

Factors affecting Non-compliance to psychotropic drugs of patients with psychosis as perceived by their family members attending the psychiatric outpatient department at selected hospital, Mangalore

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Abstract : Non-compliance or non-adherence to treatment is the degree to which a patient does not carry out the clinical recommendation of a treating physician or in other words it is failure of the patient to follow the prescribed treatment regimen. A descriptive, co-relational study carried out to identify the factors affecting non-compliance to psychotropic drugs as perceived by patient's relatives visiting outpatient department of Father Mullar Mental Hospital Mangalore. A structured interview schedule was prepared and used for data collection from 100 subjects those fulfill the inclusion criteria (relatives of the psychotic patients who are visiting to O.P.D with the patients & staying with the patient at least last six months) by using purposive sampling method after getting their consent. Finding revealed that various factors perceived as contributing to non compliance, were disease characteristics related (62%), transportation problems (56%), poor community mental health services (55%), drug side effects (52%), cultural myth (49%), social factors (48%), psychological & motivational factors (47%), economic factors (43%), knowledge & insight (31%), illiteracy (36%), & other factors such as misconception about treatment & difficulty in swallowing the tablets contribute to non-compliance (17%). Thus, the present study concluded that there are many factors which contributing to non-compliance among patients with psychotic illness. Therefore, it is recommended that more emphasis must be given on deinstitutionalization of mental health services and patient's family education to reduce the burden on health care expenditure due to non-adherence

Keywords

Non-compliance, psychotropic drugs, psychosis, non-adherence

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Introduction

Non-compliance is a significant problem in all patient population, from children to elderly¹. It applies to nearly all chronic diseases and tend to worsen as longer a patient continues on drug therapy. Non-compliance is now a days is considered to be a major problem in health services of both developed and developing nations. Most of patients comply with treatment are between 33% to 94%, with a median of 50% for long term therapy.²

Compliance is important because it is directly related to the prognosis of the illness. Non-compliance is a serious problem and has many serious effects on overall treatment and prognosis of the illness. It is dangerous and costly, as in many illnesses noncompliance may signal that patient and physician goals and priorities differ regarding the treatment and its schedule. Non-compliance is a major problem with almost all psychotropic drugs. The patient who are non-compliant are more severely ill at the point of readmission to hospital, have more frequent readmission, are more likely to be admitted compulsorily and have longer in patient stay.²⁻⁵

As per the statistics given in health information of India that psychosis is the most common mental disorder among the patients treated in specialized mental hospital in India⁶. Psychosis is a major mental illness in which a person may distort reality or when people demonstrate gross impairment in reality testing. It is the problem, which affect both male and female but more in male. The prognosis in psychotic patient is not very good always and recurrence is very common due to non-compliance to medication⁷

Psychotropic drugs are now the first line treatment for almost every psychiatric illness with growing availability of wide range of drugs to treat mental illness⁸. The patient on psychotropic drugs needs to take drug as prescribed and regular follow up is necessary to regulate long term therapy⁹. Some patients do not follow the prescribed treatment because of various reasons. One of the major factors for re-hospitalization is found to be

non-compliance in taking drugs. Non-compliance is a personal behavior that deviates from health related advice given by health care professional¹⁰ Poor medication compliance is found to be almost certainly the single most important factor in poor treatment response. The consequences of medication non-compliance are clinically equivalent to those of untreated or inadequately treated psychotic illness.⁹

Non-compliance behavior depends on specific clinical situation such as nature of illness, treatment program etc. In general, about one third of all patients never comply with treatment. An overall figure assessed in number of studies indicates that 46% of patients do not have compliance with treatment at any given time¹¹

A study in USA found approximately 50% of 2 billion prescriptions filled each year was not taken correctly and result in increased burden on health care expenditure. In India clear statistics are not available on non-compliance; however the situation is quantitatively similar across the globe.¹¹. The problem of non-compliance as significant cause of morbidity and mortality¹²

Non-compliance is the problem encountered by the all health professionals and it is not only the responsibility of nurses but also the responsibility of other health professionals to make the patient and relatives aware about the importance of being compliant to their medication, since non-compliance delays the patient's restoration to full health.⁹

Psychiatric nurse spend the largest amount of time in direct patient contact & work with the long term management of psychiatric patients, the role of nurses become even more critical, particularly regarding psycho pharmacological treatment and the education of the patient and their families regarding compliance of these treatment agents¹⁹

The investigator while working with psychiatric patients noticed that many patients with psychiatric illness get admitted with relapse. Keeping it in mind the present study conducted to identify the factors affecting Non-compliance to psychotropic drugs.

Objectives

To identify the factors affecting non-compliance to psychotropic medication as perceived by the family members of patients with psychosis.

Methodology

This descriptive study was conducted on relatives of psychotic patients who were non-compliant to psychotropic medication at Father Muller Medical College & Hospital, Mangalore. Sample of 100 attendants who were visiting psychiatric outpatient department along with patients were selected using purposive sampling technique. Interview schedule was prepared that composed of two parts. Part 1 consisted of 10 socio-demographic variables of psychotic patient; part-II: contained 40 questions related to various factors affecting non-compliance.

Eight experts of whom six from the field of psychiatric nursing and two from psychiatric medicine checked validity of the tool. Tool was translated into Kannada and Malayalam then again from Kannada and Malayalam to English and pre-tested on 10 subjects to check its clarity, feasibility, and practicality. It took around thirty minutes on an average to complete the interview schedule. The responded clearly and easily understood the language and no change made in final tool. The reliability of the tool was tested through split half method and reliability coefficient was found to be statically significant ($p=0.78$). The permission for data collection obtained from the concern authority, the investigator assured the anonymity to the subjects, and their consent obtained. The psychotic patients those were irregular on their follow up OPD visits were screened by evaluating their case files with the help of consultant psychiatrist and their relatives (who are visiting to O.P.D with the patients & staying with the patient at least last six months) were interviewed by using interview schedule. Data was analyzed using descriptive statistics.

Results

Tables 1 represent the data regarding socio demographic characteristics of psychotic patients. 29% of the patients were in the age group of 36 to 45 years followed by 45 or above years (28%) whereas 25% were under age group of 18-25 years and rest of the patients (18%) belonged to the age group of 26 to 35 years

Table 1: socio-demographic profile of psychotic patients**N = 100**

Variables	Frequency
Age (in years)	
18-25	25
26-35	18
36-45	29
Above 45	28
Gender	
Male	60
Female	40
Educational Status	
Cannot read & write	11
Can read & write	5
Primary school (1-7)	32
Secondary school (8-10)	19
Pre-university (PUC)	23
Graduate & above	10
Total per month family income of	
Rs. 1000/- to 2000	46
Rs. 2001/- to 3000	22
Rs. 3001/- to 4000	13
Rs. 4000/- and above	19
Duration of illness	
2 years	5
3 years	5
4 years	7
More than 4 years	83
Area of residence	
City	26
Town	32
Village	42
Type of family	
Nuclear	67
Joint	33

Furthermore, it was observed that more than half of the patients (60%) were male whereas 40% were female. One third of patients (32%) studied up to primary school, 23% up to PUC, 19% up to secondary school, 10% were illiterate whereas the equal numbers (10%) of patients were educated up to the graduation. Nearly half of the patients (46%) were having the total family income up to Rs.2000 per month, 22% were having income between Rs.2001 to 3000 per month, 13% between Rs.3001 to 4000 followed by 19% patients having family income above Rs. 4000 per month. Most of patients (83%) were suffering from illness for more than 4 years, whereas few (13%) were suffering from illness with the duration of less than 4 years. Forty percent patients were rural dwellers, 32% were semi-urban (block level) dwellers and rest (26%) belonged to the urban area (district level & above). Two third of the patients (67%) were from nuclear family and rest (33%) lived in joint family.

Factors Contributing to non-compliance as perceived by family members of psychotic patients:

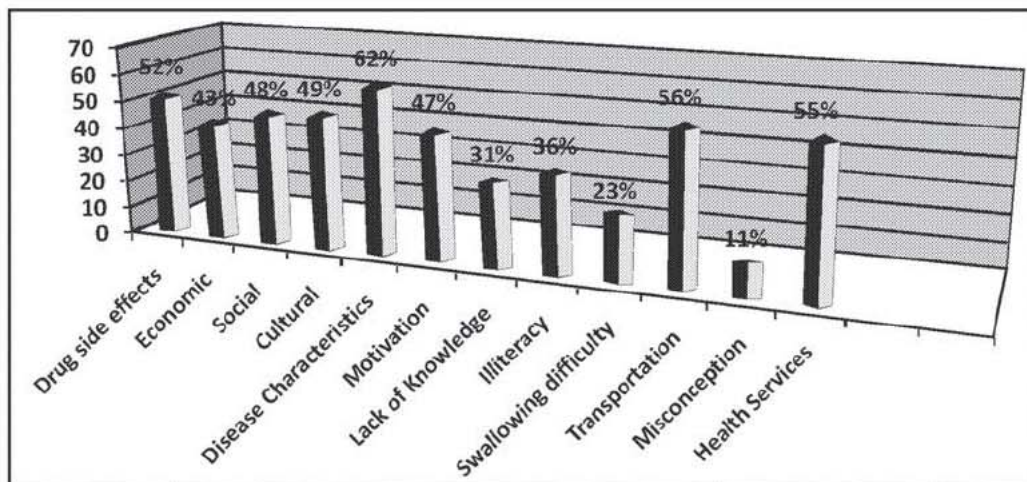
Most of the subjects (62%) perceived the following disease characteristics as a reason for non compliance of disease such as chronic nature of illness, many number of tablets need to be taken in a day & require following long-term treatment regimen as highest contributing factor to non-compliance. Furthermore, transportation problem perceived as second most important (56%) reason for non-compliance. The third highest (55%) related factor revealed to

noncompliance was poor community mental health services whereas almost similar number of subjects (52%) perceived drugs side effects as contributing to non-adherence to treatment.

Almost half of the study participant perceived Cultural (49%), social (48%) and psychological (47%) factors as reason for non-compliance. Economic factors (like shortage of money, cost of medicine etc...) perceived by 43% of study participant as contributing to non-compliance. The other factors related to non compliance were lack

of knowledge, comprehensive and insight of illness as perceived by 31% whereas illiteracy perceived by 36% study participant as cause of non-compliance. Difficult in swallowing the Tablets revealed as contributing factor of non-compliance by 23% of patient's relatives whereas misconception about psychiatric procedures like ECT and other procedures perceived by 11% as reason for non-compliance. This revealed that there are many factors contributing to noncompliance to drugs among psychotic patient. (Fig. 1)

Fig. 1 Factors Affecting Non-Compliance to Psychotropic Drugs



Discussion

There is a need for mentally ill patients to take the medications regularly especially the patients who are on long-term therapy in order to prevent relapse of disease. However, it is observed that many patients do not comply with their treatment schedule. Administration of medication is a responsibility

of the nurse or their relatives (at home) because the mentally ill patient (especially Psychotic Patient) lacks cognitive skill & insight to illness. They may not identify the need for medications. Very few systematic studies had been done on this issues especially on factor associated with non-compliant.

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