



Drug adherence status among mentally ill client- A Descriptive Study

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Abstract

Background: Medication adherence are the measures of client's compliance to the prescribed treatment. Non-adherence to medication occurs more often in younger patients with higher socioeconomic status taking short-term medications than in older patients with chronic conditions. Non-adherence is one of the commonest causes of therapeutic failure in both medicine and psychiatry. With psychiatric patients the factors contributing to non-adherence are related to various factors such as disease condition and the clients himself undergoing psychiatric treatment.

Objective: The objective of the study is to assess the status of drug adherence among patients of an inpatient unit of western Maharashtra and sociodemographic factors associated with it.

Methodology: A non-experimental study design was adopted and conducted a descriptive cross-sectional study among inpatients psychiatric clients in a tertiary care setup of western Maharashtra. The accessible population was 52 and 30 patients with different mental health problems were included in the study. The participants were selected by simple random sampling. Hogan's drug Attitude Inventory DAI(30) was used to measure their attitude regarding psychiatric drugs. The relevant sociodemographic data were also collected by structured questionnaire.

Result: Hogan's drug Attitude Inventory indicated 18 clients(60%) show drug adherence status. Significant predictors of adherence were good social support, awareness about psychiatric illness and limited use of substance. 12 clients(40%) of participants found non adherent to drug regimen the associated factors are lack of motivation, knowledge and insight about their own illness.

Keywords: Drug adherence, positive family support, substance use.

Introduction

In any society, treatment for illness is part of a larger social and cultural beliefs about the body, about other people and about the nature and usefulness of substances. Adherence to drug regimen is a very important factor for improvement. Although pharmacotherapy is one of the vital modality of psychiatric treatment, non-adherence is the most common obstacle that limits to gain the optimal effectiveness of medications

among various psychiatric patients.¹ Both the literature and clinical experience tell us that noncompliance is exceedingly common, and is a major cause of rehospitalization. It is not surprising that non-compliance is even higher among psychiatric patients especially on an outpatient basis where the non-compliance rate has been shown to average 50%. Medical practitioners need to address this problem because

compliance is directly related to the prognosis of the illness.

the incidence of drug defaulting among patients who received their medications from nurses was 7.5%. Blackwell concluded that non-compliance increases in outpatients who lack supervision., Willcox studied 125 outpatients who were taking either chlorpromazine or imipramine. They showed 56% non-compliance rate for chlorpromazine and 27% non-compliance rate for imipramine as determined by quantitative urinalysis.

Background of Study

Poor adherence to psychiatric medication regimens is a major obstacle to the effective care of persons with chronic mental illnesses.¹ Many people with mental disorder stop taking their medications at some point in their treatment. This is a reality that patients, doctors, and family members often struggle with. But it's important to understand some of the possible reasons,³ and for people with Psychiatric illness it is critical to honestly evaluate why they want to stop taking their medication, and thus helps to find new possibilities of prevention and treatment.

Various factors for non adherence with treatment in mental illness have been reported from studies done abroad⁵ but such study was not done so far in our country. Therefore, the results of this study may contribute to develop strategies for improving the adherence of patients besides increasing the awareness of health care providers on the matter of adherence. The findings of this study might also help in influencing the development of appropriate plans and intervention programs to reduce drug non adherence in psychiatric patients. This in turn, might improve the quality of life for patients who are suffering from mental disorder and further benefit family and the country. In a similar study conducted in Germany. Adherence was measured by Rief Adherence Index. They found that at least 33% of Germans repeatedly fail to follow their doctor's recommendations regarding pharmacological treatments and only

25% of Germans describe themselves as fully adherent.

Getahun Hibdye and team studied Prevalence of Drug Non Adherence and Associated Factors among Patients with Bipolar Disorder at Outpatient Unit of Amanuel Hospital, Addis Ababa, Ethiopia.² It was an institution based cross sectional study was conducted on 410 patients with bipolar disorder. Adherence among schizophrenia was 75.7%; psychotic was 46.7%; bipolar disorder was 37.5%; and psychosis with depression was 52.6%. Reasons for non adherence included recovery from the illness (26.7%), seeking alternative therapy and unavailability of drugs (18.1% each), adverse drug reaction (12.7%), forgetfulness (10.6%), and being busy (8.6%). The observed rate of antipsychotic medication non adherence in this study was high. Interventions to increase adherence are therefore crucial.⁶

Methods and Materials

The study was conducted in a tertiary care unit of western Maharashtra with well established Psychiatric unit with a multidisciplinary team. The hospital have both inpatient and outpatient units.. This study is a descriptive cross-sectional study of non experimental design. is conducted in Sep 2017 and during this period 52 patients were admitted to this Hospital. 30 samples were selected by simple random sampling and data collection was done on sociodemographic status, disease condition, substance abuse and their attitude towards psychiatric drugs by Hogan's Drug Attitude Inventory (DAI-30). The inclusion criteria was psychiatric patients who were 25 years and above, under treatment at inpatient unit of a mental specialized hospital at the time of the study. The patients who were acutely disturbed were excluded from the study.

Data Collection Instrument

A structured questionnaire was employed to collect socio-demographic characteristics and non adherence related factors. Drug Attitude Inventory; DAI (Hogan et al, 1983) consists of a

questionnaire that is completed by the patient. It includes a series of questions, each with true/false answers, pertaining to various aspects of the patient's perceptions and experiences of treatment. The DAI-30 contains 15 items that a patient who is fully adherent to their prescribed medication (and so would be expected to have a 'positive' subjective response to medication) would answer as 'True', and 15 items such a patient would answer as 'False'. To calculate the score from a set of answers, each 'positive' answer is given a score of plus one, and each 'negative' answer is given a score of minus one.

The total score for each patient is calculated as the sum of the positive scores, minus the negative scores. A positive total score indicates a positive subjective response (adherent) and a negative total score indicates a negative subjective response (non-adherent).

The relevant sociodemographic data contains the following aspects-

- Age of the client
- Educational status
- Marital Status
- Substance abuse
- Diagnosis
- Duration of treatment
- Medication supervised at home by whom

Results

In the current study 30 samples were included out of them the 12 participants(40%) were in 30-35 years of age group with mean age of 32 years. 18 of them are educated upto 12th standard (60%). 21(70%) participants were married and 07(30%) were single but stayed with parents.

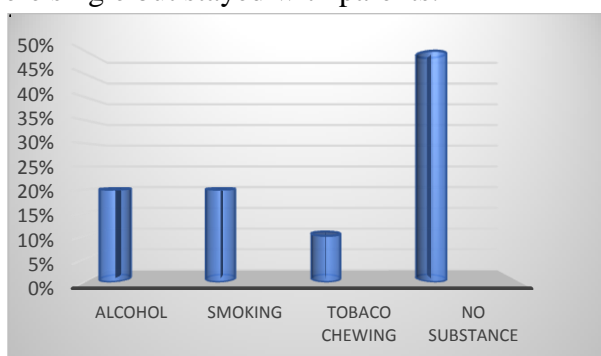


Fig I: substance use among participants

Drug adherence status of participants were measured by Hogan Drug Attitude inventory. The 18 participants(60%) had positive score means had drug adherence, while 12(40%) had non adherence with mean score of +7.1.

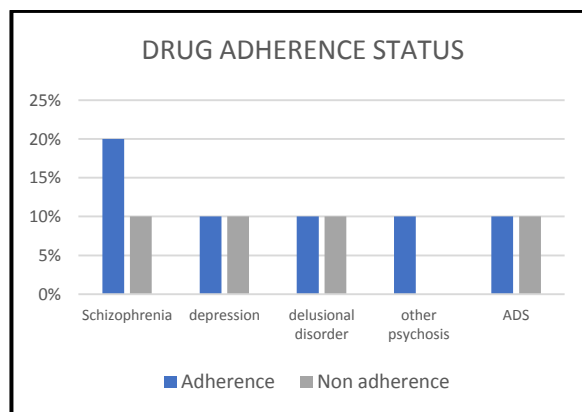


Fig II: Case distribution with drug adherence status

Discussion

Drug non adherence with prescribed medication is one of the most difficult to solve issues in medicine, and particularly in patients with mental health issues. The nature of serious psychiatric disorders in which reasoning skills and insight are usually severely damaged may cause higher rates of misbehaviour towards prescribed medications. Study reveals that Out of 30 respondents, 18 (60%) were found to be adherent by using Hogan's Drug Attitude Inventory, DAI(30). The study says that patients who were forced to take their medication against their will ,those who did not believe they require medication, and those who discontinued their medication without consulting their prescriber shows non adherence of 12(40%). drug adherence is better in clients with better family support, with no substance abuse group. The socio-demographic data shows the mean age of sample is 32 years. The other factors like education, marital status and presence of psychotic disorder shows no significance association with drug adherence, but the lack of insight and limited knowledge about the psychiatric drugs are the major factors causing non adherence to treatment. The purpose of present study was restricted only to explore

reasons of drug compliance so that proper management of these factors may be planned. Findings suggest that main factors related to poor drug adherence are associated with poor infrastructure in the society and lack of basic information about mental illness. There is a need to provide community level mental health care and proper counselling to patients and their caregivers. Studies on sociodemographic and clinical correlates of drug non-compliance will add more information into our understanding of non-compliance by psychiatric patients.

Summary

descriptive study on the status of Psychiatric drug Adherence conducted among hospitalised client of a tertiary care unit of west Maharashtra. The aim of the study was to assess the level of drug adherence among various psychiatric clients as the incidence of relapse and rehospitalisation has increased in recent past. Hogan's Drug Attitude inventory was used to assess the drug adherence status and related socio-demographic data were also collected simultaneously. The participants belonged to different psychiatric diagnosis group such as schizophrenia, depression, delusional disorder, ADS and other Psychotic disorders. The result shows the adherence of 60%, factors contributing to this were good family support, self motivation and insight about the disease, however 40% of non adherence was due to substance use during the course of treatment and lack of motivation. The level of educational status, age and economic status were approximately similar for them. The reason for higher rate of compliance was also due to closely supervised pharmacotherapy, along with the other forms of psychosocial therapies which in turn improve overall wellbeing of the client which may be lacking for OPD or community Psychiatric clients.

Recommendations

Based on the results of this study awareness raising strategy that can uplift the attitude of

patient towards medication, and designing and implementing continues follow up or care have to be worked by psychiatry institutions. In addition, strategies that can promote social support, reduce stigma and substance use is crucial to increase the level of adherence. More ever, the clinician should work better on simplifying the medication regimen; patient education about associated drug side effects, timing and duration of medication; and engaging significant others that helps patients to remember drugs and support them in different aspect.

Declaration

I, Tanushreed Mitra PG student of Psychiatric Nursing of College of Nursing AFMC Pune declares that the under mentioned study is an original study conducted by me under the able guidance of Brig Punita A Sharma, Principal and Professor of department of Psychiatric Nursing and Maj Radhika Das, Tutor, College of Nursing AFMC Pune in 2017. There was no conflict of interest between the researcher and the guide. I request you to consider this article for publication under research article section.

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