

A STUDY OF FACTORS RELATED TO NON-COMPLIANCE OF PSYCHOTROPIC DRUGS AMONG THE PATIENTS WITH PSYCHOTIC ILLNESS

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ABSTRACT

BACKGROUND

Non-compliance of psychotropic drugs is among the most common causes of psychotic relapse and the need for rehospitalisation. This study was conducted to get an idea of the factors affecting attitude towards medication compliance, psychotic illness and its relationship with severity of illness and side effects of medication.

The objective of this study is to study factors related to non-compliance of psychotropic drugs among the patients with psychotic disorder.

MATERIALS AND METHODS

200 consecutive non-compliant patients were selected for the study after applying strict inclusion and exclusion criteria. Basic socio-demographic information along with psychiatric diagnosis were recorded in a semi-structured proforma. The different reasons for non-compliance were assessed.

RESULTS

Most of the subjects were between the age range of 18 - 29 years, male, married, having low education up to primary class, of Hindu religion, belonged to nuclear family, did not have family history of mental illness, having duration of illness between 1 - 2 years. The commonest psychiatric illnesses leading to non-compliance were BPAD followed by schizophrenia, psychosis NOS and schizoaffective disorder.

CONCLUSION

The most important conclusion drawn from the study is poor drug affordability and lack of awareness about available treatment options of psychiatric illness. Many of the times, patients of remote areas of Madhya Pradesh region with poor infrastructure and local inconvenience found it difficult to continue advised treatment.

KEYWORDS

Compliance, Psychiatric Illness, Psychotropics.

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BACKGROUND

Compliance is the extent to which a patient's behaviour coincides with the medical prescription and recommendations.¹ It is discontinuation or failure of proper medication intake without prior approval from the treating physician. Patients with psychiatric disorders show a greater degree of non-compliance to treatment than those with physical disorders.²

By its very nature psychiatric illness that impairs judgement, insight and stability places psychiatric patients at increased risk for medication non-compliance.³

About 30% of all patients with psychiatric disorders discontinue their medication in the first month and 44% discontinue it within the first 3 months of initiation of treatment.⁴

Psychotic illnesses are typically long-term illnesses. Non-compliance to medication can lead to relapse which can mean more visits to the emergency room,

rehospitalisations and increased need for clinician intervention- all of which lead to increased costs of healthcare systems.

The cost of relapse may be particularly severe for patients with jobs and family responsibilities, since they have the most to lose.

Rates of non-compliance in psychotic disorders have been reported to vary from 11% to 80%, and in most of the cases it would result in relapse. The recent CATIE (Clinical Antipsychotic Trials of Intervention Effectiveness) study reports that patients on antipsychotics discontinue their assigned treatment because of inefficacy and intolerable side-effects of medication.⁵

Of the newer atypical antipsychotics, olanzapine was found to be the most effective in terms of the rates of discontinuation compared with quetiapine, risperidone and ziprasidone and conventional antipsychotic agents. Non-compliance contribute to relapse and re-hospitalisation.⁶

Non-compliance of patients with prescribed treatment is considered as a barrier to effective health care.⁷ It carries a major direct cost of increased in-hospital treatment and an indirect cost of patient or carer absenteeism from work.⁸

Almost half of these costs could be saved through strategies directed at improving adherence.⁹

Therefore, improving medication compliance in persons with mentally ill holds the potential for reducing morbidity

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and suffering of patients and their families in addition to decreasing the cost of re-hospitalisation.¹⁰

Therefore, the purpose of this article was to look at the various forms of assessing adherence, the factors associated with adherence and ways in which to improve adherence.

MATERIALS AND METHODS

This study was carried out in Department of Psychiatry at MGM Medical College and associated MY Hospital, Indore. Study was conducted during July 2015 to June 2016. Sample consisted of 200 subjects. Consecutive 200 non-compliant patients were selected for the study.

It was a hospital-based cross-sectional study. Subjects aged 18 years and above of either sex.

Inclusion Criteria

- Patients diagnosed (according to ICD 10 criteria) to have Schizophrenia, Schizoaffective disorder, Bipolar affective disorder, Psychosis NOS, under treatment at the above-mentioned hospitals.
- Patients aged 18 and above.
- Patients whose consent obtained from LAR (Legally Acceptable Representative).

Exclusion Criteria

- Mentally retarded patients.
- Patient having substance induced or organic cause for psychosis.
- Patients currently having alcohol withdrawal related delirium.
- Patients having medical comorbidity severe enough to hamper current clinical interview.

It was a cross-sectional study. Informed consent was taken from them. Basic socio-demographic information along with psychiatric diagnosis were recorded in a semi-structured proforma. The different reasons for non-compliance were assessed through a structured interview using a checklist. Data was analysed using SPSS for Windows 20.0 Version. Chi-square analysis was done for the variables of interest.

RESULTS

Majority of the subjects (36%) were between the age range of 18 - 29 years. Most of them were males, 64%. Among them, 75% were married.

Most of them were having low education up to primary class (43%); 80% patients following Hindu religion. Most of them (72%) belonged to nuclear family.

71% patients did not have family history of mental illness; 29% patients were having duration of illness between 1 - 2 years.

The commonest psychiatric illnesses leading to non-compliance were BPAD (39%) followed by schizophrenia (35%), psychosis NOS (22%) and schizoaffective disorder (4%).

DISCUSSION

The observation shows that non-compliance is common in the age group of 18 - 29 years. Similarly, other study has reported young patients under 40 years to have a low compliance rate.¹¹ Younger patients were found to have more

level of non-compliance. This implies that younger patients may have a more negative perception of medicine, perceiving them to be more harmful and viewing themselves as possessing greater personal control on how to best manage their condition. Among the sex, males (64%) were more non-compliant to medication than females (36%) which was consistent with the findings of Rekha et al,¹² but in contrast with Selen Yegenoglu et al¹³ who reported that there were more female than male non-compliant patients (61% and 38.9%, respectively).

About (75%) of married patients were more non-compliant with medications than unmarried patients. Another study has noted that non-compliant were predominantly unmarried (n= 19, 63%).¹⁴ This is again in contrast with other studies, who reported that married patients were more compliant to medication positively. The help and support from a spouse could be the reason why married patients were more compliant to medication positively than unmarried patients.¹⁵

Patients up to primary class education (43%) were more non-compliant to medication. Similarly, other study found that patients with low literacy skills were less likely to be compliant to their medication regimens.¹⁶

(29%) of unemployed were noncompliant to medication. This is consistent with other findings.¹⁷

(29%) of patients were having duration of illness between (1 - 2 years). This corresponds with the finding of Rekha et al who reported that longer duration of the illness may adversely affect drug compliance.

CONCLUSION

In the present study, financial difficulty was the commonest cause of poor drug compliance. Although, medicine is provided by Mental Hospital, Indore, free of cost at OPD level also, patients were having difficulty even in arranging money for transportation. In many patients, inconvenient distance was the main reason, because convenient mode of transportation was not available. Although, patients can buy medicine from local shops, main problem is cost of the medicine and/ or non-availability of psychiatric medicines in shops of remote areas. These factors are mainly associated with lack of basic infrastructure. If services are within reach of the people, they may avail them more easily. Findings suggest need of community level services related to mental health care.

Drug side effect, lack of insight, lack of awareness and insufficient information about improvement are reasons that emphasise role of counselling in ensuring good drug compliance. The purpose of present study was restricted only to explore reasons of poor drug compliance, so that proper management of these factors may be planned. Findings suggest that main factors related to poor drug compliance 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 socio-demographic and clinical correlates of drug non-compliance will add more information into our understanding of non-compliance by psychiatric patients.

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