Table 1 Characteristics of caregivers

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Caregiver (N = 96)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of caregiver, mean (SD)</td>
<td>40.4 (10.8)</td>
</tr>
<tr>
<td>Age of patient, mean (SD)</td>
<td>50.8 (11.6)</td>
</tr>
<tr>
<td>Years since diagnosis (SD)</td>
<td>11.6 (11.9)</td>
</tr>
<tr>
<td>Relation to patient, %</td>
<td></td>
</tr>
<tr>
<td>Family (non-parent)</td>
<td>57</td>
</tr>
<tr>
<td>Spouse/partner</td>
<td>25</td>
</tr>
<tr>
<td>Paid caregiver</td>
<td>12</td>
</tr>
<tr>
<td>Type of support provided by caregiver, %</td>
<td></td>
</tr>
<tr>
<td>Coordinating medical care</td>
<td>72</td>
</tr>
<tr>
<td>Taking to medical appointments</td>
<td>74</td>
</tr>
<tr>
<td>Household tasks</td>
<td>71</td>
</tr>
<tr>
<td>Managing finances</td>
<td>71</td>
</tr>
<tr>
<td>Medication supervision</td>
<td>87</td>
</tr>
<tr>
<td>Shopping</td>
<td>48</td>
</tr>
<tr>
<td>Participating in recreational activities</td>
<td>32</td>
</tr>
<tr>
<td>Residence, %</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>25</td>
</tr>
<tr>
<td>Suburban</td>
<td>54</td>
</tr>
<tr>
<td>Urban</td>
<td>21</td>
</tr>
</tbody>
</table>

SD = standard deviation.

Symptoms exhibited when diagnosed

- Caregivers reported that most patients had experienced delusions (86%) and hallucinations (83%)
- When asked which symptoms are most worrisome when the individual is not in the hospital, caregivers identified delusions, hallucinations, disorganized behavior, thought disorder, verbal aggression, and physical aggression
- When asking which symptoms are most worrisome when the individual is not in the hospital, caregivers identified delusions, hallucinations, social withdrawal, disorganized behavior, lack of pleasure/interest in everyday life, loss of motivation, verbal aggression, and physical aggression

Figure 1 Symptoms exhibited when diagnosed

- **Delusions**: Hallucinations, thought withdrawal, delusions, ideational poverty, thought disorder, lack of insight, lack of empathy, lack of social judgment, auditory hallucinations, disorganized behavior, thought disorder, verbal aggression, and physical aggression
- **Hallucinations**: Auditory hallucinations, visual hallucinations, other sensations, sense of smell, disorganized behavior, thought disorder, verbal aggression, and physical aggression

Table 3 Barriers for caregivers and patients with schizophrenia

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Caregiver (N = 96)</th>
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<tbody>
<tr>
<td>Informational resources utilized</td>
<td></td>
</tr>
<tr>
<td>Most caregivers (87%) use online or internet-based resources to learn about schizophrenia</td>
<td></td>
</tr>
<tr>
<td>Other resources included print materials received from healthcare professionals (41%) and information from healthcare professionals provided during office visits (40%) (Figure 4)</td>
<td></td>
</tr>
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</table>

Figure 4 Informational resources utilized

Survey question: What types of resources do you currently use to learn more about schizophrenia?

- Online or internet-based resources
- Print materials provided during office visits
- Other resources

Caregiver information and education topics

- Most caregivers were interested in learning more about schizophrenia and its treatment History
- Most caregivers (87%) use online or internet-based resources to learn about schizophrenia
- Other resources included print materials received from healthcare professionals
- Informational resources utilized
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- Other resources included print materials received from healthcare professionals
- Informational resources utilized

Conclusions

- Symptoms that are most worrisome include positive symptoms such as delusions, hallucinations, disorganized behavior, thought disorder, verbal aggression, and physical aggression, and when the patient is out of the hospital, negative symptoms also become worrisome, including social withdrawal, lack of pleasure/interest in everyday life, and loss of motivation
- Most caregivers feel that they act as a mediator between the medical team and the patient, and that they are responsible for the patient’s therapeutic adherence
- Caregivers generally have fewer barriers caring for patients on LAI antipsychotics than for those not on LAI antipsychotics
- Caregivers were interested in learning more about schizophrenia and its treatment, including information on new medications, coping as a caregiver, understanding specific symptoms, and hospitaling patients become independent, and establishing support groups in their areas

Figure 3 Barriers for caregivers and patients with schizophrenia

Survey questions: Please rate the significance of the following issues when caring for the individual with schizophrenia

- Disruption of your family life
- Social withdrawal
- Lack of pleasure/interest in everyday life
- Lack of insight
- Ideational poverty
- Thought disorder
- Verbal aggression
- Physical aggression
- Lack of ability to begin and sustain planned activities
- Problems with making sense of information

Survey question: People with schizophrenia are judged or mistreated by members of the community

- Social withdrawal
- Lack of pleasure/interest in everyday life
- Social judgment
- Thought disorder
- Verbal aggression
- Physical aggression
- Lack of ability to begin and sustain planned activities
- Problems with making sense of information
- Lack of insight
- Ideational poverty
- Thought disorder
- Verbal aggression
- Physical aggression

Figure 2 Treatment adherence attitudes

Survey instructions: Please rate your agreement with the following statements

- I feel that I have to act as a mediator between the medical team and the patient, and that they are responsible for the patient’s therapeutic adherence
- Caregivers reported that most patients had experienced delusions (86%) and hallucinations (83%)
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