

## NON-COMPLIANCE TO MEDICATION IN PSYCHIATRIC PATIENTS

Dr. Nusrat Habib Rana<sup>1</sup> & Dr. Muhammad Ayub<sup>2</sup>

### ABSTRACT

**Objective:** To find out the frequency and reason for non-compliance to medication in a sample of psychiatric outpatients.

**Design:** It's a descriptive and cross sectional observation.

**Setting:** The study was conducted in Government Hospital for Psychiatric Diseases, Lahore.

**Methods:** A survey of outpatients was conducted, using a questionnaire designed for this purpose. Trained and experienced psychiatrists administered the questionnaire. The psychiatrists afterwards categorized the causes of discontinuation of medication.

**Results:** Total patients who were screened were 343, and among them 56 (16.32%) had stopped their medication. The commonest cause for discontinuation was inability to afford medication.

**Conclusion:** Steady supply of medication to patients can improve the outcome of their illness.

**KEY WORDS:** Non-compliance, medication, psychosis.

### INTRODUCTION

Non-compliance among psychiatric patients is an important issue worldwide and most common reason for relapse of major psychiatric illnesses.<sup>1</sup> Compliance is defined as "the extent to which a person's behavior (in terms of taking medications, following diets and executing life style changes) coincides with

medical and health advice".<sup>1</sup>

This area has been extensively researched. The factors, which play a role in compliance to medication, are adverse effects, level of insight, severity of illness, complexity of treatment regimen and the relationship that patients have with mental health professionals.<sup>2,3,4</sup>

We wanted to look into this problem in our own setting to identify the reasons for non-compliance to medication in psychiatric patients.

### PATIENTS AND METHODS

This study was conducted in Outpatients Deptt. in the Government Hospital for Psychiatric Diseases Lahore. On an average 300-400 patients attend this facility on an out patient day.

All the patients who attended for follow up in outpatients on a particular day were interviewed by one of the doctors, after taking an informed consent. They identified those patients who had discontinued their medication. These patients were referred for further assess-

1. Senior Consultant Psychiatrist  
Government Hospital for Psychiatric Diseases,  
Lahore.
2. Assistant Professor of Psychiatry  
Post Graduate Medical Institute /  
Services Hospital, Lahore.

#### Correspondence:

Dr. Nusrat Habib Rana  
Residence 3, Doctors Colony,  
Shadman-II, Lahore-Pakistan.  
Email: rananusrat@hotmail.com

\* Received for publication: February 2, 2002

Revision Accepted: March 11, 2002

ment to authors. The patients were assessed using a questionnaire designed to elicit the reason for discontinuation of medication. The questionnaire included information about psychiatric diagnoses, demographic information, type and dose of medication. The reasons for discontinuation of medication were discussed with the patients and families and were recorded verbatim. Later on, the authors categorized these reasons after discussion. The diagnoses had already been made and were recorded as such.

## RESULTS

A total of 343 patients were screened. Out of these 56 patients (16.3%) had discontinued the medication. Table-I shows the demographics of the patients who discontinued the medication. Majority (two thirds) were males and 40/56 (71.4%) were up to 35 years of age. Overall mean age was 33.09 + 8.68 SD.

Out of 56 patients, mostly belonged to Lahore district or other areas of Punjab (53) while 3 came from as far as Peshawar and Kashmir.

Table-II highlights the diagnoses of these patients. Schizophrenia was the predominant diagnosis in 20 (35.7%) while bipolar affective disorder was the immediate next in 28 (32.1%).

Table-III indicates the causes of discontinuation of medication. Inability to afford the drugs was the commonest cause in our patients (64.28%). The next major causes were lack of knowledge about the nature or cause of illness prognosis and duration on the part of the patients or relations in 17.07%. Lack of insight into the illness as a cause of discontinuation was present in 10.7%. Extrapyramide side effects were responsible for discontinuation in 7.14% patients.

## DISCUSSION

Non-compliance in schizophrenic out patients is reported to be around 25 to 50% and 18 to 53% in bipolar patients.<sup>1</sup> Our patients who

Table -I: Gender and Age Distribution

(n = 56)

Gender Distribution	Male	36 (64.3%)
	Female	20 (35.7%)
Age Distribution	%	
15 to 25 years	12	21.42
26 to 35 years	28	50.0
36 to 45 years	12	21.42
Over 46 years	4	7.14

Mean age 33.0893 + S.D. 8.6828

Table-II: Diagnoses

	%	
Schizophrenia	20	35.71
Bipolar affective disorder	18	32.14
Major depressive disorder	6	10.71
Drug induced psychosis	3	5.35
Schizo-affective disorder	1	1.78
Epileptic psychosis	6	10.71
Mental retardation with behavior disorder	2	3.57

Majority of the patients suffered from psychoses.

Table -III: Causes of Discontinuation of Medication

	%	
Unable to afford	36	64.28
Lack of knowledge of illness or about treatment	9	16.07
Lack of insight into illness	6	10.71
Side effects (Extrapyramidal)	4	7.14
Unidentified	1	1.78

primarily suffer from psychoses reported a lower rate of non-compliance. There are two possible explanations.

One, on direct enquiry patients may not be truthfull about compliance. Secondly, those who were non-compliant did not turn up for follow up. There are chances of under reporting in our sample.

The most common cause for discontinuation of medication is inability to afford it. This has not been reported as a cause in international literature. The reason is a difference in the health delivery system. The cost of a single relapse of a major psychiatric illness is huge<sup>4</sup>. The patients and families incur direct and indirect expenses. Non-compliance to medication is the most common cause of relapse in these illnesses<sup>2</sup>. Those who are most deprived are unable to get benefit from medical research, and suffer most.

Lack of knowledge has been reported in international literature as a possible cause of non-compliance<sup>5</sup>. The role of family interventions in the management of schizophrenia has been studied<sup>6,7</sup>. One important component of the family interventions is 'psychoeducation'<sup>8,9</sup>. These studies show that improving the knowledge of the families and the patients about the nature of the illness, its outcome, likely effects and side effects of medication, duration of treatment, enhances the compliance and improves the prognosis. One method of improving the compliance is using the educational methods. As lack of knowledge about illness and treatment came up as the second most common cause of non-compliance in our sample this needs to be attended to.

It is interesting to note that traditional healing methods are not hindrance in the treatment of our patients.

Lack of insight into illness was an important cause for discontinuation of medication and it is only understandable in context of psychoses.

This goes along with the findings in other studies<sup>2,3</sup>. Extra pyramidal side effects are another important cause to stop medicines.

The most interesting aspect of our findings is that patients are ready to accept help and comply with advice but cannot afford drugs. This aspect is not reported in international literature. We need to emphasize the fact that provision of service is more important then the awareness among patients.

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