

Overview of Antipsychotic Using on Schizophrenic Patients in Hospitals Indramayu City

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Artikel Penelitian

Abstract: Schizophrenia is a psychiatric disorder characterized by disturbances in thinking processes, perceptions, emotional responses, and social interactions. The therapy commonly used in the treatment of schizophrenia is antipsychotic or psychotropic drugs. The use of psychotropic drugs is the first step in overcoming and following up on mental disorders. The object of this research is several hospitals that treat patients with psychiatric disorders, namely schizophrenia. Where the subjects used in this study were men/women with schizophrenia aged 18 to 60 years in the city of Indramayu who are undergoing treatment at the hospital for the 2020-2022 period. In this study, total population was 875 populations and 274 samples, the sample calculation results were obtained from the slovin formula. This study aims to describe the use of antipsychotic classes that are used as one of the pharmacological therapies in patients. This research method uses a descriptive Analytic method, while the sample fee used in this study is the slovin calculation formula, with a total population of 875 and a sample of 274 is obtained. The results obtained are based on the proportion of sex, mostly male patients (62.4%), the highest proportion of the age range was found in early adulthood (70.8%), the highest diagnosis was unspecified schizophrenia (46%). Then patients with a history of not going to school (63.5%) and a history of not working (88.3%). Most of the data obtained were patients who experienced mild recurrence of 62%. As for the large number of patient histories with mild or insignificant recurrence, this can influence the factors supporting the success of treatment, namely the use of insurance. This opinion was obtained from patient payment status data, in which the most widely used payment status was the use of insurance by 82.1%. In data on the use of the single antipsychotic that is most widely used in each type of schizophrenia is the antipsychotic haloperidol 89,9% and the combination that is most widely used is haloperidol-chlorpromazine 4%.

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Abstrak: Skizofrenia merupakan penyakit gangguan kejiwaan yang ditandai dengan gangguan proses berpikir, persepsi, respon emosional, dan interaksi sosial. Terapi yang biasa digunakan dalam pengobatan skizofrenia adalah antipsikotik atau obat golongan psikotropika. Penggunaan obat golongan psikotropika merupakan langkah awal dalam mengatasi dan menindak lanjuti penyakit gangguan mental. Adapun objek penelitian ini yaitu beberapa rumah sakit yang menangani pasien dengan penyakit gangguan kejiwaan yaitu skizofrenia. Dimana subjek yang digunakan dalam penelitian ini adalah pria/wanita dengan skizofrenia pada usia 18 hingga 60 tahun di kota Indramayu yang menjalani pengobatan di rumah sakit tersebut dengan periode tahun 2020-2022. Pada penelitian ini didapatkan jumlah popuasi sebanyak 875 populasi dan sampel sejumlah 274, hasil perhitungan sampel didapatkan dari rumus slovin. Penelitian ini bertujuan untuk mengetahui gambaran penggunaan golongan antipsikotik yang digunakan sebagai salah satu terapi farmakologi pasien. Metode penelitian ini menggunakan metode deskriptif analitik, adapun penentuan sampel yang digunakan pada penelitian ini adalah rumus perhitungan slovin, dengan populasi sebesar 875 dan sampel yang diperoleh 274 sampel. Hasil yang didapatkan berdasarkan persentase jenis kelamin yang paling banyak adalah pasien laki-laki (62,4%), persentase

rentang usia tertinggi didapatkan pada masa dewasa awal (70,8%), diagnosa tertinggi yaitu skizofrenia yang tak terinci (46%). Kemudian didapatkan pasien dengan riwayat tidak sekolah (63,5%) dan riwayat tidak bekerja (88,3%). Sebgiaan besar pada data yang didapatkan merupakan pasien yang memiliki kekambuhan ringan sebesar 62%. Adapun banyaknya riwayat pasien dengan kekambuhan ringan atau tidak terlalu signifikan, hal ini bisa dipengaruhi faktor penunjang keberhasilan pengobatan yaitu penggunaan asuransi, pendapat ini diperoleh dari data status pembayaran pasien, dimana status pembayaran yang paling banyak digunakan adalah dengan penggunaan asuransi sebesar 82,1%. Pada data penggunaan .antipsikotik tunggal yang paling banyak digunakan disetiap tipe skizofrenia adalah antipsikotik haloperidol 89,8% dan kombinasi yang paling banyak digunakan adalah haloperidol-chlorpromazin 4%.

Kata kunci: antipsikotik, asuransi, indramayu, kekambuhan, skizofrenia

Introduction

Schizophrenia is a mental illness that affects 20 million people worldwide (1). Based on basic health research data for schizophrenia in Indonesia in 2018 there were 282,654 people, then in West Java the prevalence was 55,133 people (2). Indramayu is a city with the ninth rank schizophrenia prevalence in West Java of 62.7% (3). Precise estimates of the prevalence of schizophrenia are difficult to obtain due to clinical and methodological factors such as the complexity of the diagnosis of schizophrenia, the presence of overlap with other disorders, and the various methods of determining the diagnosis. Given these complexities, schizophrenia and other psychotic disorders are often combined in prevalence estimation studies (4).

Schizophrenia is a psychiatric disorder that is experienced for a long time (chronic) which can affect a person in terms of cognitive, affective and behavior, although people who experience this disease are not as many as sufferers of other psychiatric disorders, schizophrenic disorders can be very debilitating (5). Schizophrenia is characterized by distortions of thinking, perception, emotion, language, sense of self and behaviour (1). A schizophrenic will have signs and symptoms including hallucinations, delusions or delusions usually starting at the age of 16 to 30 years and this disease affects more men than women (5). According to WHO (2005) psychotropic drugs are an effective treatment for people with mental disorders when used with psychosocial therapy (6).

In the medical world, psychotropic drugs, namely antipsychotics, are commonly prescribed to patients with schizophrenia or other mental disorders such as neurological disorders, psychotic disorders and other psychiatric disorders (5). In addition to the use of drugs to reduce symptoms of relapse in schizophrenia patients, moral support from family and the environment is a supporting factor in the patient's recovery. Where the recurrence experienced by schizophrenia sufferers can be caused by, among other things, less harmonious family relationships and the absence of social support (7). According to research by Fiona, K & Fajrianthi (2013), states that the higher the social support provided, the higher the patient's quality of life. But the quality of life will decrease if social support is minimal, minimal or not at all (8).

Materials and Methods

Materials

This study used medical record data of schizophrenic patients and prescription sheets prescribing antipsychotics.

Methods

The data collected included patients who met the following criteria (gender, age, occupation, education, marital status, type of patient, type of schizophrenia, family history, history of side effects, ethnicity, and religion), with the patient population, namely schizophrenia medical records in Indramayu Hospital and Bhayangkara General Hospital. The sample used in this study is part of the entire object under study (9) is

medical record data that meets the inclusion criteria

$$n = \frac{N}{Ne^2+1}$$

Descriptions:

n = Total Samples

e = margin of error (0,05)

N = Total population.

In this study the total population is 875 population with the calculation that is

$$\begin{aligned} n &= \frac{N}{Ne^2+1} = \frac{875}{875(0,05)^2+1} = \frac{875}{875(0,0025)+1} \\ &= \frac{875}{3,1875} = 274,509 \sim 274 \end{aligned}$$

And then the sample used in this study amounted to 274 samples.

The subjects of this study were based on inclusion criteria, including the following is:

1. The patient is male or female.
2. Patients with an age range of 18-60 years.
3. The patient is diagnosed with a psychiatric disorder (schizophrenia).
4. Patients receiving antipsychotic medication
5. Hospitalization and outpatient care.

While the exclusion criteria from this study include the following:

1. Incomplete patient data
2. The patient is died

The variables of this study are descriptions of the use of antipsychotics in schizophrenic patients at Indramayu City Hospital including gender, age, occupation, education, marital status, type of patient, type of schizophrenia, family history, history of side effects and percentage of antipsychotic drug prescriptions in several hospitals in Indramayu. The independent variables of this study are gender, education, occupation, marital status and payment status. The controlled variable in this study is an indicator of antipsychotic use. The statistical test used on the research variables is a descriptive statistical test, where the test aims to see the percentage of each variable, in addition

to the descriptive test this research also looks at the relationship between one variable and another variable or commonly called the relationship test (Chi-square test).

Results and Discussion

This research was conducted at two hospitals in the city of Indramayu, where this research was obtained from a research survey that the hospitals that have ensured psychiatric polyclinic services include Indramayu Hospital and TK III General Hospital.

Based on **Table 1**. on age criteria it was found that the highest percentage was in early adult patients of 70.4%. This research is in line with research conducted by Wulandari & Harjanti (2018) that the highest cases of schizophrenia occurred in patients in the early adult age group (26-35 years) of 39% (174 patients)(10). This research is different from the research of Kaikoushi, et al (2021) where in their research it was found that the majority of the age group were 45-65 years (33%) and 25-34 years (31.8%)(11), and isnenia in 2022, that in his study the age range of schizophrenic patients with the highest percentage was 26-35 years (32.4%) (12). This study is corroborated by a statement from Gogtay, et al (2011) that the typical age of onset for schizophrenia is in the late teens or early twenties, early brain disorders can affect prenatal brain development and the resulting pathophysiological mechanisms, so that it can cause adult brain dysfunction to predispose to schizophrenia (13). Pre-molecular and genetic studies have shown that genetic risk forms a strong factor for schizophrenia (14).

Based on **Table 1** about based on gender. the highest percentage was in male patients with 171 patients (62.4%). In line with several studies that were obtained, namely in the study of Kaikoushi, K., et al (2021) a sample of 406 patients found 262 males and 144 females (11) and Wahyudi, A., et al (2016), one of the factors related to the incidence of schizophrenia is gender, where the highest percentage is in men with 33 samples (53.2%) while women with 29 samples (46.8%) (15), whereas in a study conducted by Isnanea, outpatient schizophrenia was dominated by men are 130 patients (62.8%) compared to women, 77 patients (37.2%) (12).

According to Cordosa, et al (2005) said that men are more difficult to accept pressure than women (16). Based on research conducted by Mulyani, et al (2018) states that schizophrenia affects more men than women, this is because men usually have very high aggressiveness so it will be difficult to treat if only treatment is carried out at home, whereas women with schizophrenia can still be treated or controlled by their families (17) (18). Males experience more readmissions than patients with female gender, on the grounds that males have more mindset and thinking burdens than females, males are more likely to have recurrences caused by a large number of burden of mind compared to women (10). The

pressure in question is that most men have important roles and great responsibilities in their households, so according to Zahnia et al. the role of men in society is considered the main support in the household, while women are less at risk because women are more able to accept situations in his life (19).

Based on **Table 1** regarding marital status, it can be seen that in the marital status of schizophrenic patients who are unmarried more than married schizophrenic patients, where the frequency of unmarried patient status is 244 patients (89.1%) while for the status of patients who are married, namely 30 patients (10.9%).

Table 1. Demographic Characteristics of Schizophrenic Patients

	Frequency	Percent %
Age classification		
Late teens (18-21)	31	11.3
Early adulthood (21-40)	193	70.4
Middle adulthood (40-60)	50	18.2
Gender		
Man	171	62.4
Women	103	37.6
Marital Status		
Not Married	244	89.1
Married	30	10.9
Education		
No School	174	63.5
Elementary School	27	9.9
Junior High School	22	8.0
Senior High School	45	16.4
Bachelor Degree	6	2.2
Profession		
Doesn't work	242	88.3
Farmer	6	2.2
Self-employed	11	4.0
State civil apparatus	2	.7
Etc	12	4.4
Private sector employee	1	.4
Recurrence		
Relapsed	104	38
Not relapse	170	62
Payment status		
Non Insurance	49	17.9
Insurance	225	82.1
Medication adherence		
Adhere	164	60
Not adherence	110	40

Table 2. Use of Antipsychotics in Schizophrenia Patients at Indramayu City Hospital

type of schizophrenia	Antipsychotic category	Medication used	Usage Amount	
Schizophrenia YTT (N 126 (46%))	FGA	Single Haloperidol	115	
		Chlorpromazine	7	
	SGA	Clozapine	34	
		Soroquin	6	
		Olanzapine	6	
		Risperidon	21	
	G1 + G1	Combination Haloperidol + CPZ	5	
		G2+G2	Risperidone + Clozapine	1
	Paranoid schizophrenia (N 52 (19%))	FGA	Single Haloperidol	45
			Chlorpromazine	3
SGA		Clozapine	20	
		Olanzapine	2	
		Risperidone	8	
G1 + G1		Combination Haloperidol + CPZ	4	
Heberphrenic schizophrenia(N 93 (33,9%))		FGA	Single Haloperidol	84
			Chlorpromazine	7
		SGA	Clozapine	31
			Olanzapine	3
	Risperidone		13	
	Soroquin		2	
	G1 + G1	Combination Haloperidol + CPZ	2	
	G2+G2	Risperidone + Clozapine	1	
		Clozapine + Soroquin	1	
	Catatonic schizophrenia	FGA	Single Haloperidol	1
SGA		Clozapine	1	
Residual schizophrenia	FGA	Single Haloperidol	1	
	SGA	Clozapine	1	
		Risperidone	1	

This research is in line with several studies that have been obtained, including research conducted by Wahyudi, A., et al (2016) obtained results, namely factors related to the incidence of schizophrenia including marital status, namely for the status of patients who are not married, 18 patients (58.1%)), while for marital status the results obtained were 13 people (41.9%) (15). In research conducted by Anistasia, F (2015) that the majority of respondents, 78.9% of

respondents in the study, were known to havemarital status, while 21.1% of respondents as a whole were known to have marital status (20).

Someone who is not married may be at risk of experiencing schizophrenia compared to married people, this is due to marital status so it is necessary to exchange ideal egos and identify behavior between husband and wife towards

achieving peace (21). Based on Durand and Barlow's statement in a study conducted by Julaeah, et al (2016) which explained that schizophrenic patients tend not to build or maintain significant relationships. Most people with this disorder have difficulty functioning in society. This difficulty is especially true for their ability to relate to other people so that many of the schizophrenic patients never married or had children (22).

Based on the education level of people with psychiatric disorders (schizophrenia) who do not go to school is 63.5%. This result is in line with several studies that have been obtained, including research conducted by Wahyudi & Fibriana, (2016) factors related to the incidence of schizophrenia, one of which is the level of education, where the highest level of education is 7 people (22.6%), while the level low education number of 24 people (77.4%) (15). If the patient has a higher education, the greater the chance for the patient to get treatment faster and it will be easier to carry out a series of follow-up treatments or post-illness treatment (23). However, in a study conducted by Afiyati, N., et al (2015) Families with low education said they never asked other people and looked for sources of information regarding the correct way to take medication regularly. Whereas in highly educated families they are able to find out and receive information from various sources such as other people, the internet regarding the correct way of taking medication on a regular basis (24). So it can be concluded that the mindset or mindset of someone with a higher education can influence someone in thinking and acting to heal.

Based on employment status, it can be seen that the highest prevalence of employment is the frequency of not working 242 patients (88.3%), while the lowest prevalence is in private employees with 1 patient (0.4%). This research is in line with research conducted by Zahnia, S., Sumekar, D, W (2016) In the schizophrenia group, the number of those who did not work was 85.3% so that people who did not work were 6.2 times more likely to suffer schizophrenia compared to those who work (19). However, in contrast to the research conducted by Farida, et al (2015), work has no effect on the recurrence of schizophrenic patients. Most

patients who experience relapse have a history of not working (25). Based on the data obtained, there are more schizophrenic patients who have a history of not working, this could be due to the presence of severe relapses so that it will be difficult for patients to do work and interact with other workers. People who do not work will more easily become stressed due to high levels of stress hormones (catecholamines) which will result in helplessness, because working people will have a sense of optimism about the future and have a greater zest for life compared to those who do not work (21). Possible causes of the patient having a history of not working are when signs of recurrence appear in the patient, the patient may behave like a rage, act anarchically or even worse the patient will injure and even kill other people or himself. If this happens, the community will assume that the patient's disorder is no longer curable. It can also prevent patients from getting proper behavior and in difficulty finding a job (25). In terms of economic status, where people with low economic status have 6 times the risk of experiencing schizophrenia mental disorders compared to high economic status, low economic status greatly affects a person's life (19). Some experts do not consider poverty (low economic status) as a risk factor, but the accompanying factors are responsible for the emergence of health problems (21). Economic pressure will trigger a person to become vulnerable and various events occur that cause mental disorders. Thus, the cause of mental disorders is not just a psychosocial stressor but also an economic stressor, these two stressors are related, making already complex problems even more complex (21). However, based on a statement in the research of Puspitasari, E (2017) that one of the factors influencing relapse is work, where a person with schizophrenia who works has a positive relationship with himself, besides being able to help with health care costs, the work he does can also reduce positive symptoms (such as delusions and hallucinations) and negative (such as self-harm or others), so that from this it can improve social functioning and experience an increase in quality of life (26). Of course this is seen again whether the patient experienced a severe relapse or not.

Based on the patient's recurrence frequency, it is known that the frequency of recurrence in schizophrenic patients is 38%, while in patients who do not have relapses it is 62%. The meaning of patients with no relapses is that the frequency of recurrences is mild and rare, not included in the severe category, relapses of patients with mental disorders are the highest burden of global disease where recurrence is one of the most important obstacles to recovery and rehabilitation (27). Based on research conducted by Anistasia (2015) it was found that the majority of respondents or 57.9% of respondents had a recurrence frequency in the low category, while 42.1% were known to have a recurrence frequency in the high category (20). In contrast to the research conducted by Cahyati, P (2018), it was found that schizophrenia patients who experienced high relapses had a frequency of (64.9%) while those with low recurrences obtained a percentage of (18.1%) (28). Relapse, characterized by an acute psychotic exacerbation, may have serious implications. For example, there is a risk of patients harming themselves or others, jeopardizing personal relationships, education or employment status and further stigmatizing the disease (29). Individuals with schizophrenia have a biologically mediated vulnerability to stressful events that can result in acute psychosis; stress has direct psychological effects on the body, cognitive and behavioral effects, and secondary effects by exacerbating disease, and delaying recovery (30). Many factors can be associated with recurrence and exacerbation of schizophrenia spectrum disorder symptoms, one of which is non-adherence to taking medication, where this can occur because non-adherence to taking medication is influenced by various factors such as; side effects of treatment, lack of knowledge about the disease and their treatment, as well as the presence of comorbid diseases (31).

Based on the pattern of use the type of schizophrenia at Indramayu City Hospital, the most common type of schizophrenia was unspecified schizophrenia at 46%. Unspecified schizophrenia is schizophrenia that does not fit into the previous categories (paranoid, hebephrenic and residual) with predominantly

positive symptoms (19). The highest single antipsychotic for unspecified types of schizophrenia and other types of schizophrenia is haloperidol. Where the use of antipsychotic agents is the cornerstone of a treatment and maintenance of schizophrenia and is effective in the treatment of hallucinations, delusions and thought disorders (32). For the main mechanism of action of first-generation antipsychotics is still not very clear, but first-generation antipsychotics are thought to work by blocking postsynaptic (D2) dopamine receptors in the mesolimbic system in the brain, the dopamine hypothesis states that antipsychotic drugs reduce positive psychosis symptoms by reducing dopamine activity in the system. mesolimbic brain (33).

The most widely used combination antipsychotic for all types of schizophrenia is a combination of haloperidol and chlorpromazine. Administration of antipsychotics in combination, either in the form of typical-atypical, typical-typical, and atypical-atypical combinations, has increased among clinical psychiatrists (34). stated that the use of the most widely used antipsychotic drugs was a combination of 95.08% and a single of 4.92%, where the combination of haloperidol and chlorpromazine was 37.03% (35). In line with the research conducted by Handayani, et al (2017), it was found that the most widely used combination haloperidol-chlorpromazine combination (55%) (36). The use of antipsychotic combinations will produce varied and larger receptor targets so that it can increase the efficacy of antipsychotics by increasing the D2 dopaminergic receptor antagonist additively and is expected to reduce the side effects associated with the dose of each drug (37).

In terms of payment status, it is known that the most widely used type of payment status is payment status using health insurance, namely BPJS with a frequency of 225 people (82.1%), while in non-health insurance payment status there are 49 people (17.9%). Insurance is an important part of financial planning, it can be said that insurance is needed to guarantee medical expenses when sick (38). Regarding the type of payment status used by families of schizophrenic patients, some of them use health

insurance and do not use health insurance (personal funds). the type of payment status that is widely used in this study is the status of payment using health insurance, namely BPJS with a total of 225 people (82.1%) while those who do not use health insurance are 49 people (17.9%). This is in line with research conducted by Isnenia (2022), that the most widely used financing status is insurance or health insurance (89.4%), while the percentage using personal funds is as much as (10.6%). Insurance plays an important role as a supporting factor for medication adherence, because health insurance has already paid for the treatment so that the treatment of patients can be more controlled than those who do not have health insurance (12). In the results of observations on the patient visit list, regarding patients who did not use health insurance services, some of them continued treatment and others did not continue treatment. Based on the results of interviews conducted with SPKJ doctors who treat schizophrenic patients at Indramayu Hospital, the use of health insurance or without health insurance (personal expenses), does not affect the provision of treatment to schizophrenic patients related to the type of drug prescribed, dosage or amount of drug, in the sense of the home The hospital does not discriminate in providing therapy to patients with insurance or those without insurance. Likewise with the Bhayangkara TK. III Indramayu General Hospital, based on the data that was observed again, regarding the prescription of schizophrenic patients, there is no difference in the treatment given to patients who use insurance or use personal funds.

Based on adherence to taking medication, it was found that patient compliance in taking

medication was 60%, while in patients who did not adhere to taking medication, it was 40%. The number of cases of mental disorders in the city of Indramayu makes this a concern, where to overcome the symptoms of recurrence of schizophrenia patients is to adhere to taking medication. according to M, Mubin (2015) states that one of the causes of recurrence schizophrenic patients from the results of FGD (Focus Group Discussion) is one of the weak adherence to taking medication (39). To see if there is a relationship between adherence to taking medication and the frequency of recurrence schizophrenia patients, a relationship test is performed in **Table 3**. The results obtained are *p-value* (> 0.05) which indicates that there is a relationship between patient adherence in taking medication and relapse, so this study This is in line with research conducted by Yan, et al (2015) that patient adherence to taking medication was 61.5% and 38.5% non-adherent patients. It can be interpreted that medication adherence can determine how often schizophrenic patients relapse, and family relationships that are less harmonious and the absence of social support can determine the recurrence of schizophrenic patients (7). The reasons that make it difficult for patients to comply with taking medication include limited costs (Simanjuntak R, 2014), where to minimize recurrence schizophrenia patients require routine treatment, which will require substantial costs if not deferred by using mental health insurance. In addition, other factors that make patients non-adherent in taking medication are the side effects arising from the use of these drugs, which makes patients reluctant to adhere to taking medication (25).

Table 3. Test of Relationship with Frequency of Recurrences

Independent Variable	P Value
Gender	0,700
Education	0,000
Employment status	0,000
Marital status	0,000
Payment status	0,009
medication adherence	0,000

Table 3. is a table that contains a relationship test to find out whether there is a relationship between the variable and the frequency of recurrence, the relationship test used is the Fisher alternative SPSS test, this alternative is used because the expected count value is more than the specified conditions. The variables in this study are the independent variables including gender, education, occupation, marital status and payment status, medication adherence, while the controlled variable is the frequency of relapse. In **Table 3**, it is known that the variable that has no relationship with the frequency of recurrence is the variable gender *p value* (0.700) because this value does not meet the requirements (> 0.05) indicating that there is no significant relationship. Whereas the variables of education, employment status, marital status, payment status and adherence to taking medication have a *p value* (<0.05) which indicates that these variables have a relationship with the frequency of relapse. **Table 4.** Based on the results obtained, it is known that the frequency of recurrence in schizophrenic patients is 38%, while in patients who do not have relapses it is 62%.

Table 4. Recurrence Frequency Which is The Dependent Variable

	Recurrence Frequency	Percentase
Relapsed	104	38%
Relapse rarely	170	62%

The renewal of this study is the result of the *p value* on employment status and marital status, where in previous research the *p value* was obtained (> 0.05). Marital status has a *p value* (0.000), in contrast to research conducted by Kurnia, et al (2015), where the result value (*p* 0.738) indicates that there is no relationship between education and recurrence of schizophrenic patients (yan et al), renewal the study also found employment status variables, where in the following table there is a *p value* (0.000), but in Kurnia et al (2015) where there is no relationship between work and the frequency of recurrence, where the *p value* is obtained (sig 0.867)(25).

Conclusion

Based on the description of research on the use of antipsychotics in schizophrenic patients at the Indramayu City Hospital for the 2020-2022 period, with a sample of 274 prescriptions, conclusions can be drawn regarding the demographic characteristics of the patients, most of whom are male patients. 62.4%) with an early adult age classification of 20-40 years (70.8%). The diagnosis of schizophrenia with the highest type was schizophrenia unspecified (46%). Characteristics of the level of education of people with psychiatric disorders (schizophrenia) who do not go to school is 63.5%. Based on demographic characteristics on employment status, where the highest percentage was schizophrenia who did not work (88.3%). Then in the use of the single antipsychotic that is most widely used in each type of schizophrenia is the first generation antipsychotic, namely haloperidol and in the use of the combination that is most widely used in each type of schizophrenia is the haloperidol-chlorpromazine combination. but based on data on the rate of recurrence that occurs in schizophrenic patients at Indramayu city hospital is a rare recurrence, this can be caused by several factors, one of which is routine treatment, where this is determined by the use of insurance that is used to support the successful treatment of schizophrenic patients, based on the data obtained, 82.1% use insurance while 17.9% use personal funds.

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Conflict of interest

The author hereby declares that the data published in this journal does not have a conflict of interest against any party.

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