

A STUDY OF REASONS OF NON-COMPLIANCE TO PSYCHIATRIC TREATMENT

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ABSTRACT:

Background: This study was carried out with an objective to find out the frequency of different reasons of non-compliance to treatment in a sample of outdoorpsychiatric patients.

Methods: This study was conducted at the out patients services of psychiatry clinic. A non-probability sample of 239 follow up patients between twenty to eighty years of age was taken for data collection over a period of three months (from Dec 2014, to Mar, 2015). Data from a non-probability sample of 176 follow up patients with a definite psychiatric illness was collected. A questionnaire designed for this purpose was administered by a consultant psychiatrist to the patients. The data was categorized into different causes of discontinuation of treatment accordingly.

Results: The commonest reasons for non-compliance were unawareness of the benefits of treatment (58.15%), no affordability of drugs (32.63%), physical side effects (22.17%), no awareness given by the doctor (01.25%) and unfriendly attitude of doctors (0.83%). The commonest illnesses leading to non-compliance were major depressive disorder (33.05%), schizophrenia (15.89%) and bipolar affective disorder (17.99%).

Conclusion: Non-compliance is quite common in our country like any other society. Medical practitioners need to be aware of it and address this problem because compliance is directly related to the prognosis of the illness. It is recommended that all efforts should be exerted to improve the compliance of psychiatric patients by eliminating the factors leading to non-compliance.

KEYWORDS: Non-compliance, Psychiatric illnesses, Treatment.

INTRODUCTION

About 20-25% of all general practice attendees suffer from significant psychiatric illnesses. Non-compliance to treatment always is the biggest challenges to GPs worldwide. Apart from treatment failures, noncompliance to treatment is one of the main causes of relapse and re-hospitalisation worldwide. Non-attenders to appointments and patients who fail to achieve improvement in symptomatology must be evaluated. Non-attenders who rarely comply with any treatment regimen need to be monitored for attendance (i.e., how many appointments they miss). Certainly, at each visit the clinician needs to ask the patient whether he or she is taking the medication according to the clinician's medical advice. The clinician should acknowledge to the patient that many patients have difficulty taking their medication, explaining that there are many reasons for this. The clinician should then ask if he or she has such problems. In this manner, a patient may feel less guilty with respect to admitting non-adherence.

Several investigators are report that lack of insight into the illness and poor understanding of the chronic nature of psychiatric conditions contributed realty to non-compliance.

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. Although the causes of psychiatric illnesses are still being studied and the exact cause is not yet known, the aberrance in brain chemistry can be treated with psychotropic medication. Clinicians should explain to the patient that psychiatric illness should be thought of as a medical problem analogous to hypertension (where medication is used to control blood pressure) or diabetes (where medication is used to control blood sugar levels).

This study was conducted in a rural setting with an appreciable number of non-compliant patients and where mental health services rendered by general practitioners. The focus of the study was on the subjective aspects of the patients' reasoning and perspective of their care giving relatives.

NON-compliance or non-adherence to treatment is the degree to which a patient does not carry out the clinical recommendations of a treating physician.¹ In other words it is the failure of the patient to follow the prescribed treatment regimen.² Non-compliance is a significant problem in all patient populations, from children³ to the elderly.^{4,5} It applies to nearly all chronic disease states⁶ and settings, and tends to worsen the longer a patient continues on drug therapy.⁷ Non-compliance is now a day considered to be the major problem in the health services of both developed and developing countries. Most patients probably comply with treatment only between 33% and 94%, with a median of approximately 50% for long-term

therapy. Another set of patients will never start or will stop therapy completely within the first year, and only a minority will continue taking drugs as prescribed.⁷ Compliance is important because it is directly related to the prognosis of the illness. The results of non-compliance have been studied extensively, and are significant especially, lack of disease control and hospital admissions or readmissions.⁸ Reasons for non-compliance are multi factorial in origin and to find out the different factors leading to non-compliance we performed a cross sectional study.

MATERIAL AND METHODS

This study was conducted at the out patients services of psychiatry clinic. A non-probability sample of 239 follow up patients between twenty to eighty years of age was taken for data collection over a period of three months (from Dec 2014, to Mar, 2015). There was no restriction of sex, marital status, educational level, socioeconomic status and place of residence. An informed consent was taken from patients. Basic demographic information along with psychiatric diagnosis, type of treatment and the different reasons for non-compliance were recorded. An interviewer assisted questionnaire was designed for this purpose which was administered by a senior psychiatrist to the patients.

We divided the different reasons for non-compliance into three main categories.

- A) **Non-compliance due to discomfort with the treatment:** This includes cost & availability of drugs, duration of treatment, response to treatment, stigma for psychiatric treatments and treatment regimen.
- B) **Non-compliance as a result of poor comprehension:** This includes the realisation of advantages/disadvantages of treatment.
- C) **Non-compliance due to poor communication between the doctor & patient:** This includes awareness given by doctor about the treatment, doctor's attitude, level of satisfaction with the competence of doctor and accessibility of doctor.

RESULTS

In the category A, the commonest reasons for non-compliance were non affordability of drugs (32.63%) and physical side effects (22.17%), shown in table-1. In the category B the commonest reason for non-

compliance was unawareness of the benefits of treatment (58.15%) while in the category C the commonest reasons for non-compliance were no information given by the doctor (01.25%) and unfriendly/hostile attitude of doctor (0.83%), shown in tables 2 and 3 respectively. The results also show that people suffering from major depressive disorder (33.05%) are most likely to non-comply to treatment given, followed by those suffering from schizophrenia (15.89%) and finally those suffering from bipolar affective disorder (17.99%), shown in table 4.

Table-1: Non-compliance due to discomfort with the treatment (n=239)

		Cases (%)
Cost (Affordability)	No affordable.	78 (32.63)
Availability of treatment	Not available.	15 (6.27)
Side effects	Physical	53 (22.17)

***Table-2: Non-compliance as a result of poor Comprehension**

		Cases (%)
Realisation of advantages/ disadvantages of treatment.	Partial realisation	34 (14.22)
	No realisation at all	139 (58.15)

Table-3: Non-compliance due to poor communication between the doctor & patient (n=239)

		Cases (%)
Awareness given by doctor.	Partial awareness	48(20.08)
	No awareness at all.	3 (1.25)
Doctor's attitude.	Unfriendly/Rejecting.	2 (0.83)
	Hostile	4 (1.67)

Level of satisfaction with the competence of, doctor.	Partially satisfied.	4 (1.67)
	Not satisfied at all.	4 (1.67)
Accessibility of doctor.	Accessible with difficulty.	6 (2.51)

Table-4: Non-compliance & psychiatric illness (n=239)

Type of disorder	Cases (%)
Dementia.	03 (1.25)
Acute psychotic episode.	02 (0.83)
Schizophrenia.	38 (15.89)
Schizoaffective disorder.	07 (2.92)
Major depressive disorder.	79(33.05)
Bipolar affective disorder.	43 (17.99)
Panic disorder & agoraphobia.	07 (2.92)
Obsessive-compulsive disorder.	06 (2.51)
Generalised anxiety disorder.	17 (7.11)
Somatisation disorder.	08 (3.34)
Dissociative disorder.	03 (1.25)
Cannabis abuse	06 (2.51)
Benzodiazepines abuse	08 (3.34)
Personality disorders.	12 (5.02)

DISCUSSION

Medication noncompliance can be intentional or unintentional. Some underlying factors for unintentional noncompliance include complex medication regimes, an inability to pay for medications, forgetfulness, and/or failure to understand instructions due to auditory, visual, psychological, or intellectual impairments.

Non-compliance is a serious problem, and has many serious effects on the overall treatment and prognosis of the illness. Medication non-compliance, the failure to take drugs on time in the dosages prescribed, is as dangerous and costly as many illnesses.

Non-compliance may signal that patient and physician goals and priorities differ regarding the treatment and its schedule.⁹It is a major problem with almost all psychotropic drugs. Patients 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 inpatient stays.¹⁰

Reasons for non-compliance that came into view in this study include the expense and availability of treatment, type of illness, type of treatment, side effects and the number of doses or of preparations to be taken daily. (Treatment regimen) Along with these reasons the social and cultural stigma related to psychiatric illnesses and their treatment and doctor- patient relationship also play a role.

The results of our study show that the cost of the treatment is the commonest reason for non-compliance, not unlikely in our society because most of the people who are suffering from chronic psychiatric illnesses are from lower socio-economic group.

Medications used to treat mental illnesses are known to have an array of potentially unpleasant side effects, ranging from restlessness and pacing to excessive sedation, tremor, dry mouth, constipation, impotence, weight gain, missed menstrual cycles, and many others. Our study shows that the second commonest reason for non-compliance is the side effects of psychotropic drugs.

Non availability of drugs is another problem that leads to non-compliance. Many of the important drugs are not available in rural or in far-flung areas, so many patients stop treatment prematurely.

Considering the realisation of importance of treatment most of the patients stop medications because of illiteracy or lack of insight. This behaviour is further precipitated by the stigma to psychiatric illnesses, treatment from quacks and traditional faith healers and improper education of patients by the doctors. The study shows that some doctors (1.67 %) are hostile or non-cooperative or they are not easily accessible, as they should be to the patients leading to precipitation of non-compliance.

As regards the different psychiatric illnesses, we see that people suffering from major depressive disorders (33.05%) are the commonest to noncomplying, followed by those suffering from schizophrenia (15.89%) and those suffering from bipolar disorder (17.99%). Literature review shows the prevalence of different disorders to vary from our society. A study by Elixhauser et al¹¹ shows that 74 % of outpatients with schizophrenia stop taking neuroleptics or antipsychotics within two years of leaving a hospital and 20 to 57 % patients with bipolar affective disorder are non-compliant.¹¹

The possible reasons for this could be that perhaps our sample size was too small to represent the whole population. Probably due to joint family system most of our patients are cared for by family members who take charge of the administration of medicines to the patients.

CONCLUSION

We believe that the management of patients with psychiatric illnesses can be improved by addressing the reasons of non-compliance as highlighted in this study. However, more qualitative research needs to be undertaken in various contexts similar to and different from our study. It will provide an understanding about the sociodemographic variables that affect medication compliance.

Non-compliance is common, prevalent and important issue in the treatment of psychiatric illnesses. It is recommended that further research is needed in this field to know more about it and to understand it better. Furthermore to prevent psychiatric patients from non-complying to treatment doctors should be aware of the drugs cost & education of patient regarding the benefits of treatment and that doctor's attitude is part of the therapeutics.

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