

A Quick Look at How a Network-Based Method Can Help Enhance Schizophrenia Treatment

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Abstract

MINT (Medical Informatics Network Tool) is a software solution that helps with chronic illness care management. It's intended to improve clinical data, facilitate teamwork, and enable for quality-control management in health care. MINT comes with a browser interface for data entry, organising, and real-time report generation. It comprises software that interacts with clinicians on a personal computer. MINT is being utilised in a study to improve schizophrenia therapy. A nurse examines

symptoms, side effects, and other critical problems at each patient visit and inputs this information into MINT. A window with the evaluation information, a message interface, and access to treatment guidelines appears when the physician opens the patient's electronic medical record. Clinicians and managers receive reports on the treatment quality of their patients.

Keywords

MINT, Schizophrenia, Chronic Illness

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1. Introduction

According to Crawford, a Boston-based psychiatrist, it's sometimes difficult for caretakers to understand what schizophrenia is all about and to get past their own preconceived views. As a result, it's critical to begin by learning about the disease and what support entails. You could begin by visiting a public or medical school library. Alternatively, go to the websites of mental health and caregiver advocacy organisations. Here are a few to consider: The Schizophrenia & Psychosis Action Alliance provides information on schizophrenia and psychosis in print, video, and presentation formats. They even provide a toolkit for caregivers of people with schizophrenia. NAMI offers a wide range of movies and other information about schizophrenia, as well as an eight-part YouTube „NAMI Family-to-Family Program“ for caregivers, a helpline, and online discussion forums. The Family Caregiver Alliance includes a page dedicated to general resources for caregivers [1].

Schizophrenia is a chronic brain condition that affects a small percentage of the population and is characterised by psychotic symptoms and disordered thinking. It is responsible for a small percentage of all permanently impaired persons and could result in three thousand early deaths in the United States each year. The treatment of schizophrenia has progressed dramatically during the past two decades. New drugs have the potential to improve symptoms and quality of life while minimising negative side

effects. Structured psychosocial interventions enable critically ill persons to function better in the community [2].

Sadly, the majority of persons with schizophrenia do not receive adequate treatment. The Medical Informatics Network Tool (MINT), a software system built to support both the EQUIP care model and research assessment, is a key component of EQUIP. MINT aids in the adoption of care models by allowing physicians to collect, manage, and use patient-specific and scientific data in real time. It improves communication among clinical team members and generates reports that are used to manage patient care. MINT helps in research assessment by keeping track of all enrolled patients, their contact information, and interview dates [3].

A variety of national treatment recommendations have specified what constitutes appropriate schizophrenia treatment. Researchers compared standard therapy in public clinics to appropriate care and discovered significant differences. Patients who are terminally ill sometimes drop out of therapy, often going unrecognised by busy professionals. Symptoms, side effects, and other issues are frequently misdiagnosed, and drugs are not altered correctly. Family members and other caregivers are rarely contacted by clinicians, and they are rarely offered support or education. Despite the fact that team-based treatment is the most effective, physicians at normal clinics are frequently overworked and have trouble coordinating care. Overall, there is an urgent need to better patient information and use it to target care [4].

MINT was created to help with both collaborative care implementation and research. Facilitating the entry of critical clinical data elements and providing real-time access to this information to the treatment team were among the design goals for supporting collaborative care. Psychiatrists were to be given clinical information during their visit with the patient, because this is when it has the greatest impact. Psychiatrists were to have one-click access to focused treatment guidelines as well as an interface to communicate with other members of the treatment team easily. MINT has also proven to be extremely beneficial to those in charge of the EQUIP project's clinical and research components [5]. With numerous physicians and hundreds of patients involved in the study, MINT has shown to be invaluable in ensuring that participants receive timely research follow-up interviews and that difficulties with intervention implementation are rapidly detected and handled. MINT has a number of potential applications in the treatment of psychiatric diseases and other chronic ailments. It should be beneficial in large-scale, multi-site attempts to improve care quality. Other scenarios where input to physicians is sought during the treatment visit or crucial clinical data needs to be managed over time are possible uses. MINT is simple to integrate into routine practise in busy clinics and adaptable to local requirements. The user interface is simple and intuitive.

2. Conclusion

MINT is a programme that aims to improve the quality of treatment for patients, clinicians, and practises. MINT reveals specific problems that need to be handled at the patient level, such as psychosis or homelessness. MINT determines when psychiatrists should seek new techniques for dealing with difficulties in their patient panel at the clinical level. MINT highlights pervasive problems that necessitate adjustments in the way care is organised at the practise level.

3. References

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