

Medication Adherence in Patients with Bipolar I Mood Disorder: An Egyptian Study

A Thesis

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List of Abbreviations

| Abb. | Full term |
|--------------|--|
| ACC..... | <i>Anterior cingulated cortex</i> |
| ACTH..... | <i>Adrenocorticotropic hormone</i> |
| ASUIP..... | <i>Ain Shams University Hospitals</i> |
| BAD | <i>Bipolar Affective Disorder</i> |
| BD..... | <i>Bipolar disorder</i> |
| BDI..... | <i>Beck Depression Inventory</i> |
| BDNF..... | <i>Brain derived neurotrophic factor</i> |
| BEMIB..... | <i>Brief evaluation of medication influences and beliefs</i> |
| BMI..... | <i>Body mass index</i> |
| BMR..... | <i>Beigel Mania Rating Scale</i> |
| CAE..... | <i>Customized adherence enhancement</i> |
| CANMAT..... | <i>Canadian Network for Mood and Anxiety Treatments</i> |
| CATIE..... | <i>Clinical Antipsychotic Trials of Intervention Effectiveness</i> |
| CGI..... | <i>Clinical Global Impression</i> |
| CGI-S..... | <i>Clinical Global Impression Severity</i> |
| CRF..... | <i>Corticotropine releasing factor</i> |
| DAI..... | <i>Drug attitude inventory</i> |
| EMI..... | <i>Ecological momentary intervention</i> |
| FACE-BD..... | <i>Fundamental advanced centers of expertise in bipolar disorder</i> |
| GAF..... | <i>Global Assessment of Functioning</i> |
| ISS | <i>Internal State Scale</i> |
| ITAQ..... | <i>Insight and Treatment Attitudes Questionnaire</i> |
| LAI..... | <i>Longacting injection</i> |
| LUNSERS..... | <i>Liverpool University Neuroleptic Side-Effect Rating Scale</i> |
| MARS | <i>Medication adherence rating scale</i> |
| MHPG..... | <i>Methoxy-4-hdroxyl phenyl glycol</i> |
| MMAS..... | <i>Morisky 8-item Medication Adherence Scale</i> |
| ODTs..... | <i>Orally disintegrating tablets</i> |

List of Abbreviations cont...

| Abb. | Full term |
|---------------------|--|
| <i>PDA</i> s | <i>Personal digital assistants</i> |
| <i>ROMI</i> | <i>Rating of medication influences</i> |
| <i>SCID I</i> | <i>Structured Clinical Interview for DSM-IV</i> |
| <i>SDS</i> | <i>Sheehan Disability Scale</i> |
| <i>SDS</i> | <i>Sheehan Disability Scale</i> |
| <i>SNS</i> | <i>Sympathetic nervous system</i> |
| <i>TKT</i> | <i>Treatment Knowledge Test</i> |
| <i>TNF</i> | <i>Tumor necrosis factor</i> |
| <i>TRQ</i> | <i>Tablets routine questionnaire</i> |
| <i>TSQM</i> | <i>Treatment Satisfaction Questionnaire for Medication</i> |
| <i>UKU</i> | <i>Udvalg for Kliniske Undersøgelser</i> |
| <i>WAIS</i> | <i>Wechsler Adult Intelligence Scale</i> |
| <i>WCST</i> | <i>Wisconsin card Sorting Test</i> |
| <i>WHO</i> | <i>World Health Organization</i> |
| <i>WMS</i> | <i>Wechsler memory scale revised</i> |
| <i>YMRS</i> | <i>Young Mania Rating Scale</i> |

Abstract

Although currently available medications, combined with psychotherapy, permit 75-80% of patients with BAD to lead an essentially normal life, long-term adherence to prescribed treatment is difficult to sustain in BPD patients, especially during periods of relative euthymia or euphoria.

Non-adherence to medication regimens rates range from 15% to 85% in medical illnesses, It is frequently reported for bipolar patients, with an incidence ranging from 20% to 60%. It is a frequent feature among euthymic bipolar patients, with a rate of 40%.

Bipolar disorder (BD) is responsive to a number of evidence-based foundational medication treatments, including lithium, some of the anticonvulsant mood-stabilizing medications, and antipsychotic drugs, particularly second-generation compounds. Several pharmacological treatment strategies have been proposed for relapse prevention in patients with bipolar disorder such as mood stabilizers and, according to more recent guidelines, second-generation antipsychotics.

Keywords: *Global Assessment of Functioning- Internal State Scale- Longacting injection- Bipolar disorder- Ecological momentary intervention*

INTRODUCTION

Non-adherence to medication is a large problem in clinical medicine. This is especially important in chronic disorders, because adherence is worse when the condition is prolonged (*Osterberg and Blaschke, 2005*). It is recognized that non-adherence is a big challenge particularly in the treatment of patients with chronic psychiatric disorders (*Vieta et al., 2005; Jónsdóttir et al., 2012*). Patient is considered adherent if he/she takes 75% or more of medication. Whereas patient who takes 50% or more of medication is considered as partially adherent (*Velligan et al., 2009*). On the other hand, patient is considered as non adherent if he did not take medication for 1 week or more (*Velligan et al., 2009*).

Bipolar disorder is one of the most severe psychiatric disorders. Based on large population studies, estimates of the prevalence of Bipolar Disorder are around 1% for type I and II bipolar disorder (*Miasso et al., 2008*), bipolar I disorder has a lifetime prevalence ranging from 0.4% to 1.6% in community samples (*Korn et al., 2011*). Several studies have indicated that Bipolar Disorder is associated with problems with personal management or quality of life (*Michalak et al., 2007*); and here medication non adherence is related to the course and outcome (*Jónsdóttir et al., 2012*).

The most difficult and pervasive obstacles to good outcomes among person those with Bipolar Disorder, is the individual's discontinuation of medications. Studies evaluating