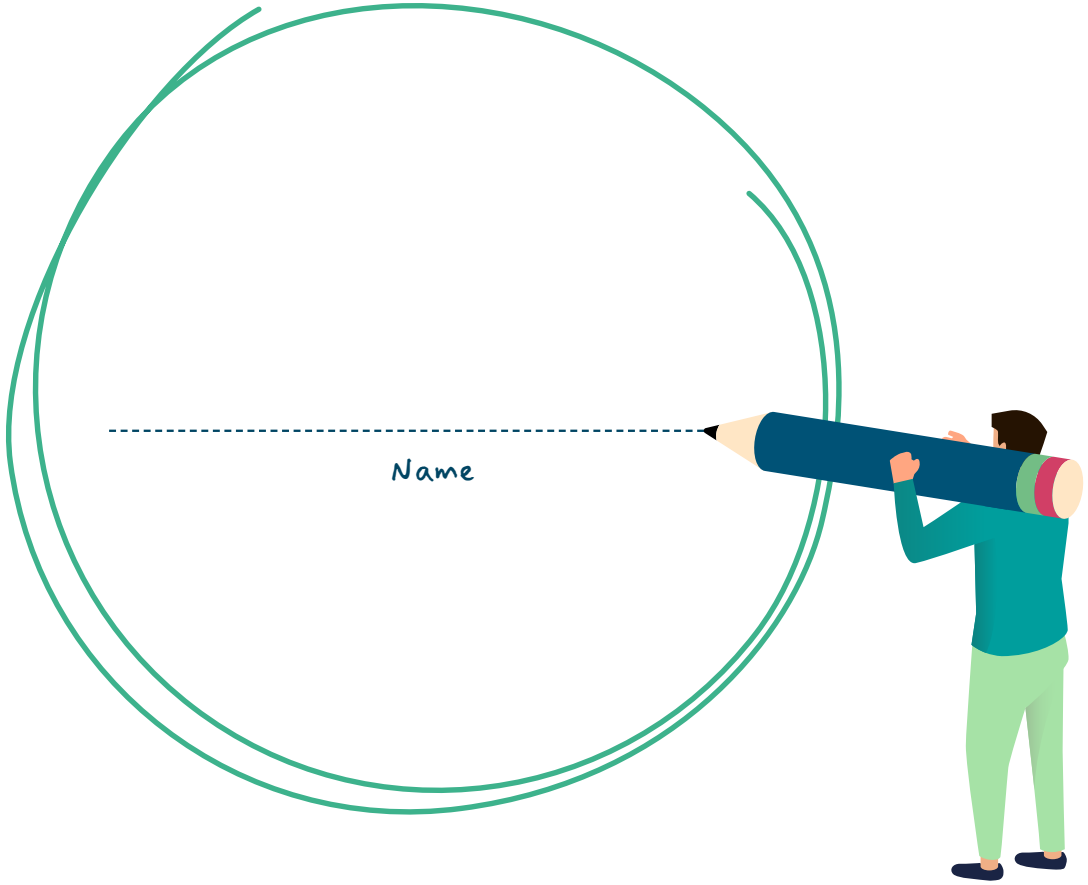
WHAT'S NEXT?

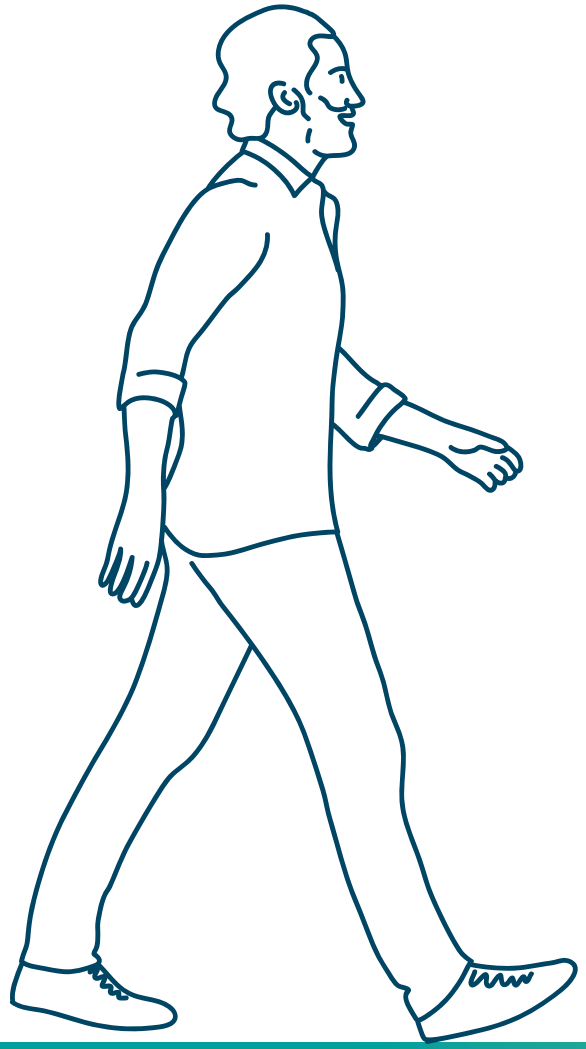
COMPANION NOTEBOOK



DEAR PATIENT,

"What's next?" is certainly a question you are concerned with.
With this companion notebook , we would like to support you in making the necessary decisions regarding your treatment together with your doctor or therapist, in planning the next steps for coping with your illness and in preparing well for your discharge from hospital.

Your ROVI team wishes you all the best!



CONTENTS AT A GLANCE

MY GOALS IN RELATION TO THE ILLNESS

Family

Hobbies

Further goals

Work

Relationship

MY **GOALS:**

e.g. apply for a new job

Particularly important to me:

TRIGGERS
FOR RELAPSE

WHAT DO YOU THINK WERE THE **TRIGGERS FOR YOUR RELAPSE?**


Worries


Excessive alcohol/ drug consumption


Negative experiences & setbacks


Stress & overload


Anger


Omitting the medication


Further triggers:

HOW BAD WAS IT FOR YOU TO HAVE A RELAPSE?

e.g. the relapse had a major impact on me as I had to interrupt my training

WHAT EMOTION DO YOU MOST **ASSOCIATE** WITH YOUR RELAPSE?

e.g. I am disappointed that I did not recognise the illness

PREVENTING RELAPSES

External help

Psychotherapist

Strengthening resources, expanding social skills, dealing with symptoms, coping with stress, questions of meaning

Psychiatrist

Regular contact, trusted person, medication

Self-help groups

Exchange with those affected

Psychosocial services

Everyday assistance with work, housing, finances, leisure, dealing with authorities

Self-help

Social contacts

Medication

Hobbies

Sports

Relaxation

Further ideas:

TREATMENT **OPTIONS**

WHY **TREAT WITH MEDICATION?**

The **treatment of schizophrenia** can basically be divided into **three areas**: **treatment with medication, psychotherapy** and **psychosocial measures.**[1]
By combining these forms of treatment and involving relatives at the same time, the risk of relapse can be significantly reduced. **Long-term treatment with medication** forms the **critical basis for** this.

Numerous studies have shown that the **symptoms** of **schizophrenia** can be treated **very well** with antipsychotics (formerly: neuroleptics). Therefore, **treatment with antipsychotics** is **clearly recommended** in the **therapeutic guidelines.**[1]
These guidelines are drawn up jointly by scientists, therapists, people affected by schizophrenia, and their relatives. The **recommendation** applies both to the **acute phase of the disease** and to **long-term treatment** to **prevent relapses.**

When intense fears of persecution or the voices in the patient's head have largely disappeared or at least lost their threatening nature in the course of treatment at the clinic, most patients feel restored and are glad to have overcome everything.

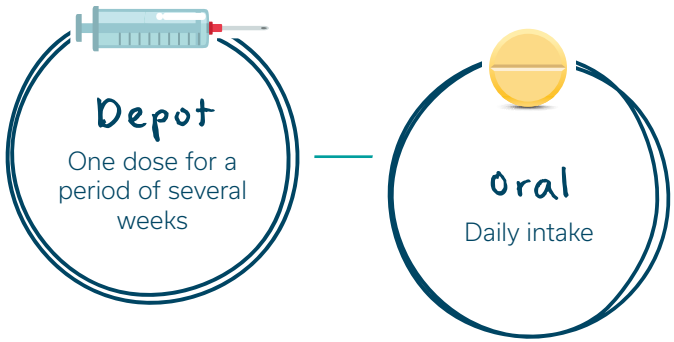
After their hospitalisation, many patients want nothing more to do with the medication. They believe that they no longer need medication as the disease symptoms are gone. After all, nobody carries on taking cough syrup when the cough has disappeared. And they understandably want to be free of any side effects they may have experienced from taking the medication.

In order to gain an understanding of the purpose of long-term antipsychotic medication, you have to be aware that the **risk of relapse in schizophrenia** is **very high** and that **continuing to take medication** can **ensure** the **success of treatment** and **prevent relapses**.[2]

WHAT FORMS OF TREATMENT ARE AVAILABLE?

Medication is usually taken orally (=by mouth) in the form of tablets, capsules, drops or juice. **Antipsychotics** are mainly available in **tablet form.**

Some antipsychotics are also injected into a muscle as a **depot (=reservoir)**. This supply **lasts for several weeks,** so you don't have to take something every day. The body breaks down a certain amount of the supply every day and transports the active ingredient via the bloodstream to the central nervous system, where it is meant to unfold its effectiveness.



HOW DO I FIND THE RIGHT MEDICATION FOR ME?

Detailed discussions with **the treating doctor** or about the **personal risk of illness** and the **treatment options,** attending a **psychoeducational group** and exchanging information with **experienced affected people** (e.g. EX-IN [Experienced Involvement] employees, peer counsellors) can help to make a good decision regarding long-term treatment with medication.

Some doctors also use so-called **"decision aids"** during these consultations, which are available either **in writing** or as an **app**. Such a decision aid can include, for example, the general question of whether I as a patient prefer **tablets or depot medication**. The advantages and disadvantages are discussed in each case and personal preferences and dislikes are used for weighting.
The aim is to make a decision that is supported by those affected and those treating them.

MY **TREATMENT**

WHAT IS GENERALLY IMPORTANT TO ME DURING THE TREATMENT WITH MEDICATION?

e.g. I would like to get rid of the voices

WHAT DON'T I WANT?

e.g. I don't want to get fat

Oral

Daily intake of tablets required

Taking tablets on the go
(remember to take them with you; possible stigmatisation)

Faster adjustment possible in the event of side effects

Daily reminder of the illness

Personal responsibility and autonomy when taking the medication

Active ingredient level with daily intake

28 days

Depot

No need to think about it every day
Depending on the medication, an injection is only administered every 2, 4, 8 or 12 weeks

Regular outpatient injections
(reliable; if the appointment is forgotten, the doctor has the option of reminding you)

Better tolerability due to more even levels of active ingredient in the blood and often lower doses[3,4]
The puncture site may be painful

Gain some distance from the disease

Personal responsibility and autonomy through fewer relapses and hospitalisations[5]

Longer life expectancy[6]

Active ingredient level with depot administration

THIS IS WHAT I **THINK ABOUT THE MEDICATION** AT THE MOMENT:

MY **NEXT STEPS**

Psychiatric practice / PIA
(Psychiatric institute outpatient clinic)

Address: .....

.....

.....

My next appointment is on ..... at .....

Psychotherapy

Address: .....

.....

.....

My next appointment is on ..... at .....

Social psychiatric service

Address: .....

.....

.....

My next appointment is on ..... at .....

Self-help group

Address: .....

.....

.....

My next appointment is on ..... at .....

PREPARATION FOR **DISCHARGE**

1 MY **WAY HOME**

How do I get home?

Who will pick me up?

2 ARRIVING **HOME**

What needs to be done?

My next steps at home for further treatment:

How can I involve relatives?

e.g. my mother may point out early warning signs to me

On the following pages you can enter your personal early warning signs and fill in your crisis plan.

3 MY **EARLY WARNING SIGNS**

Changes in mood & feelings:

- ◯ Tension and nervousness
- ◯ Irritability
- ◯ Dejection
- ◯ Feeling of worthlessness
- ◯ Loss of interest
- ◯ No energy
- ◯ Agitation
- ◯ (Undetermined) fears

Changes in thinking & perception:

- ◯ Concentration problems
- ◯ Memory problems
- ◯ Decision problems
- ◯ Feelings of persecution
- ◯ No longer able to switch off
- ◯ Distrust
- ◯ Unusual thoughts
- ◯ Excessive preoccupation with religious or philosophical issues

Physical / autonomic changes:

- ◯ Changed sleeping habits
- ◯ Nightmares
- ◯ Loss of appetite
- ◯ Tiredness, dullness
- ◯ Feeling unwell for no apparent reason
- ◯ Sensitivity to sound and noise

Changes in behaviour:

- ◯ Restlessness
- ◯ Nervous laughter
- ◯ Increased alcohol consumption
- ◯ Unusual behaviour
- ◯ Less contact with family and friends

Other early warning signs:

4 MY **CRISIS PLAN**

Take early warning signs seriously

Reduce stress

(e.g. take more breaks, take sick leave)

Take additional medication

Name of the medicine: .....

.....

Dose: .....

Inform trusted relatives and/or friends

Name: .....

Address: .....

Telephone: .....

Name: .....

Address: .....

Telephone: .....

Seek professional help

(doctor or therapist)

Name: .....

Address: .....

Telephone: .....

Consider inpatient admission

(clinic or outpatient clinic)

Name: .....

Address: .....

Telephone: .....

Local medical emergency service/ crisis service

Telephone: .....

Police

Telephone: .....

References:

1. German Society for Psychiatry and Psychotherapy, Psychosomatics and Neurology (DGPPN). S3 Guideline for Schizophrenia. Long version, version dated 15.10.2025. Version 4.0, Association of the Scientific Medical Societies in Germany [AWMF] - Register No. 038-099.
2. Professional Association of German Neurologists reg. soc. [Berufsverband Deutscher Neurologen e. V.] (BDN), Professional Association of German Nerve Specialists reg. soc. [Berufsverband Deutscher Nervenärzte e. V.] (BVDN), Professional Association of German Psychiatrists reg. soc. [Berufsverband Deutscher Psychiater e. V.] (BVDP): https://www.neurologen-und-psychiater-im-netz.org/psychiatrie-psychosomatik-psychotherapie/stoerungen-erkrankungen/schizophrenie-und-schizophrene-psychosen/verlauf/prognose/.
3. Wang, D. et al., Efficacy, acceptability and side-effects of oral versus long-acting- injectables antipsychotics: Systematic review and network meta-analysis, Eur Neuropsychopharmacol. 2024 Jun:83:11–18.
4. Wang, D. et al., Long-Acting Injectable Second-Generation Antipsychotics vs Placebo and Their Oral Formulations in Acute Schizophrenia: A Systematic Review and Meta-Analysis of Randomized-Controlled-Trials, Schizophr Bull. 2024 Jan 1;50(1):132–144.
5. Kishimoto, T., Hagi, K., Kurokawa, S. et al. Long-acting injectable versus oral antipsychotics for the maintenance treatment of schizophrenia: a systematic review and comparative meta-analysis of randomised, cohort, and pre–post studies. Lancet Psychiatry 2021;8(5):387–404.
6. Taipale H, Mittendorfer-Rutz E, Alexanderson K, Majak M, Mehtälä J, Hoti F, Jedenius E, Enkusson D, Leval A, Sermon J, Tanskanen A, Tiihonen J. Antipsychotics and mortality in a nationwide cohort of 29,823 patients with schizophrenia. Schizophr Res. 2018 Jul;197:274–280.

An initiative by

ROVI

LuckyU Communication GmbH
Breisacher Straße 3, 81667 München

DE-ROV-26-01/0003