Adherence and Non-Adherence toward Antipsychotic Drug among Schizophrenic Patients

Thesis

Submitted to Partial Fulfillment of the Requirement of the Master Degree in Nursing Science (Psychiatric mental Health Nursing)

By

Karim Farag Mahmoud Ahmed Mohamed
B.Sc. Nursing, Ain Shams University 2011
Nursing Specialist
in Banha University Hospitals

Faculty of Nursing
Ain Shams University
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Supervised by

Prof. Galila Shawky El-Ganzory

Professor of Psychiatric mental Health Nursing
Faculty of Nursing
Ain Shams University

Prof. Mona Hassan Abd-Elal

Professor of Psychiatric mental Health Nursing
Faculty of Nursing
Ain Shams University

Faculty of Nursing
Ain Shams University
2018

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Karim Farag

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List of Abbreviations

Abb.	Full term
APA	American Psychiatric Association
BMA	British Medical Association
CBT	Cognitive Behavioral Therapy
DAI	Drug Attitude Inventory
EPS	Extrapyramidal Side Effects
MI	Motivational Interviewing
NAMI	National Alliance on Mental Illness
NIMH	National Institute of Mental Health
NMS	Neuroleptic Malignant Syndrome
WHO	World Health Organization

Abstract

Background: The rates of adherence are low for schizophrenia so one of the major problems in psychopharmacology of patients with schizophrenia is non adherence, which is the most important risk factor for relapse and re-hospitalization. **Aim:** Assess adherence and non-adherence toward antipsychotic drug among schizophrenic patients. **Setting:** The outpatient clinic at the psychiatric and mental health hospital in Khanka city. **Subjects**: convenience sampling procedure were used to select participants for the study. Consisted of 100 schizophrenic patients, who attended the follow up the mentioned setting. **Design**: **A** descriptive design was utilized**. Tools:** Three tools were used for data collection. **The first** tool is a semi structured interview schedule sheet that was used to assess schizophrenic patients adherence and identify factors that might affect it. **The second** tool is Drug Attitude Inventory Scale. It was used to assess the patients attitude toward antipsychotic drugs. **The third tool** Advanced warning of relapse Questionnaire, It was used as a measure of the warning signs of psychotic relapse. **Results** revealed that, non-adherence was reported in more than half of the subjects; there was a statistically significant difference between the patients adherence and their attitude toward antipsychotic drugs. And it was found that there was a statistically significant relation between the patients adherence and relapse. **Conclusion:** There is an association between medication non-adherence and relapse **recommendations**: Develop and implement educational programs for patients to improve insight, attitudes toward medications.

Keywords: Adherence and non-adherence–Antipsychotics-Schizophrenic Patients.

Introduction

Globally, psychiatric disorders has been a public health challenge, and attributed 14% to the global burden of diseases. Approximately 450 million people have been affected by psychiatric disorders. Depressive disorders (350 million), bipolar disorders (60 million), and schizophrenia (21 million) are the most common psychiatric conditions **(WHO, 2016).**

Schizophrenia is a chronic and severe disorder that affects how a person thinks, feels, and acts. Although schizophrenia is not as common as other mental disorders, it can be very disabling. Approximately 7 or 8 individuals out of 1,000 will have schizophrenia in their lifetime **(National institute of Mental Health, 2017).**

Schizophrenia needs to prolonged medication treatment as it is chronic. Medication treatment mainly involves the use of antipsychotic. Antipsychotic drugs are the major treatment for symptomatic relief in both acute and chronic phases of schizophrenia and other psychotic disorders. And the maintenance of antipsychotic treatment has been shown to apply a serious role in relapse prevention **(Tartakovsky, 2016).**

Adherence is one of the most important issues in illness management, About half of people with schizophrenia don't adhere to treatment. Non adherence has critical consequences, including worsening of symptoms and hospitalization **(Kenfe et al., 2013).**

Non adherence that is, not accepting medication at all, obtaining or accepting the medication but not taking it, or taking only part of it (not following the prescribed dosage) either by not taking the proper amount or by not taking it at the desired frequency, is a vital problem for schizophrenic patients and their families, especially when the family member is also a caregiver **(Griffith, 2012).**

Poor adherence is the main cause of ineffective treatment and relapse. Non adherence to prescribed antipsychotic medications places patients with schizophrenia at a greatly increased risk of illness exacerbation and rehospitalization. Identification of risk factors for non-adherence is an initial step toward designing effective interventions **(Kalogiannis, 2012).** Relapse has been defined as a worsening of psychopathological symptoms or rehospitalisation in the year after hospital discharge **(Schennach et al., 2012).**

Non adherence remains a challenging problem in schizophrenia. The heterogeneity of factors related to non-adherence calls for individually tailored approaches to promote adherence. More evidence is required to determine the effects of specific interventions **(European Psychiatry Journal, 2012).**

Current strategies to improve adherence several support services are available to address specific problems with adherence. For example, therapeutic support services provide counselling, with the goal of identifying and modifying cognitive and motivational barriers to adherence**. Cognitive-behavioural therapy (CBT)** addresses inaccurate beliefs and negative perceptions about medications and the need for treatment **(El-Mallakh & Findlay, 2015).**

CBT is often used in conjunction with **motivational interviewing (MI),** which seeks to resolve ambivalence about taking medications and addresses perceptions about the importance of taking medications and confidence in the ability to adhere to a medication regimen **(Velligan et al., 2013).**

Poor adherence is the main reason of ineffective treatment. Nurses are very familiar with the frustrating results caused by treatment failures, poor health outcomes and patient dissatisfaction that accompany poor adherence. It is crucial for nurses to assess the patient and foresee the possible causes of non-adherence. The first step to solve the problem is to find out the degree that the causes of adherence, impact patients' behavior **(Kalogiani, 2012).**

Furthermore, client education may also become a part of treatment by seeking to develop insight and addressing therapeutic issues. For example, education can empower clients by increasing their sense of control and mastery over their lives and problem solving. Patient teaching in nursing is not simply repeating directions to patients or handing out printed materials. It is a process in which the nurse gathers data, individualizes instruction, provides support, and evaluates and follows up with the patient's success in taking responsibility for self- care **(El-Mallakh, & Findlay, 2015).**

Significance of the problem

Patient non adherence to treatment is complex process which places significant overload on our health care system. One method by which patient can better control and manage their illness is by adhering to their medication regimens. Nurses can help solve this significant problem **(Mamo, 2016).** Regular follow up, part of adherence, might be interrupted due to decreasing social and environmental support, thus increasing the severity of the disease **(Janicak, 2014).** Regarding nursing practice, the psychiatric nurse can function as a therapist who plan and implement therapeutic programs directed toward patients' recovery. An important part of the nursing role therefore is to assist programs offered by many pharmaceutical companies. Psychiatric mental health nursing can help patients incorporate their medications into their life styles by developing realistic plan. **(Chien, Yeung, & Chan, 2012).** Therefore, this study aims to assess adherence and non-adherence among schizophrenic patients toward antipsychotic drug.