

Attitude towards Treatment in Persons with Schizophrenia and Mood Disorders

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Abstract: Mental illness is a long term disease process and medication non-adherence is a common and complex barrier to effective long-term treatment. Non adherence is the main cause of relapse and re-hospitalization. So, finding out the attitude towards the treatment could help in the planning of proper management strategies. Thus, the present study was undertaken to assess the attitude towards treatment in patient with Schizophrenia and Mood Disorders. A descriptive research design was used for the study. Population consists of follow up patients in OPD who were already diagnosed as Schizophrenia and Mood disorders patients under ICD-10 criteria by the psychiatrist. Using purposive sampling technique, 50 patients each diagnosed with Schizophrenia and Mood disorders were selected. After taking written informed consent, socio-demographic and clinical variables data sheet and Drug attitude inventory (DAI) -30 items were used to collect the data. The collected data were analyzed with statistical software PASW 18 version. The results revealed that the participants had positive attitude towards the treatment. There was significant difference of the attitude towards treatment between the groups ($t = 2.071, p = 0.041$). Attitude towards treatment was associated with the monthly income of the family (Schizophrenia: $\chi^2 = 4.023, p = 0.045$ and Mood disorders: $\chi^2 = 4.428, p = 0.035$). Presence of adverse effect of the medication in mood disorder group was associated with their attitude toward treatment ($\chi^2 = 4.023, p = 0.045$). The findings highlighted the importance of the attitude towards treatment in building good adherence towards the treatment and prognosis of the client.

Keywords: Attitude, therapeutics, compliance

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I. Introduction

Mental illness are commonly occurring and often seriously impairing for human being throughout the world. In India, prevalence of mental illness was found as 14.9/1000. Among these illnesses, major mental illnesses such as Schizophrenia and affective disorders were highly disabling illnesses.

Mental illness is a long term disease process which needs long standing treatment regimen. Adherence to treatment plays a very important role in the prognosis of the illness. Non-adherence to medication has a negative impact on the course of illness resulting in relapse, re-hospitalization, longer time to remission and attempted suicide. Non-adherence is a complex behavioral issue. Therefore measures will need to address non-adherence from many angles and take a multifaceted approach with patients and healthcare providers. Several studies were conducted to find out the significant predictors of medication non-adherence. Among them attitude of the patient towards the treatment is one such factor. Chandra et al. found out that one of the ways to improve drug adherence is to know about the attitudes and reasons responsible for poor drug adherence and hence appropriate management strategies may be planned to improve it.

It is found in scientific study that chronically mentally ill patients lack sufficient insight into their condition to make sound judgements about medication and treatment. The study of Irani et al. also heightened the importance of understanding patients attitudes so that individual treatment plans and new treatment can be facilitated. So, finding out the attitude towards the treatment is an important area to be considered in the treatment plan of client with mental illnesses. Knowing the attitude towards the treatment could help in planning the proper management strategies which will help in the adherence to the treatment thereby leading to good prognosis and better functioning of the client in various aspects. Therefore, the current study aimed to assess the attitude towards the treatment among the patient with both Schizophrenia and Mood disorders which will help in planning the strategies for the patient coming to the tertiary centre seeking mental health care from all over the Northeast India.

The objectives of the study were to compare the attitudes towards treatment between the two groups and to find out the association between attitudes towards treatment with the socio-demographic and clinical variables.

II. Review of literature

In a comparative study conducted by Karthik et al. on attitudes towards antipsychotics among patients with Schizophrenia on first-generation (FGA) or second-generation medications (SGA) to examine attitudes toward antipsychotics and its correlates among patients of Schizophrenia either on SGAs or FGAs. Samples were patients aged between 18 and 60 years with a diagnosis of schizophrenia. Sample size was 120 patients, 89 on SGAs and 31 on FGAs. A stepwise multiple regression analyses was conducted to examine the association between attitudes toward antipsychotics and other variables in the entire sample of 120 patients. Results of the stepwise multiple regression analysis showed that younger age, male gender, employment, higher family income, urban residence, higher scores on insight and lower scores on the PANSS, UKU, AIMS and BARS all demonstrated significant and positive associations with DAI-10 scores and only 0.2% of the variance in DAI-10 scores was found. This study highlights the importance of attitudes to antipsychotics among patients with schizophrenia and the complex relationships between attitudes and its potential determinants. Attitudes of patients toward their antipsychotics influence their adherence with treatment and a number of other parameters such as quality of life, treatment outcomes, suicidal behavior and substance abuse. Moreover, it was possible to modify attitudes by paying more attention to factors such as symptom relief, insight and side-effects. Therefore, the need for further exploration of this area was amply clear.

In another study conducted by Vassileva et al. to explore the associations between attitudes toward antipsychotic medication, insight and other clinical variables in outpatients with Schizophrenia. Sample of the study were 226 patients with Schizophrenia on a long-term antipsychotic treatment in community based settings. Attitudes toward antipsychotic medication, clinical and social variables, socio-demographic and illness-related characteristics were assessed via a set of semi-structured clinical interviews and self-rating scales. The associations between attitudes toward medication and severity of psychopathology, insight and medication side effects were also examined. Result of the study showed that the greater hospitalization rate in the previous year was associated with more severe psychopathology at the time of the study, more pronounced side effects of the therapy and lack of insight. The lack of insight, the presence of more severe negative and depressive symptoms and disease duration less than 5 years correlated significantly with negative attitudes toward antipsychotic medication. The severity of medication side effects was not associated with the drug attitudes. From the study it was concluded that psycho educational and psychotherapeutically interventions, along with pharmacotherapy, can be beneficial in forming positive attitudes toward medication and improving medication adherence in Schizophrenia, especially in patients with a short duration of the disease.

In a study conducted by Jacob to determine the attitudes and beliefs of patients with chronic depression toward antidepressants and depression in Malaysia. Sample of the study were patients with chronic depression being followed up at an outpatient clinic at a government-run hospital in Malaysia. Sample size was 104 patients of Malay, Chinese, and Indian ethnic groups. Patients' attitudes and beliefs were assessed using the antidepressant compliance questionnaire. From the study it was found out that Chinese patients had significantly negative attitudes and beliefs toward depression and antidepressants compared to Malays and Indians ($b = -8.96$, $t_{103} = -3.22$; $P < 0.05$). Component analysis revealed that 59% of patients believed that antidepressants can cause a person to have less control over their thoughts and feelings, while 67% believed that antidepressants could alter one's personality; 60% believed it was okay to take fewer tablets on days when they felt better, while 66% believed that antidepressants helped solve their emotional problems and helped them worry less. So, it has been concluded from the study that patients had an overall positive view as to the benefits of antidepressants, but the majority had incorrect views as to the acceptable dosing of antidepressants and had concerns about the safety of the medication. Assessing patients' attitudes and beliefs, as well as the impact of their respective cultures, can be used in tailoring psycho education sessions accordingly.

In a five-year prospective study conducted by Holma et al. on treatment attitudes and adherence of psychiatric patients with major depressive disorder. Sample size was 238 (88.5%) patients. Attitudes towards and adherence to both antidepressants and psychotherapeutic treatments at baseline, 6 months, 18 months and 5 years were investigated. From the study it was found that throughout the follow-up, most patients reported positive attitudes towards pharmacotherapy and psychosocial treatments and good adherence. While attitudes became more critical over time, adherence to psychosocial treatment improved, but remained unchanged for pharmacotherapy. From the study it has been concluded that among psychiatric patients, major depressive disorder patients in long-term follow-up, treatment attitudes and adherence to pharmaco- and psychotherapy remained mostly positive.

III. Materials and methods

The present study has been undertaken to assess the attitude towards treatment in patient with Schizophrenia and Mood Disorders. The purpose of this section is to communicate with the readers what the investigators did to solve the research problem or to answer the research questions. This section in the research report often tells the readers about the major methodological decision.

The research designed adopted for the study was descriptive non experimental research design. The study was conducted at Out-patient department of LGBRIMH, Tezpur, Assam during the month of July to December 2016 on the basis of feasibility of conducting study, availability of sample and good physical set up for collecting the samples.

Population of the study consisted of follow up patients who were already diagnosed as a case of Schizophrenia and mood disorders under ICD-10 criteria by the psychiatrist and who were attending Out-patient department (OPD) during the data collection period. Participants were selected using purposive sampling technique. Patients with cognitive impairment and active psychopathology of the illness were excluded from the study by using Mini mental status examination (MMSE) and Brief psychiatric rating scale (BPRS). The sample consisted of 50 Schizophrenia and 50 Mood disorders patients. Written informed consent was obtained from the selected participants.

The data was collected by using socio demographic and clinical profile of the subjects and information regarding attitude towards treatment by using Drug attitude inventory (DAI) - 30 items. It consists of 30 items. The scale has 15 items to be scored as 'True' and 15 items to be scored as 'False' in case of a fully compliant response. The correct response is given a score of +1 and an incorrect response is given a score of -1. The total score of the respondent is the sum of the pluses and minuses. A positive score means a positive attitude and a negative score means a negative attitude towards the treatment. For the current study the Assamese translated version of DAI-30 items was used. The reliability of the Assamese translated version of DAI-30 items was found to be 0.7. The data were analyzed according to the objectives of the study. Independent 't-test' was used to compare the attitude towards treatment in between the groups and Chi square test was used for finding the association between the attitudes towards treatment with the socio-demographic and clinical variables.

IV. Results

Table 1: Description of the range, mean and standard deviation of attitude towards treatment in patient with schizophrenia and mood disorders

n= 100					
Parameters	Minimum value	Maximum value	Range	Mean	Standard deviation (SD)
Schizophrenia	-5.00	26.00	31.00	12.76	6.677
Mood disorders	0.00	30.00	30.00	15.52	6.646

Table 1 showed the description of the range, mean and standard deviation of attitude towards treatment in patient with schizophrenia and mood disorders .

Table 2: Difference between attitude towards treatment in patients with schizophrenia and mood disorders

n=100						
Parameters	Mean	Standard deviation(SD)	Independent t- value	Degree of freedom (df)	P-value	
Schizophrenia	12.76	6.677	-2.071	98	0.041	
Mood disorders	15.52	6.646				

Table 2 showed that attitude towards treatment is found to be significantly more in mood disorders patients in comparison with schizophrenia patients.

Table 3: Association between the attitude towards treatment with the socio-demographic variables

VARIABLES	Schizophrenia			Mood disorders		
	χ^2 value	P -value	Significance	χ^2 value	P -value	Significance
GENDER	0.3688	0.544	NS	0.055	0.851	NS
MARITAL STATUS	2.122	0.145	NS	0.027	1.000 (fisher's value)	NS
RELIGION	2.381	0.247 (fisher's value)	NS	0.011	0.917	NS
EDUCATIONAL STATUS	2.013	0.156	NS	0.670	0.413	NS
HABITAT	0.000	1.000	NS	0.210	0.694 (fisher's value)	NS
OCCUPATION	0.321	0.571	NS	0.196	0.658	NS
INCOME PER MONTH	4.023	0.045	S*	4.428	0.035	S*

TYPE OF FAMILY	0.325	0.569	NS	1.423	0.233	NS
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NS = NOT SIGNIFICANT S*= SIGNIFICANT

Table 3 showed the association between the attitude towards treatment with the socio-demographic variables. Results showed that there was no association between the attitude towards treatment with the socio-demographic variables except the income of the family per month in both the cases.

Table 4: Association between the attitudes towards treatment with the clinical variables
n= 100

Variables	Schizophrenia			Mood disorders		
	X ² Value	P -value	Significance	X ² Value	P -value	Significance
DURATION OF TREATMENT	1.282	0.258	NS	0.196	0.658	NS
REGULARITY OF VISIT	0.000	1.000	NS	0.196	0.658	NS
MEDICATION PRESCRIBED	0.117	0.733	NS	0.184	0.741 (Fisher's value)	NS
THE NUMBER OF DRUGS PER DAY	0.081	0.777	NS	0.384	0.536	NS
HISTORY OF HOSPITALIZATION	0.000	1.000	NS	0.006	0.939	NS
ANY COMORBID ALCOHOL OR OTHER SUBSTANCE USE	2.885	0.089	NS	0.278	0.598	NS
EXPERIENCE OF ANY ADVERSE EFFECT OF THE MEDICATION	0.764	0.385	NS	4.023	0.045	S*

NS=NOT SIGNIFICANT S*= SIGNIFICANT

Table 4 showed the association between the attitude towards treatment with the clinical variables. Results showed that there was no association between the attitude towards treatment with any of the clinical variables except the experience of any adverse effect of the medication in case of mood disorders. Whereas there is no association with the presence of adverse effect of medication in case of Schizophrenia.

V. Discussion:

The present study was intended to assess the attitude towards treatment in persons with Schizophrenia and Mood disorders. In order to achieve the objective of the study a descriptive non experimental approach was adopted. Purposive sampling techniques were used to select the sample. The findings were discussed under the demographic characteristics and attitudes towards treatment in persons with schizophrenia and mood disorders.

- Attitude towards treatment in patients with schizophrenia and mood disorders.
- Difference between attitude towards treatment.
- Association of attitude towards treatment with the socio-demographic and clinical variables.

Attitude towards treatment in patients with schizophrenia and mood disorders

The present study showed that subjects had positive attitude towards the treatment in both the cases (Schizophrenia: mean DAI -30 items score = 12.76 ± 6.677 and in Mood disorders mean DAI- 30 items score =15.52 ± 6.646). Relevant to this finding, in a study conducted by Vassileva et al., it was found that attitudes toward antipsychotic medication and the subjective effects of the antipsychotic medication in the sample were positive(mean score = 4.20 ± 0.305). Also in another study conducted by Baby et al. on attitudes and subjective reasons of medication compliance and noncompliance among outpatients with Schizophrenia in India found that majority of patients and family members had positive attitude towards medication and treatment. Thus, the current finding of the study highlighted the importance of finding the attitude towards treatment in building adherence to the long term treatment that they were taking for their illnesses.

Difference between attitudes towards treatment

Schizophrenia and Mood disorders were two different entity of mental illness. Schizophrenia was one of the most disabling illnesses. The course of illness, duration, sign and symptoms, management were totally different. As both were different illness, attitude towards the treatment in patients with Schizophrenia and Mood disorders will likely be different. In the current study, results showed that there was significant difference between the attitude towards treatment in patients with Schizophrenia and Mood disorders (t-value = 2.071, p –

value = 0.041). In support to this, in a study conducted by Matthias C et al. on attitudes towards psychiatric treatment and people with mental illness, it was found that attitude towards people with schizophrenia worsened whereas for depression and alcohol dependence no or inconsistent changes were found.

Association of attitude towards treatment with the socio-demographic and clinical variables

Socio-demographic and clinical variables may also influence the attitude towards treatment. But the present study showed that there was no significant association between the attitude towards treatment (i.e. DAI-30 items score) in patients with Schizophrenia and Mood disorders with the selected socio-demographic variables. In support to this finding, in a study conducted by Eck et al. on risk factors for non-adherence to antidepressant treatment in patients with mood disorders, it was found that there was no clear correlation between adherence and the socio-demographic variables examined. However, in both Schizophrenia and Mood disorders a significant association was found between the DAI-30 items score with the monthly income of the family per month which was shown by the 'Chi (χ^2) square' value of 4.023 and 4.428 at 1 degree of freedom with p- value of 0.045 and 0.035 respectively. The present study also showed that there was no association between the attitude towards treatment (i.e. DAI-30 items score) in patients with Schizophrenia and Mood disorders with the selected clinical variables. However, in case of mood disorders a significant association was present between the DAI-30 items score with the presence of any adverse effect of the medication which was shown by the Chi (χ^2) square value of 4.023 at 1 degree of freedom with a p- value of 0.045.

IV. Conclusion

Good adherence to the treatment regime will help the client in many aspects. It will help in faster recovery to the sign and symptoms of the illness, better prognosis of the client and lesser rate of rehospitalisation. Non adherence to treatment is an important issue in the management of client with mental illness. There are many factors which contribute to the non adherence of the client to the treatment that they are taking for their illness. Among them attitude towards the treatment is an important factor which should be considered in the management of client with mental illnesses. So this study highlights the need for the mental health care provider to understand the patient's attitude towards the treatment to plan for individualized care of the client depending on the patient's and the family's status. Also imparting knowledge about their illness, importance of adherence to treatment, drug compliance, side effect management etc. by giving individualized and group psycho-education on the patient will help the client in giving an insight about their illness and help in their recovery. It also emphasized in the involvement of family members in the treatment regimen which will help in better patient outcome and better prognosis of the patient by building a positive attitude towards the treatment.

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