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Risk of Relapse In Patients Living With Schizophrenia Attending University College Hospital, Ibadan, Oyo State

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Abstract:

Schizophrenia is a chronic neuropsychiatric disease with periodic relapses that greatly impair the long-term recovery and burden the patients, caregivers, and the healthcare systems. This paper evaluated the risk and degree of relapse, and other related socio-demographic predictors in patients with schizophrenia who visited the University College Hospital, Ibadan. There was a descriptive cross-sectional design in which 295 respondents were chosen through simple random sampling. A structured questionnaire, the Relapse Risk Assessment of Schizophrenia Patients (RASP), and the Positive and Negative Syndrome Scale (PANSS) were used to collect the data. The data were analyzed with SPSS version 28, and the descriptive statistics and chi-square tests were performed at the level of significance of 5%. Results indicated that most of the respondents were at high risk of relapse and quite a good proportion of the respondents had marked severity of symptoms. Past hospitalization was also strongly correlated with risk of relapse and length of illness was a strong determinant of the severity of relapse. The majority of socio-demographic factors were not significantly related to the outcomes of relapse. The study concluded that relapse is a significant clinical issue in the management of schizophrenia, which is mainly precipitated by illness-related factors. Specific interventions such as those targeting high-risk groups, early diagnosis, and long-term and integrated care are crucial to minimize relapse and enhance patient outcomes.

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Introduction

Schizophrenia is a severe and chronic neuropsychiatric disorder, which is prevalent in 24 million individuals around the world, thus it is a major global public health issue. The disorder is defined by severe dysfunctional changes in cognition, perception and behaviour and in many cases leading to severe functional impairment in occupational functioning, social relationships and general quality of life. Schizophrenia may result in long-term disability and represents a significant burden of disease in the world, especially in terms of disability-adjusted life years (Omigbodun et al., 2023). The long-lasting and recurring characteristic of the disease requires sustained and holistic care, which poses significant burdens to patients, their caregivers, and health care systems, particularly in resource-constrained environments. Although there have been improvements in the pharmacological and psychosocial interventions, long term recovery has been a significant challenge and this is partly because of the constant threat of relapse during the course of the illness.

Relapse is a key and characteristic aspect of schizophrenia and is a significant obstacle to sustained recovery. It is usually described as a reappearance or exacerbation of the psychotic symptoms after a certain time of improvement or remission, which may require increased treatment or hospitalization (Papakostas et al., 2020; Crellin et al., 2022). It has been shown that relapse is very common to patients with schizophrenia as the rates reported are between 50-92 around the world. They are not only high in developed countries but also in developing countries, which hints at the idea that relapse is an issue that cuts across all borders regardless of the amount of healthcare facilities. Moreover, it has been demonstrated that a considerable number of patients relapse during the initial years after the diagnosis, and it is estimated that about one-third of patients relapse during the first year of treatment and almost half relapse during the second year (Omigbodun et al., 2023). This underscores the critical period of vulnerability at the beginning of the disease pathway where management strategies are needed to avert the worsening.

Relapse in schizophrenia has far reaching implications. All relapse episodes are linked to deteriorating clinical outcomes, such as an increase in the severity of symptoms, resistance to treatment, and progressive cognitive impairment (Moges et al., 2021). The repeated relapses may result in a loss of functional capacity, withdrawal and poor quality of life thus diminishing the ability to re-enter the society. Moreover, hospitalization rates frequently accompany relapses not only interfering with the continuity of care provision but also causing a considerable economic burden to healthcare systems and families (Brown et al., 2020; Ogunjobi et al., 2023). In addition to clinical and economic consequences, relapse has the potential to increase stigma and discrimination, further isolating people and decreasing their access to social and occupational opportunities. Such cumulative effects highlight the significance of relapse prevention as one of the fundamental aims of treating schizophrenia.

Relapse in schizophrenia has been found to be a multifactorial phenomenon with a wide range of factors contributing to it. Medication non-adherence is one of the most prominent and regular risk factors among them. It has been indicated that a significant percentage of patients do not continue to receive antipsychotics in the first 18 months, which puts them at risk of relapse (Van der Lee et al., 2021). The risk of relapse has been reported to be especially high in the Nigerian context, where the non-adherence rates are high (Shehu et al., 2023). Substance abuse, comorbid psychiatric diagnoses, medication side effects, and stressful life events are other factors that contribute to it (Stuprup et al., 2023). Other social

factors like absence of family support, living alone, and poor socioeconomic status are also critical factors in determining risk of relapse. On the other hand, protective factors, including a good family engagement, a steady job, and good attitudes towards treatment have been demonstrated to improve compliance and decrease the risk of relapse (Kardas, 2024).

Systemic and contextual factors also contribute to the problem of relapse in sub-Saharan Africa, especially in Nigeria. Poor access to mental health services, poor infrastructure and long-standing stigma about mental illness leads to poor treatment outcomes and higher relapse rates . Misconceptions and beliefs related to mental illness may also impact the seeking behaviour of treatment and compliance with prescribed treatments. In addition, stress may be worsened by socioeconomic unsteadiness and a lack of social support systems that may negatively affect the management of the condition. These situational facts underscore the importance of contextually relevant studies to learn more about the determinants of relapse, and to create culturally appropriate and sustainable interventions.

Prevention and early detection of relapse are very important in management of schizophrenia. The ability to identify early warning signs (e.g., subtle changes in mood, behaviour, or cognition) can help to intervene in time and mitigate the impact of relapse episodes (Orrico-Sánchez et al., 2020). Nevertheless, even the idea of relapse is not always well-defined and with the same level of consistency, and different clinicians, patients, and caregivers have different opinions (Zofia et al., 2022). The risk of relapse is also a major psychological burden of patients and has been found to be an independent predictor of future relapse, which further enhances the importance of having multifaceted management strategies that would consider both clinical and psychosocial aspects of care.

Although a literature on schizophrenia and relapse is on the rise, there is still a gap in the provision of evidence that is context-specific, especially in low- and middle-income nations, like Nigeria. Recognizing the trends and predictors of relapse in particular healthcare environments is crucial to inform clinical practice and enhance patient outcomes. As a large tertiary healthcare facility, the University College Hospital, Ibadan, offers a suitable environment in which the risk of relapse in schizophrenic patients can be investigated. Thus, the aim of the study will be to determine the risk of the relapse of the patients with schizophrenia who live in this facility. The study aims to help develop specific interventions that might reduce the chances of relapse by determining critical factors related to relapse, thereby increasing the adherence to treatment and ultimately decreasing the impact of schizophrenia in this group.

The study aimed to assess the risk of relapse among patients living with schizophrenia attending the University College Hospital, Ibadan. Specifically, it assessed the risk and level of relapse among these patients and determined the socio-demographic predictors influencing the risk of relapse within this population.

Methods

The research design was descriptive cross-sectional design in order to determine the risk of relapse in patients with schizophrenia who are patients of the University College Hospital, Ibadan. The population of interest included adults aged 18 years and older with schizophrenia and under the facility care. Those who had received treatment at least three months and gave informed consent were included and those who were cognitively impaired to recall or those who did not wish to participate were excluded to improve the reliability of responses. The sample size was calculated by the Kish and Leslie formula with 95 percent

confidence and a margin of error of 0.05 and the initial sample was 266 respondents. After adjusting for non-response, a total of 295 participants was obtained.

Simple random sampling method was used to recruit the participants on clinic days. Patients who were eligible were asked to come and draw ballots with the label Yes or No, and those who chose Yes were enrolled after giving an informed consent. This was done in a period of five weeks until the desired sample size was met, and there was an equal opportunity of participation among qualified respondents. A structured questionnaire with socio-demographic variables and a standardized instrument to measure relapse risk was used to collect data. The likelihood of relapse among the participants was assessed using the Relapse Risk Assessment of Schizophrenia Patients (RASP) which had closed-ended items. The questionnaire was translated into Yoruba to improve the comprehension and get proper responses with the respondents of different levels of education.

Expert review was used to determine the validity of the instrument by making sure that the items are clear, relevant and appropriate in the measurement of relapse risk. The RASP instrument had been previously tested and proved to be reliable with good internal consistency with a Cronbachs alpha of 0.77. Data collection began after the ethical approval and participants were contacted during clinic visits, told about the study and given consent before participating. The researcher and trained assistants conducted questionnaires using interviewer-assisted techniques to ensure consistency and reduce bias. This methodological design allowed gathering of valid and reliable data in measuring the risk of relapse in schizophrenic patients.

All completed questionnaires were securely stored to prevent damage and unauthorized access, and a data dictionary was developed to guide coding and analysis. Data entry and analysis were conducted using SPSS version 28, with findings presented in tables, frequencies, means, and standard deviations. A significance level of 5% ($p < 0.05$) was adopted for all statistical tests. The assessment of relapse was conducted in two dimensions. The risk of relapse was evaluated using items from the Relapse Risk Assessment for Schizophrenia Patients (RASP), where “Yes” responses were scored as 1 and “No” as 0. Total scores were computed and categorized using the mean score, with values below the mean indicating low risk and those above the mean indicating high risk of relapse. The level of relapse was determined using the Positive and Negative Syndrome Scale (PANSS), a 30-item instrument rated on a 7-point scale, with scores classified into mildly, moderately, markedly, and severely ill categories to reflect symptom severity. To determine socio-demographic predictors of relapse risk among patients with schizophrenia attending the University College Hospital, Ibadan, Chi-square analysis was applied at a 5% level of significance.

Ethical approval was obtained from the institutional review committee, and all procedures adhered to the principles of the Declaration of Helsinki. Informed consent was obtained from all participants prior to data collection, with provisions made for both literate and non-literate respondents. Confidentiality was strictly maintained, as no identifying information was collected, and data were used solely for research purposes. The study upheld the principles of beneficence and non-maleficence by ensuring no harm to participants, while participation remained entirely voluntary, with respondents free to withdraw at any stage without any consequences to their treatment.

Results

Table 1 presents the sociodemographic characteristics of the study participants. The data reveal that the majority of respondents (50.51%) were aged between 39 and 72 years, indicating a substantial proportion of older individuals in the sample. While a nearly equal distribution was observed, male respondents constituted a slightly smaller proportion (48.47%). Regarding marital status, 48.14% of the respondents were married, representing the largest group. Furthermore, 43.20% of participants were living with their spouse, and an overwhelming majority (98.64%) resided in urban or semi-urban areas. Educational attainment varied, with a small proportion (3.40%) having no formal education or only an elementary education. A significant majority of respondents (60.85%) were unemployed. Concerning illness-specific demographics, the age of illness onset for the largest proportion of respondents (26.46%) fell between 8 and 24 years. The duration of illness for a larger proportion of respondents (51.23%) was between 1 and 4 years. Lastly, a considerable proportion of respondents (32.54%) reported having had six or more previous hospitalizations for schizophrenia.

Table 1: Sociodemographic Characteristics of Respondents (N = 295)

Variable	Category	N	%
Age	≤ 38	149	50.51
	39 – 72	146	49.49
Gender	Male	143	48.47
	Female	152	51.53
Marital Status	Single	122	41.36
	Married	142	48.14
	Separated/Divorced	23	7.80
	Widow	8	2.71
Living Conditions	Living alone	56	19.05
	Living with parents	100	34.01
	Living with spouse	127	43.20
	Living with friends	11	3.74
Residence	Urban/Semi-Urban	291	98.64
	Rural	4	1.36
Educational Level	No/Elementary education	10	3.40
	Secondary education	122	41.50
	Tertiary education	162	55.10
Occupation	Unemployed	150	50.85
	Employed	145	49.15
Age of Onset	8 – 24	77	26.46
	25 – 31	70	24.05
	32 – 41	74	25.43
	42 – 68	70	24.05

Variable	Category	N	%
Duration of Illness	1 – 4 years	146	51.23
	5 – 33 years	139	48.77
Previous Hospitalization	No previous hospitalization	199	67.46
	Hospitalized ≥6 times	96	32.54

Table 2 assesses the risk of relapse among respondents with schizophrenia. As shown in the table, the analysis shows that a substantial proportion of the respondents (59.7%) were classified as having a high risk of relapse, indicating their vulnerability to symptom recurrence. Conversely, a smaller proportion (40.3%) demonstrated a low risk of relapse. Table 3 presents the categorized level of relapse (symptom severity) among patients with schizophrenia, based on their PANSS scores. The results indicate that the majority of the respondents (61.6%) exhibited a marked level of relapse, signifying significant or severe recurrence of symptoms and functional impairment. In contrast, a smaller proportion of respondents (38.4%) showed a moderate level of relapse, suggesting a less severe, yet still clinically significant, recurrence of symptoms.

Table 2: Relapse Risk in Individuals with Schizophrenia (N = 295)

Relapse Risk Category	N	%
Low Risk of Relapse	119	40.3
High Risk of Relapse	176	59.7

Table 3: Degree of Relapse among Persons with Schizophrenia (N = 294)

Level of Relapse	N	%
Moderately	113	38.4
Markedly	181	61.6

Table 4 presents the association between socio-demographic variables and relapse risk among patients with schizophrenia. The findings indicate that most socio-demographic factors, including age, gender, marital status, living condition, residence, education level, and occupation, were not statistically significant predictors of relapse risk ($p > 0.05$). Although variations were observed across categories, such as slightly higher low-risk proportions among younger patients and females, these differences were not strong enough to establish significant relationships. Marital status showed a near-significant association, with divorced individuals exhibiting a notably higher proportion of high relapse risk, suggesting potential vulnerability linked to social instability; however, this did not reach statistical significance. Overall, the effect sizes for these variables were weak, indicating minimal practical influence on relapse risk. In contrast, previous hospitalization demonstrated a statistically significant association with relapse risk ($p = 0.004$), with a moderate effect size (Cramer's $V = 0.227$). Patients with no history of hospitalization were more likely to have a low risk of relapse, whereas those with multiple hospitalizations showed a higher likelihood of relapse. This suggests that prior hospitalization may serve as an important clinical indicator of relapse

vulnerability, possibly reflecting illness severity, treatment resistance, or poor long-term management. The finding highlights the importance of close monitoring and targeted interventions for patients with a history of repeated hospital admissions, as they represent a high-risk group requiring more intensive relapse prevention strategies.

Table 4: Sociodemographic Predictors of Relapse Risk Among Patients with Schizophrenia

Variable	Category	Low Risk % (95% CI)	High Risk % (95% CI)	χ^2	p-value	Cramer's V
Age	≤ 38	64 (56.3–71.7)	36 (28.3–43.7)	2.100	0.147	0.084
	39–72	55 (47.1–62.9)	45 (37.1–52.9)			
Gender	Male	55 (47.4–62.6)	45 (37.4–52.6)	2.249	0.134	0.087
	Female	64 (56.3–71.7)	36 (28.3–43.7)			
Marital Status	Single	61 (53.0–69.0)	39 (31.0–47.0)	9.354	0.053	0.178
	Married	61 (53.0–69.0)	39 (31.0–47.0)			
	Divorced	14 (0.0–40.8)	86 (59.2–100.0)			
	Separated	50 (14.9–85.1)	50 (14.9–85.1)			
	Widow/Widower	88 (66.5–100.0)	12 (0.0–33.5)			
Living Condition	Alone	50 (34.0–66.0)	50 (34.0–66.0)	3.466	0.483	0.109
	Parents/Family	62 (52.2–71.8)	38 (28.2–47.8)			
	With spouse	62 (53.1–70.9)	38 (29.1–46.9)			
	With friends	55 (17.5–92.5)	45 (7.5–82.5)			
Residence	Urban	63 (56.0–70.0)	37 (30.0–44.0)	3.096	0.213	0.102
	Semi-Urban	51 (40.0–62.0)	49 (38.0–60.0)			
	Rural	50 (0.0–100.0)	50 (0.0–100.0)			
Education Level	No formal	50 (0.0–	50 (0.0–	4.921	0.296	0.129

Variable	Category	Low Risk % (95% CI)	High Risk % (95% CI)	χ^2	p-value	Cramer's V
		100.0)	100.0)			
	Primary	38 (0.0–76.2)	63 (23.8–100.0)			
	Secondary	65 (57.1–72.9)	35 (27.1–42.9)			
	Tertiary	59 (51.5–66.5)	41 (33.5–48.5)			
Occupation	Unemployed	57 (49.6–64.4)	43 (35.6–50.4)	2.777	0.249	0.097
	Employed	62 (54.0–70.0)	38 (30.0–46.0)			
Previous Hospitalization	No	67 (60.9–73.1)	33 (26.9–39.1)	15.202	0.004*	0.227
	≥6 times	46 (35.0–57.0)	54 (43.0–65.0)			

Table 5 presents the relationship between socio-demographic characteristics and the level of relapse among patients with schizophrenia. The findings indicate that most socio-demographic variables, including age, gender, marital status, living conditions, residence, educational level, occupation, and age of onset, were not significantly associated with the level of relapse ($p > 0.05$). Although some variations were observed, for instance, a slightly higher proportion of marked relapse among older individuals and unemployed respondents - these differences were not statistically significant. This suggests that these demographic factors may not independently influence the severity of relapse among patients, reinforcing the complexity of relapse patterns in schizophrenia. The generally similar distribution across categories indicates that relapse severity is not strongly determined by basic socio-demographic characteristics alone.

However, duration of illness showed a statistically significant association with the level of relapse ($p = 0.001$), indicating that patients who had lived longer with schizophrenia were more likely to experience marked relapse compared to those with shorter illness duration. This finding suggests a potential cumulative effect of the illness over time, where prolonged exposure may lead to worsening symptom severity, treatment resistance, or reduced responsiveness to interventions. Although previous hospitalization approached significance, it did not reach the statistical threshold, but the trend suggests that individuals with repeated hospital admissions may also be at increased risk of more severe relapse. Overall, the results highlight duration of illness as a key clinical factor influencing relapse severity, underscoring the importance of early intervention and sustained long-term management in reducing the progression and impact of schizophrenia.

Table 5: Sociodemographic Traits and Level of Relapse Among Patients with Schizophrenia

Variable	Category	Moderately n (%)	Markedly n (%)	χ^2	p-value
Age	≤ 38	64 (56.64)	84 (46.41)	2.9114	0.088
	39–72	49 (43.36)	97 (53.59)		
Gender	Male	51 (45.13)	92 (50.83)	0.9035	0.342
	Female	62 (54.87)	89 (49.17)		
Marital Status	Single	50 (44.25)	72 (39.78)	1.5534	0.670
	Married	52 (46.02)	89 (49.17)		
	Separated/Divorced	7 (6.19)	16 (8.84)		
	Widow	4 (3.54)	4 (2.21)		
Living Conditions	Living alone	22 (19.64)	34 (18.78)	0.3346	0.953
	Living with parents	37 (33.04)	63 (34.81)		
	Living with spouse	48 (42.86)	78 (43.09)		
	Living with friends	5 (4.46)	6 (3.31)		
Residence	Urban/Semi-Urban	112 (99.12)	178 (98.34)	0.3093	0.578
	Rural	1 (0.88)	3 (1.66)		
Educational Level	No/Elementary	4 (3.54)	6 (3.33)	0.3254	0.850
	Secondary	46 (40.71)	75 (41.67)		
	Tertiary	63 (55.75)	99 (55.00)		
Occupation	Unemployed	51 (45.13)	99 (54.70)	2.5461	0.111
	Employed	62 (54.87)	82 (45.30)		
Age of Onset	8–24	30 (27.27)	47 (26.11)	1.3814	0.710
	25–31	25 (22.73)	44 (24.44)		
	32–41	25 (22.73)	49 (27.22)		
	42–68	30 (27.27)	40 (22.22)		
Duration of Illness	1–4 years	69 (63.89)	76 (43.18)	11.4844	0.001*
	5–33 years	39 (36.11)	100 (56.82)		
Previous Hospitalization	No	83 (73.45)	115 (63.54)	3.1102	0.078
	≥6 times	30 (26.55)	66 (36.46)		

Discussion of Findings

The findings of this study revealed that a substantial proportion of respondents were at high risk of relapse, with a majority also exhibiting a marked level of relapse severity. This pattern highlights the persistent burden of relapse among patients with schizophrenia and reinforces the notion that relapse remains a central challenge in long-term disease management. These results are consistent with existing literature, which identifies relapse

as a frequent and often unavoidable occurrence in the course of schizophrenia. Studies by Stürup et al. (2023) and Alphs et al. (2021) similarly reported a high proportion of patients at risk of relapse, particularly in contexts where treatment adherence is inconsistent. The observed level of marked relapse severity further aligns with findings by Moges et al. (2021) and Brown et al. (2020), who emphasized that relapse is often associated with severe symptom exacerbation, functional decline, and increased clinical complexity. The relapse rates reported in this study fall within the global estimates of 50% to 92% (Moges, et al. 2021), suggesting that the burden observed in this population is reflective of broader global trends rather than an isolated phenomenon.

The high prevalence of relapse risk and severity observed in this study underscores the multifactorial nature of relapse in schizophrenia. Relapse is not merely a clinical event but a cumulative outcome influenced by biological, psychological, and social factors. The persistence of high relapse levels, even in patients receiving treatment, suggests that pharmacological management alone may be insufficient to fully address the complexity of the disorder. This is particularly relevant in resource-constrained settings, where access to comprehensive mental health services, including psychosocial support and follow-up care, may be limited. The findings therefore highlight the need for integrated care approaches that combine medication with psychoeducation, social support, and continuous monitoring to reduce relapse risk and improve long-term outcomes (Agbonjinmi et al., 2022; Agbonjinmi et al., 2022).

In terms of predictors, the study identified previous hospitalization as a significant factor associated with increased relapse risk. This finding is particularly important, as it suggests that a history of hospitalization may serve as a strong clinical indicator of vulnerability to future relapse. Patients who have experienced prior admissions are likely to have had more severe or recurrent episodes, which may contribute to ongoing instability in their clinical condition. Repeated hospitalizations can also disrupt social support systems, reduce functional independence, and increase the likelihood of treatment fatigue or non-adherence, all of which are known contributors to relapse. This finding aligns with previous studies that have identified hospitalization history as a key predictor of relapse, emphasizing the need for targeted interventions for this high-risk group.

Furthermore, the study found that younger patients were more likely to experience marked levels of relapse severity, suggesting that age plays a critical role in relapse patterns. This may be explained by several factors, including limited insight into the illness, greater susceptibility to stigma, and challenges in maintaining consistent treatment routines among younger individuals. Younger patients may also be more exposed to psychosocial stressors, such as unemployment, social instability, and substance use, which can further increase relapse risk. This finding highlights the importance of early intervention and age-specific strategies in schizophrenia management. Tailored interventions that address the unique needs of younger patients, including enhanced psychoeducation, adherence support, and community-based care, are essential to mitigate the risk of severe relapse and improve long-term prognosis.

Conclusion

The research showed that relapse is a major clinical problem in patients with schizophrenia, and a significant proportion of the patients are at high risk and have high rates of severe symptom recurrence. Although the majority of socio-demographic variables did not have a

significant effect on the risk and severity of relapse, such clinical variables as past hospitalization and the length of illness became significant predictors, which suggests that the illness-related factors impact relapse more significantly than demographic factors. The results highlight the progressive and multifaceted nature of schizophrenia, in which recurrent episodes and longer periods of illness predispose a person to more detrimental effects. In general, the research points to the necessity of long-term, individualized, and clinically oriented interventions to help detect the problem early, monitor it, and manage it long-term to minimize relapse and enhance patient outcomes.

Recommendations

1. Patients who have been previously hospitalized should be given a priority in terms of intensive follow-up and monitoring since they are a high-risk group of relapse.
2. The intervention strategies should be reinforced especially on patients at initial stages of illness to help them not to advance to higher stages of relapse with time.
3. Continuous relapse prevention strategies, such as psychoeducation, regular evaluation of warning signs, and systematic clinical reviews should be included in long-term management plans.
4. The mental health services must embrace the concept of integrated care that considers clinical and psychosocial aspects to provide long-term support during the illness.

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