ORIGINAL RESEARCH PAPER

Psychiatry

A STUDY ON PRESCRIPTION ADHERENCE AMONG PATIENTS WITH SCHIZOPHRENIA IN A TERTIARY CARE HOSPITAL IN KERALA.

KEY WORDS: Patient compliance, psychiatric patients, schizophrenia, Kerala Study.

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ABSTRACT

Patient compliance denotes the extent to which a patient takes or uses his medication in accordance with the intention of the medical advice given. Patient compliance is a major aspect in the treatment of psychiatric illness and is an important reason for failure of treatment programmes. Patients will often discontinue the medication by their own decision and without informing their health care professionals. This study aims to assess the prevalence of non compliance and the major factors associated with non compliance in patients with schizophrenia attending a tertiary care teaching hospital in Thiruvananthapuram, Kerala. It was a hospital based cross sectional prospective study. It shows a 23.2% non-compliance to drugs among schizophrenia patients and did not find any significant association between socio demographic variables like age, gender martial status, religion, education and distance to treatment facility with non compliance to the drugs.

INTRODUCTION AND BACKGROUND

People in large often use their medicines incorrectly and inappropriately resulting in loss of efficacy and inefficient use resulting in treatment failure. A correct diagnosis and a rational prescription based drug therapy can become ineffective in such cases. Well informed patients are more likely to use their medicines correctly and prudently. The pharmacists in hospital pharmacies are the last health care professionals whom a patient contacts in a hospital setup. Hence it became a need based professional responsibility of the pharmacist to ensure that the patients are adequately informed and educated about their medicines before they leave the pharmacy premises with their medicines. (Revikumar KG 2009).

Patient compliance can be defined as the extent to which a patient takes or uses his medication in accordance with the intention of the medical advice given. It implies the adherence to the regimen of treatment recommended/ intended by the doctor. The present concept of compliance in its real sense envisages issues related to diet, life-style, exercise, rest, etc., in addition to the use of medicines.

Nature of the treatment, properties of the medication, personality of the patient, type of illness, behaviour of the doctor/ pharmacist l are various factors affecting the patient compliance. It is of great importance in the determination of therapeutic outcome. How patients take their medicines is a crucial component of whether they will respond as expected. The issue of patient compliance has been a concern of health care professionals for some time (Bloom BS, 2001).

Schizophrenia is a chronic and devastating brain disease that affects person's thinking language, emotions, social behaviour and ability to perceive real situation accurately. Schizophrenia affects approximately one in 300 people globally and comprises roughly 1% of the global burden of disease (GBD). In spite of recent progress and advancements in the treatment of schizophrenia, prescription adherence/ compliance continues to be an issue adversely affecting the management of schizophrenia associated with severe clinical consequences and high costs (Gilme 2004)

Prescription adherence is a major aspect in the treatment of psychiatric illness and is an important reason for failure of treatment programmes. Patients will often discontinue the medication by their own decision and without informing their health care professionals. Non compliance or non-adherence to treatment can be complete or partial. Estimated non adherence rates in schizophrenia are about 50%, widely ranging from 4% to 72% (Lacvo 2002).

Consequences Of Non-adherence.

Medication non-adherence in psychiatric patients varies from 30- 80 percent depending on various studies conducted. About 60 % of patients stop treatment after two- three months and after two years 80 % stop the treatment. Antipsychotic drugs have proven effective in reducing elapse and hospitalisation rates . Non adherence is a frequent cause of impairment , higher rate of hospitalisation , higher risk of suicide longer time to remission , poor prognosis , loss of job, dangerous behaviour drug and alcohol use, poor mental performance and low satisfaction with life (Ritmansberger 2004, Ascher 2006)

Non adherence is considered a complex phenomenon, which could be influenced by factors like socio demographic aspects, psychotic symptomatology, variables related to treatment, insight into the disorder. Non compliance is often determined multi dimensionally and explores aspects like extent of non compliance, determinants of non compliance and strategies to improve compliance.

World Wide studies across developed countries have shown that non adherence to treatment is the most common factor associated with poor quality of life in schizophrenic patients due to frequent hospitalisation, higher rate of suicide, financial burden in the family, comorbid addictions and poor interpersonal relationships.

With the advent of second generation antipsychotics the quality of life has significantly improved in schizophrenic patients. But medication non adherence is common among schizophrenic outpatients and is associated with poor quality of life.

A cross sectional study done in Telegana in the out patient dept of a tertiary care hospital revealed a compliance rate of 36% in schizophrenic patients and the factors associated were. Martial Status urban domicile, fear of relapse, insight into the illness and family history of mental illness (Shakeel 2019).

Studies done in Kerala shows a compliance rate ranging from 40-50 % among Schizophrenia patients and the major factors associated with compliance include those with good insight

into their illness, those with less scores in stress full life events, perceived stigma and expressed emotion (Shafeen 2022).

Medication non compliance being one of the most important determining factor in influencing the quality of life in a chronic illness like schizophrenia, it requires major attention as it is a reversible factor. Only by understanding the factors which influence the non adherence in these patients we can modify it. Most of the studies conducted to find out the prevalence of non compliance are done outside our country and specifically very few have been done in Kerala. This study aims to assess the prevalence of non compliance and the major factors associated with non compliance in patients with schizophrenia attending a tertiary care our patient clinic in Thiruvananthapuram, Kerala.

Aims And Objectives

1. To find out the proportion of drug non compliance in patients diagnosed with schizophrenia
2. To identify the various factors associated with drug non compliance in patients with schizophrenia

Methodology

Study Setting: Psychiatry OPD and Psychiatry Ward of Govt. Medical College Hospital, Trivandrum
Study Design : Cross Sectional Study
Study Population: Patients diagnosed with schizophrenia attending Psychiatry OPD and admitted in Psychiatry ward of Govt. Medical College, Trivandrum.

Inclusion Criteria

People diagnosed with schizophrenia using DSM-V criteria
Those on psychotropic drugs for more than 6 months.
Those with at least one relative or care giver who is staying with the patient.
Those who can understand Malayalam
Those who are willing to give informed written consent.

Exclusion Criteria

Intellectually disabled persons
Those with other co-morbid psychiatric illnesses
Those with history of substance use disorders.

Sampling Technique:- Consecutive Sampling
Sample Size:- Calculated using the formula. n= $4pq\backslash d^2$

Calculation was based on the study done on non compliance among persons with schizophrenia in a tertiary care hospital at Alappuzha in which non compliance was 38%.
p = 38%
q = 100-P
d = 20% P
4 x 38 x 64/57.76 = 163

Sample size based on factors associated with non-compliance in a study conducted at Ethiopia was 186. Hence bigger sample size taken and rounded as 190 for the patient study.

Tools used

I. Semi, Structured interview tool- It has 3 sections used to assess.

(a) Socio demographic variables (including age, gender, religion, martial status, socio-economic status, relation of the primary care giver, distance to hospital),
(b) Clinical variables (such as age of onset of illness, duration of the illness, number of psychotropic, its availability, money spend on buying the drugs, side effect if any, beneficiary of disability pension and awareness about community mental health services) and
(c) Perception Of The Illness:- (like awareness of being mentally ill, uneasiness of others knowing about the illness and need to have regular treatment)

II. Multi dimensional scale of perceived social support (MSPSS).12 item self-administered questionnaire designed to measure the social support from three sources:- friends, family and significant others.
III. Brief Adherence Rating Scale (BARS). Developed and validated by Byerly et al. It consist of 4 items: three questions and a summary visual Analogue scale that captures a patient's intake of antipsychotic medication.

Data Collection Period.

Study period was from 1/6/2023 for a period of 12 months after getting clearance from the Institutional Research Committee, and Institutional Ethics Committee, Medical College Hospital, Thiruvananthapuram

Samples who met the inclusion certain were selected consecutively from Psychiatry OPD and ward of Govt. Medical College Hospital, Trivandrum till the sample size was met.

Socio demographic and clinical variables assessed using semi-structured interview, perceived social support was assessed through multidimensional scale of preferred social support and non compliance was assessed using BARS (Brief Adherence Rating Scale). Reliability of the data was ascertained from the care givers.

RESULTS.

The present study showed that out of the 190 participants 23.2% of them were non compliant to the drugs. The study did not find any significant association between socio demographic variables like age, gender martial status, religion, education and distance to treatment facility with non compliance to the drugs.

It was found that extra money spend on buying antipsychotics was having a significant association with drug non-compliance. Awareness about community mental health services had a significant association with drug non compliance. The study could not find any association between non-compliance with duration of illness and number of antipsychotics consumed per day.

Awareness about mental illness showed significant association with non-cmpliance. The perceived need for continuous treatment was found to have significant association with non- compliance. This study findings also showed a positive association of drug non- compliance with uneasiness of others knowing about the illness and fear of side effect of antipsychotics. Patients who live alone generally have lower compliance rates while those with social support was found to have better compliance. These findings were in par with other studies.

CONCLUSIONS.

From the present study we found that the drug non-compliance among persons with schizophrenia was 23.2%. The main factors which was associated with drug non compliance were the extra money they need to spend for purchasing antipsychotics, awareness about community service and awareness of being mentally ill, uneasiness in others knowing about the illness, need for continuous treatment, perceived social support from family, friends and others.

Relevance And Limitatins

Schizophrenia being a major mental illness has significant adverse effect in a person's life. It a also associated with severe burden to the family and care givers. Non-adherence is a major problem in the treatment of schizophrenia. The high prevalence rate, potentially severe consequences and costs associated with non compliance makes this study a need of the hour. Identifying and studying the non adherence risk factors is an essential step towards designing adequately oriented intervention strategies.

It was a hospital based cross sectional study; hence it may not represent the true community sample. Past history of drug non-compliance was not assessed in the study. The questionnaire used to measure non-compliance was rated by the patient.

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