

Treatment Adherence among Patients With Psychotic Disorders

Mrs.Remya R Nair^{1*}

MScNursing, Assistant professor, Dept of Mental Health Nursing, St. Johns College Of Nursing, Bangalore

Mrs Daina K G², Ms Delphy Sajan³, Mrs Geetha Rathnam⁴, Ms Jesna Tomy⁵,
Ms Jewel Maria Manoj⁶, Ms Tenzin Choyang⁷, Ms Yuva.Shankari⁸, Sr.Anu V
T⁹, Sr. Jyothis¹⁰,

^{2nd} yr PCBSc students, St. Johns College Of Nursing, Bangalore

Corresponding author- Mrs.Remya R Nair, Assistant professor, Dept of Mental Health Nursing, St. Johns
College Of Nursing, Bangalore

Abstract

Background of the study: Psychotropic medication is held to be the cornerstone in the treatment of patients with mental disorders. Psychotropic medications are effective in reducing the symptoms and preventing relapses and improving psychosocial functioning. Medication adherence is important to determine whether the selected treatment is effective, whether there are dosage adjustments, or concomittant medication to be added. Adherence is a multifactorial phenomenon that can be influenced by various factors like social and economic factors, therapy-related factors, disease-related factors, patient-related factors and health care system-related factors. **Objectives:** To assess the treatment adherence among patient with psychotic disorders and to determine the association of treatment adherence with selected demographic variables of patient with psychotic disorders. **Methodology:** It was a non experimental descriptive study conducted in In-patient and Out-patient departments. 64 patients with psychotic disorders were included in the study using purposive sampling method. Structured proforma was used to collect the demographic variables and Drug attitude inventory was used as a tool to assess the treatment adherence. Data analysis was done using SPSS. **Results:** The results indicated that 89.06% of patients with psychotic disorders are adherent to treatment and 10.94% are non-adherent to treatment. The study depicts that majority of patients were adherent to psychotropic medications **Conclusion:** Nonadherence among psychiatric illness would increase the risk of morbidity and mortality among the psychiatric population which has to be considered and taken care by the health care professionals. So proper counselling of patients by psychiatrists and psychologists might improve medication adherence.

Keywords: Psychotic disorders, treatment adherence, non adherence, psychotropic medications

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I. Introduction

Psychotic disorder refers to the group of disorders that causes disturbances in mood, thought and perceptions such as schizophrenia, schizotypal disease, delusional disorder, acute poly morphic psychotic disorder, schizo affective disorder, mood disorder and depressive disorder (Medlineplus.gov.psychotic disorders, 2020). Psychotropic medication is held to be the cornerstone in the treatment of patients with mental disorders. Psychotropic medications are effective in reducing the symptoms and preventing relapses and improving psychosocial functioning. (E.Barkhof et al, 2012).

Non adherence to the use of psychotropic medication is one of the main challenges in mental health treatment. The causes of abandonment of medicinal therapy vary according to the specificities of each individual. However, they are usually related to the exacerbation of undesirable side effects or due to the non-assent of mental disorder patients regarding the daily use of these drugs over a long period of time (Aline cristina et al, 2017). Non adherence occur when the patient does not initiate the treatment and stops taking it before completing the treatment or does not follow the treatment instructions. The causes of non adherence include the patient factors, treatment factors and socioeconomic factors. The patient factors as fear of side effects, physical and psychiatric conditions, forgetfulness, external distractions, misunderstanding instructions, lack of insight and lack of information about disorders. Treatment factors include numerous medications, enduring symptoms, partial or no efficacy. Socio economic factors such as insufficient income, transportation, homelessness and

stigma about mental illness. Non-adherence with medications leads to increasing the rate of re-hospitalizations and visits to the emergency department (Sabah Mohamed Ebrahim and Faten Hasan Alam, 2016).

The range of medication nonadherence is reported to be 28-52% for major depressive disorder, 20-50% for bipolar disorder, 20-72% for schizophrenia, and 57% for anxiety disorders. Approximately 40% of patients stop taking their prescribed antipsychotic medication within 1 year and about 75% discontinue their medication within 2 years. Even with depot medication, about 25% of patients stop keeping scheduled appointments and no longer receive depot injections within 1 year after starting treatment. A Study conducted in Mysore showed that around 43% of patients with mental illness are non-adherent to medications (JM Lucca, M Ramesh, G Parthasarathi, D Ram, 2015).

The research evidences have highlighted that non-adherence is a global challenge in the field of psychiatry and that has linked with poor prognosis of patients on treatment. Patients failure to adhere to their medication as prescribed has a major impact on the course of illness and treatment outcomes (Agumasie Semahegn, Kwasi Torpey and Augustine Ankomah, 2018).

To reduce non adherence in patient with the severe mental disorders it is necessary to know about the reasons for non adherence and to determine factors that influence adherence positively or negatively. A few studies have addressed specific factors that determine adherence of patients with schizophrenia or with bipolar disorders. Medication is an essential part of the treatment of psychotic disorders both in acute episodes and in long time management. Several studies showed that the relapse rate is significantly lower with drug therapy, provided that the patient is adherent (Subho Chakrabarti, 2016).

However, non adherence is one of the major problems with the patients with psychotic disorders. The prevalence of non adherence to anti-psychotic ranges from 20 to 89 % for patients with psychotic disorders. The aim of this study is to assess the medication adherence in patients with psychotic disorders.

II. Method

The research approach adopted for the study was quantitative approach. The study was conducted in the In-patient and outpatient department of psychiatry in St. Johns Medical College Hospital, Bangalore.

Sample

The sample consisted of patients with psychotic disorders between the age group of 18-60 years selected using purposive sampling technique. The inclusion criteria were as follows:

- a) Patient with psychotic disorder who are between the age of 18-60 years.
- b) Patient who is taking psychotropic medication for at least 6 months
- c) Patients who are having grade IV, V and VI insight as assessed using the grades of insight.

Assessment

The instruments used were

- Proforma to collect the demographic variables

Drug Attitude Inventory to assess the medication adherence. The DAI-30, contains 15 items that a patient who is fully adherent to their prescribed 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).

Ethical clearance was obtained from the Institutional Ethical Committee, St John's National Academy of Health and Sciences. Formal permission was obtained from the concerned authority. Subject information sheet was given to the subjects and informed consent was obtained from the subjects. Interview technique was used to collect data.

Data analysis was done using descriptive and inferential statistics. Statistical analysis was done using SPSS software. The analyzed data has been organized and presented

III. Results

Descriptive statistics

32.8% of subjects belong to the age group of 30-39 years with mean age of 38.2 and SD of 12.19. 50% of subjects are males and 50% females. 48% of the subjects are married and 42.3% are graduated. 25% of subjects are earning Rs19516 -29199 per month. 34.37% are unemployed and 51.56% of subjects are diagnosed with schizophrenia. 54.69% of the subjects suffering from psychotic disorders 1-5 yrs. 54.68% were undergoing treatment since 1-5 years and 82.8% of subjects were taking antipsychotic drugs. 50% were on treatment with 2 psychotropic drugs. Health care services are accessible for 93.75% of subjects. 85.9% of patients are having grade 4 insight and 92.19% are taking their medications regularly.

89.06% of patients with psychotic disorders are adherent to treatment and 10.94% were non adherent to treatment

IV. Discussion

The study revealed that majority of patient(89.06%) were adherent to treatment. The present study findings were consistent with a similar study conducted in Puducherry, India revealed that 81.9% of patients were adherent to medications. Sociodemographic characteristics did not differ much between patients who had good adherence and those who had poor adherence. The study findings suggests that around 43% of patients were graduated and having grade 4,5, and 6 insight which in turn result in good adherence to treatment. Health care services were accessible for 93.75% of patients and 92.19% are taking their medications regularly which had a positive impact on treatment adherence. Adherence is highly influenced by patient knowledge, attitudes towards their illness and the medication. The drug attitudes were positive among adherent patients. There were no significant association of adherence with the socio demographic variables.

V. Conclusion

The study depicts that majority of patients were adherent to psychotropic medications. Non-adherence can be seen not only as the patient's inability to follow treatment recommendations, but also as the health system's failure to provide adequate care and to meet the patient's needs. Nonadherence among psychiatric illness would increase the risk of morbidity and mortality among the psychiatric population which has to be considered and taken care by the health care professionals. Health care professionals can focus on psychoeducation to educate patients or families to better understand the illness, appropriate medications and potential side effects. It targets individuals or patient groups, sometimes families, and involves counselling sessions and use of written audio visual materials. Psychoeducation and proper counselling of patients by psychiatrists, psychologists and nurses might improve medication adherence in psychiatric patients.

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CONFLICTS OF INTEREST

There is no conflict of interest in this study

Table 1: Mean, standard deviation, range of score of treatment adherence among patients with psychotic disorders n=64

Study variables	Mean	SD	Range of score
Treatment adherence	7.35	7.38	-16-24

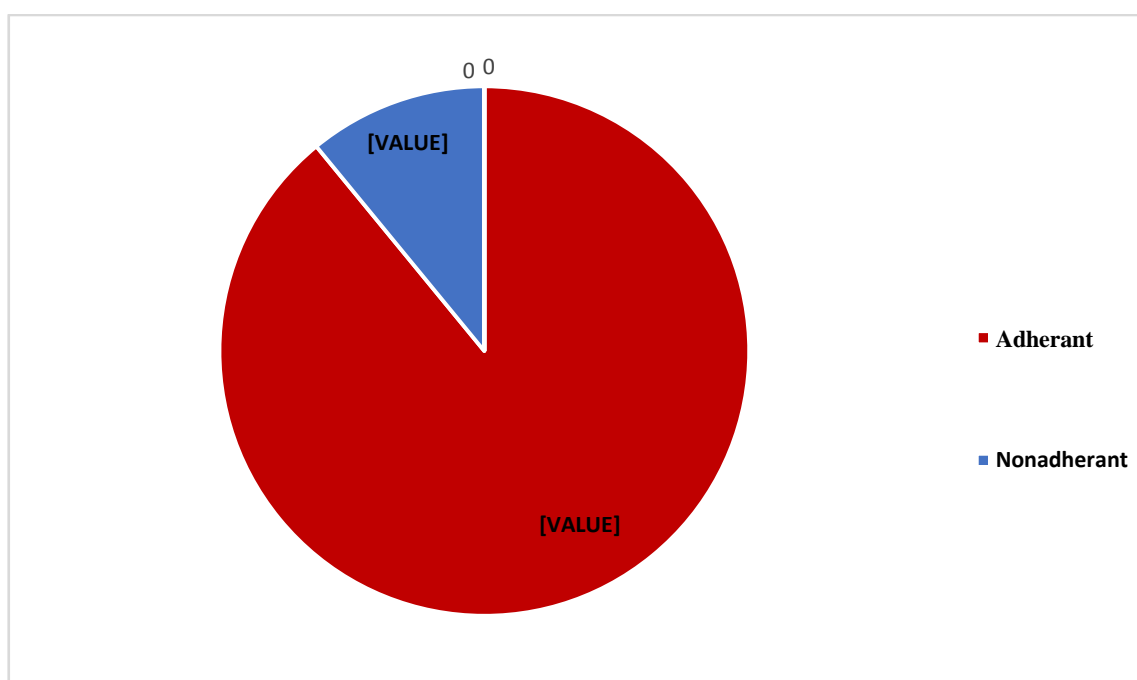


Figure 1: Percentage distribution of treatment adherence among patients with psychotic disorders

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