Functional recovery in patients with schizophrenia. Recommendations from a panel of experts

Additional file 1 – Results of the Delphi consensus

| Consensus | |
|--|--|
| ≥ 1/3 of experts score EITHER 7 – 9 (agree) OR 1 – 3 (disagree) | |
| Non-consensus | |
| Interquartile range > 4 OR | |
| ≥ 2/3 of experts score 1 – 3 AND ≥ 2/3 of experts score 7 – 9 | |
| Indeterminate | |
| Criteria for either consensus or non-consensus is not met | |

| Table S2 – The concept of functional recovery | | | | Median Interquartile range | | | Consensus in agree Consensus in disagr No consensus | | |
|---|---|---|------|-------------------------------|-------------------|---|---|---|--|
| | | | | | | | | | |
| 01. Functional recovery is a well-established concept. | | | | | | | 7 | | |
| 02. The concept of functional recovery overlaps with other concepts such as quality of life, cognition, recovery or clinical remission. | | | | | | | 8 | | |
| 03. Functional recovery is influenced by symptomatic remission. | | | | | | | | | |
| 04. Functional recovery is influenced by personal autonomy. | | | | | | | 8 | | |
| 05. Functional recovery is influenced by occupational activity. | | | | | | | 8 | | |
| 06. Functional recovery is influenced by social relationships. | | | | | | | 8 | | |
| 07. Functional recovery is influenced by subjective factors. | | | | | | | | | |
| 08. Functional recovery is influenced by environmental factors | | | | | | | | | |
| 09. Functional recovery is achievable in patients with schizophrenia. | 1 | 2 | 3 | 4 | 5 | 6 | 7 8 | 9 | |
| | | | 1.11 | | 2 [dicagraal, 7 + | | | | |

Likert scale (1-to-3 [disagree]; 7-to-9 [agree])

Table S3 – Assessment of functional recovery

Median Interquartile range Consensus in agreement
 Consensus in disagreement
 No consensus

10

| 10. Functioning must be always considered in the assessment of patients with schizophrenia. | | | | | | 6 | | 8 | | |
|--|---|---|---|---|---|----------|----------|-----|---|---|
| 11. A functional assessment is commonly included among the objectives of clinical trials in schizophrenia. | | | | | | _ | | 8 | | |
| 12. A functional assessment should be included among the objectives of clinical trials in schizophrenia. | | | | | | | 7 | | _ | |
| 13. Patients with schizophrenia and poor insight tend to overestimate their functional performance. | | | | | | | | 8 | | |
| 14. Functional assessment is challenging due to the overlapping with other concepts such as quality of life and clinical remission. | | | | | | 6 | | | | |
| 15. The patient is the most reliable source of information for functional assessment. | | | | | | | 7 | | | |
| 16. The patient's relatives (or caregivers) are the most reliable source of information for functional assessment. | | | | | | | 7 | | | |
| 17. The healthcare team is the most reliable source of information for functional assessment. | | | | | | | | | 9 | |
| 18. In the clinical practice setting, gathering information from all sources (i.e. the patient, his/her caregiver, and the healthcare team) is the most reliable and useful option. | | | | | | | | 8 | | • |
| In clinical research settings, retrieving information from all three sources (i.e. the patient, his/her caregiver, and the healthcare team) is the most reliable and useful option. | | | | | | | 7 | | | |
| 20. A functional assessment should consider the patient's socio-cultural background. | | | | | 5 | | | | | |
| 21. A proper functional assessment is not affordable in institutionalized patients. | | | | | | | 7 | | | |
| 22. The use of assessment tools for the functional evaluation of patients with schizophrenia is uncommon. | | | | | | | - | _ | | |
| 23. Many assessment tools are available for the functional evaluation of patients with schizophrenia. | | | | | | | | | | |
| 24. There is no standardized tool for the functional assessment of patients with schizophrenia. | | | | | | | | 8 | | |
| 25. I am familiar with the use of the Global Assessment Functioning (GAF) scale regarding the functional assessment of patients with schizophrenia. | | | | | | | 6.5 | | | |
| 26. I am familiar with the use of the Social and Occupational Functioning Assessment Scale (SOFAS) regarding the functional assessment of patients with schizophrenia. | | | | | | | <u> </u> | 7.5 | | |
| 27. I am familiar with the use of the Personal and Social Performance (PSP) scale regarding the functional assessment of patients with schizophrenia. | | | 3 | | | | | | | |
| 28. I am familiar with the use of the Schizophrenia Outcomes Functioning Interview (SOFI) regarding the functional assessment of patients with schizophrenia. | | | - | _ | 5 | | | | | |
| 29. I am familiar with the use of the Health of the Nation Outcome Scale (HoNOS) regarding the functional assessment of patients with schizophrenia. | | | | | | | 7 | | | |
| 30. I am familiar with the use of the second version of the World Health Organization Disability Assessment Schedule (WHODAS 2.0) regarding the functional assessment of patients with schizophrenia. | | | 2 | | | | | | | |
| 31. I am familiar with the use of the UCSD Performance-based Skills Assessment (UPSA) regarding the functional assessment of patients with schizophrenia. | | | 3 | | | | | | | |
| 32. Spanish clinicians are familiar with functional assessments based on self-administered scales. | | | 3 | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |

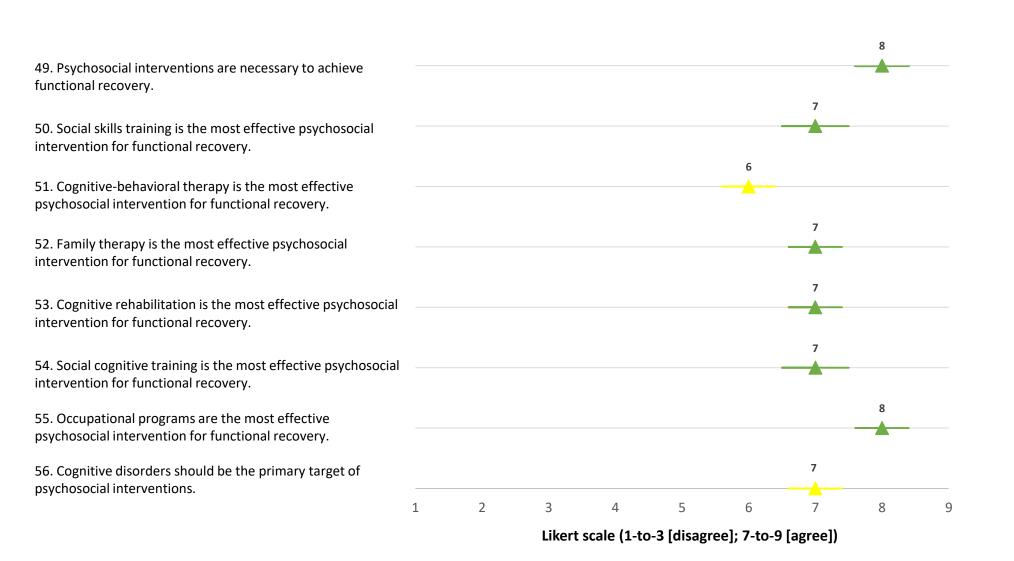
Likert scale (1-to-3 [disagree]; 7-to-9 [agree])

Table S4 – Factors influencing functional recovery

Median Interquartile range

| 33. In patients with schizophrenia, functional recovery should be addressed through a comprehensive approach that includes cognitive, emotional, and relationship difficulties, rather than focus on the symptoms. | 7,5 |
|--|--|
| 34. Negative symptoms have the greatest impact on the functioning of patients with schizophrenia. | 7 |
| 35. In patients with schizophrenia, cognitive symptoms have the most significant impact on functioning. | 7 |
| 36. In patients with schizophrenia, impaired social cognition has a greater impact on functioning than overall neuropsychological impairment. | 7 |
| 37. Stressful life events are the environmental factor with the greatest impact on functioning in patients with schizophrenia. | 8 |
| 38. Substance abuse is the environmental factor withe the greatest impact on functioning in patients with schizophrenia. | 7 |
| 39. Socio-economic conditions are the environmental factor with the greatest impact on functioning in patients with schizophrenia. | 7 |
| 40. Family dynamics are the environmental factor with the greatest impact on functioning in patients with schizophrenia. | 5 |
| 41. Living in an urban area is the environmental factor with the greatest impact on functioning in patients with schizophrenia. | |
| 42. Being an immigrant is the environmental factor with the greatest impact on functioning in patients with schizophrenia. | 8 |
| 43. None of the above-mentioned environmental factors can independently predict poor functional recovery in patients with schizophrenia. | 7 |
| 44. Self-stigma (or internalized stigma) has a greater impact on functioning than social stigma. | 5 |
| 45. Public campaigns aimed at reducing stigma in patients with schizophrenia are effective. | |
| 46. The poor image of psychiatry compared to other medical specialties increases stigma in patients with schizophrenia. | 7,5 |
| 47. Functional recovery is possible without an awareness of the disease. | 8 |
| 48. Adherence to both antipsychotic treatments and psychosocial interventions is necessary for functional recovery. | 1 2 3 4 5 6 7 8 9 |
| | Likert scale (1-to-3 [disagree]; 7-to-9 [agree]) |

Median Interquartile range



Median Interquartile range

| 57. Functional recovery is one of the most important criteria for choosing a pharmacologica treatment. | I | | | | | | 7 | | |
|--|----|---|---|---|---|---|---|---|---|
| 58. There are differences between the various antipsychotics regarding their effect on functional recovery. | | | | | | | | 8 | |
| 59. Compared to conventional antipsychotics, treatment with atypical antipsychotics is associated with greater rates of functional recovery.60. Functional recovery is hampered by adverse events such as extrapyramidal symptoms. | | | | | | | | 8 | |
| 61. Functional recovery is hampered by adverse events such as sedation. | | | | | | | | 8 | |
| 62. Functional recovery is hampered by adverse events such as the onset/worsening of negative symptoms. | | | | | | | | 8 | |
| 63. Functional recovery is hampered by adverse events such as cognitive impairment. | | | | | | | | | |
| 64. Compared with monotherapy, combined antipsychotic treatment is associated with poorer functional recovery. | | | | | | | 7 | | |
| 65. The efficacy of antipsychotic agents in the remission of positive symptoms is an essentia quality for their activity on functional recovery. | ıl | | | | | | | 8 | |
| 66. The efficacy of antipsychotic agents in the remission of negative symptoms is an essential quality for their activity on functional recovery. | | | | | | | | 8 | |
| 67. Relapse prevention is an essential quality of antipsychotic agents regarding their activity on functional recovery. | / | | | | | | 7 | | |
| 68. The primary role of antipsychotic agents is to facilitate and complement psychosocial rehabilitation interventions.69. Long-acting injectable antipsychotic agents benefit functional recovery by promoting interaction between patients and mental care teams. | | | | | | | | 8 | |
| 70. Long-acting injectable antipsychotic agents benefit functional recovery by improving treatment adherence. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Likert scale (1-to-3 [disagree]; 7-to-9 [agree])

Median Interquartile range

| 71. The perspective of clinicians on functional recovery differs significantly from that of patients and their relatives. | | | | | | | 7 | |
|--|---|---|---|--------------------|---|------------------|-----------------|------------|
| 72. Regarding functional recovery, psychiatrists are more concerned with the clinical aspects of the disease. | | | | | | | 7 | |
| 73. Regarding functional recovery, patients' relatives are more concerned with factors related to the activities of daily living. | | | | | | | | 8 |
| 74. Regarding functional recovery, patients are more concerned with subjective aspects of their lifetime project. | | | | | | | | 8 |
| 75. The attitude of the various stakeholders (clinicians, patients, relatives, and other professionals involved) influences functional recovery. | 1 | 2 | 3 | 4 rt scale (1-1 | 5 | 6 reel: 7-to- | 7 9 [agree]) | 8,5 |