

A STUDY ON NON-COMPLIANCE TO PHARMACOTHERAPY IN PSYCHIATRIC PATIENTS

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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. Non-compliance is a significant problem in all age group patients, from children to elderly. It applies to nearly all chronic diseases and tend to worsen as longer a patient continues on drug therapy. The goal of the study was to evaluate the patients with non-compliance to therapy. To study the reasons for non-compliance. To assess attitude towards medication intake. A prospective observational study was carried out for a period of six months at

Psychiatry department of Basaveshwara Medical College & Hospital, Chitradurga. Total 82 patients are included. 50 were males and 32 were females. The most skin disease are seen in the age group of 18-30 years, 31-40years, 41-50years, 51-60years, 61-70years, Above 70years. The major psychiatry disease are seen in the study are BPAD(31.7%), schizophrenia (20.7%), anxiety (13.41), ADS (9.7%), psychosis (8.5%), OCD (6.09%), panic disorder (3.6%), migraine (2.4%), epilepsy (2.4%), parkinsonism (1.2%). Benzodiazepine (35.79%), antidepressant (22.1%), antipsychotics (21.59%), selective serotonin reuptake inhibitor (7.95%), opioid antagonist (1.13%), dopamine agonist (2.83%), muscarinic antagonist (0.5%), anticonvulsant (7.95%) are majorly prescribed drugs. The study showed that there was a extremely significant improvement in compliance of patients in comparison with first follow visit result and second follow up visit. Whose P value is (<0.001) extremely significant. Therefore the present study is conducted by the pharmacist patient education found to have significant influence on improve the patient knowledge towards their disease and medication which shows the positive impact on drug compliance among the patients of psychiatry diseases. **Objectives:** To study the non-compliance of psychiatric patients for the

medication To evaluate the patients with non-compliance to therapy. To study the reasons for non-compliance. To assess attitude towards medication intake. **Materials And Methods:** This was a cross sectional descriptive study conducted in Basaveshwara Medical College, Hospital and Research Centre for a period of six months. This study was carried out in hospital on out-patients treated in psychiatry department for various diseases. Patient who meets the following criteria was enrolled. **Results:** In total study 82 patients were there, Out of 82 patients 39 was females and 43 was males. Among 82 psychiatry patients collected Bipolar-affective disorder (BPAD) is diagnosed (20.7%). After BPAD more diagnosed is schizophrenia, anxiety, Alcoholic dependant syndrome (ADS), psychosis, Obsessive compulsive disorder (OCD), panic disorder, epilepsy, migraine, parkinsonism. Among 82 patients, 50 patients are compliance to therapy and other 32 are non-compliance to therapy. Major reason for Non-compliance is attitude(30.47%), after attitude other reasons are anxiety/side effects(23.80%), logistic(19.04%), financial status(10.47%), social factors(9.5%), supply (6.6%). **Conclusion:** According to the analyzed results and from view of literature, the conclusions made are; This study stresses the critical need for taking necessary steps toward minimizing poor outcomes related to lack of compliance in drug therapy. In this study it is found that the factors contributing to noncompliance in psychiatric patients are age 18-30 years. The commonest reasons for noncompliance are feeling of subjective well- being, medication side effects, logistics, financial problems, social factors, supply.

INTRODUCTION

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. Non-compliance is a significant problem in all age group patients, from children to elderly. 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. 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.^[1]

The cost of poor compliance to sufferers and also to society is considerable and effective ways of improving compliance are a crucial part of good management.^[2] It is important to educate patients and their families about the need for medication and the nature of the psychiatric diagnosis. Clinicians should explain to the patient that in many cases the problem is a chemical imbalance.^[1] One of the ways to improve drug compliance is to know crucial factors responsible for poor drug compliance so that proper management strategies may be planned to improve patients' drug compliance.^[2]

Some tools, such as electronic monitoring, can mechanically encourage and support certain behaviours; they can remind patients to take medication with a sonic signal and, in this way, drill a treatment regime into their memory. The self-assessment methods available, applied most frequently in research because of their accessibility and non-invasiveness offer other possibilities, although they are less objective. They can be, and they often prove to be, helpful as tools for the creation of a common platform for sharing views, remarks and comments on many issues, including pharmacotherapy.^[3]

Non-compliance may occur in up to 50% of patients with schizophrenia who are prescribed neuroleptics. Patients with schizophrenia are particularly vulnerable to relapse following medication non-compliance commented that non-adherence among patients with schizophrenia was consistently associated with severe psychopathology, greater substance use, greater medication side effect, more practical barriers, less family and social support, less insight, and a less positive doctor-patient relationship.^[4]

Keeping these points in view, to find out reason of poor drug compliance, a prospective exploratory study will be conducted at the out-patients department in tertiary care hospital.

Therefore, the assessment of the prescribing pattern and the quality of life can help to provides better patient care.

MATERIALS AND METHODS

- This was a cross sectional descriptive study.
- Patients above 18years of age.
- Patients of both gender visiting the psychiatry department.

- All follow up visit patients.

Sources of data

Medical records of patients

Patient/care taker interview.

The study was started after obtaining the institutional ethical committee (IEC). Patients who satisfy above study criteria was included in to the study after taking the consent. It includes the patients demographic details, complaints, diagnosis, laboratory data and current therapy. The patient compliance and non – compliance to the therapy was assessed by using standardized questionnaires. The obtained data was analyzed by using a descriptive statistical mean, median, mode method.

Statistical Analysis

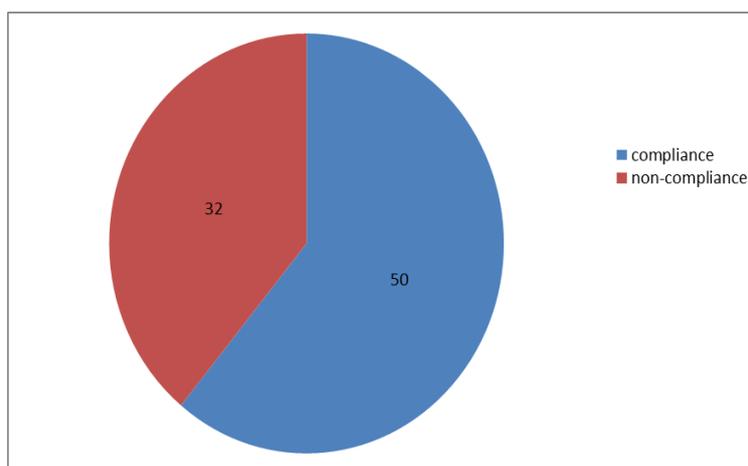
The data was entered in Microsoft Excel-2010 version and the results are analysed using Statistical Package for Social Services (SPSS 19.0). Mean, median, mode test was applied to determine any significant difference between quantitative variable.

RESULTS

Distribution based on Prescription analysis

Among 82patients, 50 patients are compliance to therapy and other 32 are non-compliance to therapy. This have been shown in table and figure.

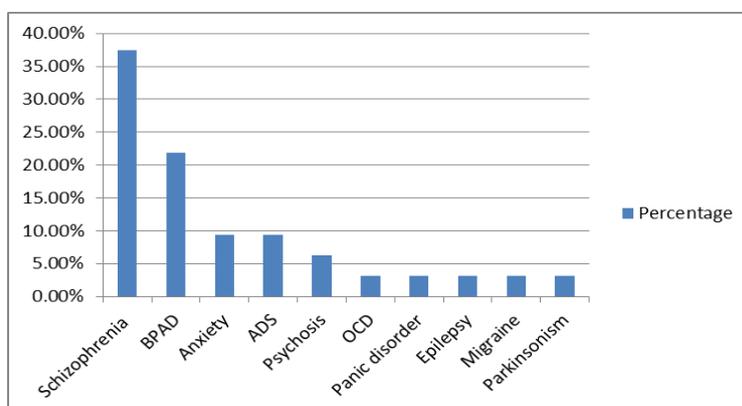
| Prescription analysis | Number of patients | Percentage(%) |
|-----------------------|--------------------|---------------|
| compliance | 50 | 60.9% |
| Non-compliance | 32 | 39.1% |
| Total | 82 | 100% |



Distribution according to Diagnosis based on non-compliance in Psychiatry patients.

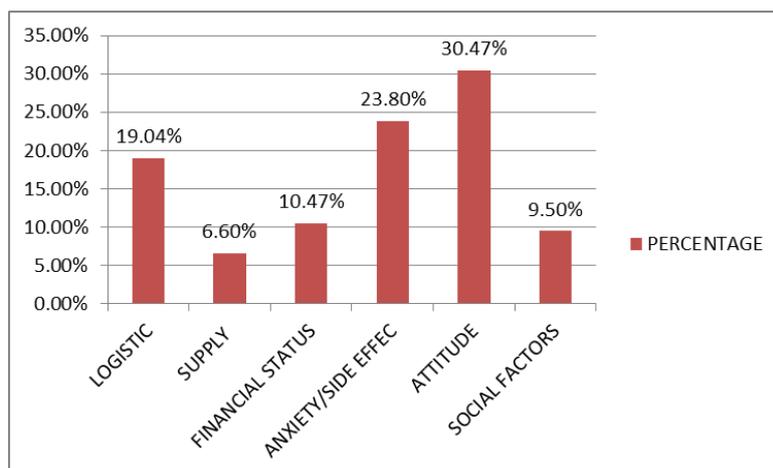
Among 82 psychiatry patients collected 32 patients were non-compliance. schizophrenia is diagnosed (37.5%). After schizophrenia more diagnosed is BPAD, anxiety, Alcoholic dependant syndrome (ADS), psychosis, Obsessive compulsive disorder (OCD), panic disorder, epilepsy, migraine, parkinsonism.

| Diagnosis | Frequency | Percentage |
|----------------|-----------|------------|
| Schizophrenia | 12 | 37.5% |
| BPAD | 7 | 21.875% |
| Anxiety | 3 | 9.375% |
| ADS | 3 | 9.375% |
| Psychosis | 2 | 6.25% |
| OCD | 1 | 3.125% |
| Panic disorder | 1 | 3.125% |
| Epilepsy | 1 | 3.125% |
| Migraine | 1 | 3.125% |
| Parkinsonism | 1 | 3.125% |
| Total | 32 | 100.0% |

**Distribution based on Reasons for non-compliance**

Major reason for Non-compliance is attitude (30.47%), after attitude other reasons are anxiety/side effects(23.80%), logistic(19.04%), financial status(10.47%), social factors(9.5%), supply (6.6%).

| Reason | No of cases | Percentage |
|---------------------|-------------|------------|
| Logistic | 20 | 19.04% |
| Supply | 7 | 6.6% |
| Financial status | 11 | 10.47% |
| Anxiety/side effect | 25 | 23.80% |
| Attitude | 32 | 30.47% |
| Social factors | 10 | 9.5% |



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.

In our study a total 82 patients were included out of which 42 were males and 39 were females. Out of 82 patients, 32 patients were non-compliant to their medication. Among them 18 were male patients and 14 are female patients. The most psychiatry disease are seen in the age group of 18-30years (37.5%). 18.75% of the patients were in the age group of 31 to 40 years, 25% patients were in age group of 41-50years, 9.375% patients were seen in the age group of 51-60 years, 9.375% patients were seen in the age group of 61-70years, 0% patients were seen in the age group above 70years.

A study conducted by **Pareek B *et al.***, on 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 and revealed that more than half of the patients (60%) were male whereas 40% were female. 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.^[1]

In our study, Out of 32 follow-up drug non-compliant patients (n=14, 43.75%) were females and (n=18, 56.25%) males. Most of them were non-compliance due their attitude (n=32, 30.47%), Anxiety/side effect (n=25, 23.80%), Logistic (n= 20,19.04%), financial status (n=11,10.47%), Social factors (n=10,9.5%), Supply (n=7,6.6%). The commonest psychiatric illnesses leading to non-compliance were schizophrenia (37.5%), BPAD (21.875%),

Depressive disorder (9.735%), anxiety disorder (9.375%), psychosis (6.25%), OCD(3.125%), migraine(3.125%), Epilepsy (2.4%), ADS (3.125%), seizures (3.125%).

A study conducted by Maan CG *et al.*, on Factors Affecting Non-Compliance among Psychiatric Patients in the Regional Institute of Medical Sciences, Imphal and revealed that Out of 50 follow-up drug non-compliant patients (n=36, 72%) were females and (n=14, 28%) males. Most of them were having low education up to primary class (n=14, 28%), and belong to low socio-economic status (n=27, 54%). The commonest psychiatric illnesses leading to non-compliance were schizophrenia (26%) followed by BPAD (18%) and MDD (14%),psychosis(10%),epilepsy & OCD (8%),GAD (6%),panic disorder & substance induced psychosis (4%), somatization disorder (1%).^[2]

CONCLUSION

According to the analyzed results and from view of literature, the conclusions made are; This study stresses the critical need for taking necessary steps toward minimizing poor outcomes related to lack of compliance in drug therapy. In this study it is found that the factors contributing to noncompliance in psychiatric patients are age 18-30 years. The commonest reasons for noncompliance are feeling of subjective well- being, medication side effects, logistics, financial problems, social factors, supply.

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