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## Reason for Noncompliance In Psychiatric Patients – A Hospital Based Study

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### ABSTRACT

Compliance is defined as: 'The extent to which the patient's behaviour matches the prescriber's recommendations'. Noncompliance on the other hand is the degree to which a patient does not carry out the clinical recommendations of treating physician. As per Kane non-compliance is defined as patient missing >65% of the medication prescribed. Noncompliance is also one of the most common causes of medication "non-response" in majority of the cases. This study was conducted at outpatient service of Psychiatry unit of a tertiary hospital in north India. A sample of 100 noncompliant patients between 18 to 65 years of age were taken. Basic demographic information was collected using a socio-demographic proforma. MINI (Mini International Neuropsychiatric Interview – a structured psychiatric interview) was applied for psychiatric evaluation and diagnosis. Different reasons for noncompliance were assessed using the semi structured proforma and Medication Adherence Rating Scale (MARS). It was found that the commonest reasons for noncompliance were lack of insight/awareness, seen in 45%, stigma associated with illnesses 40% and side effects in 38% of the subjects. Common disorders associated with noncompliance were depressive disorders 36%, schizophrenia 28% and bipolar disorder in 21% of the patients due to chronic course and lack of awareness. In psychiatry, medication compliance plays an enormous role in the success or failure of psychopharmacological treatments. Medication noncompliance is associated with relapse, rehospitalisation leading to morbid consequences, and decreases functioning of patients. With better and careful approach to these issues, we can decrease the morbidity and ensure a better outcome for the psychiatric patients.

**Keywords:** Noncompliance, psychiatric illness, insight, stigma

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## INTRODUCTION

The problem of poor adherence to the treatment regimen has always been a matter of concern to the professionals. Adherence to the treatment is a very important factor for improvement. Adherence may be defined as the extent to which a person's behaviour confirms to medical or health advice<sup>1</sup>. Proper insurance of drug compliance is very important for good prognosis. The word 'compliance' comes from the Latin word 'complire', meaning to fill up and hence to complete an action, transaction, or process and to fulfill a promise. It is defined as: 'The extent to which the patient's behaviour matches the prescriber's recommendations. It refers to a response specifically, a submission made in reaction to a request. The request may be explicit or implicit. Patient who do not follow the treatment schedule and drug regimens prescribed to them by physician can be described as noncompliant or non adherent<sup>2</sup>. Non compliance to treatment on other hand is the degree to which a patient does not carry out the clinical recommendation of a treating physician. As per Kane et al (2003) non-compliance is defined as patient missing >65% of the medication prescribed.<sup>3</sup> Sackett and Haynes, 1979 defined medication noncompliance as a , "failure or refusal to comply with treatment recommendations".<sup>4</sup>

Poor drug compliance is a problem in all areas of medicine, and psychiatry is no exception. Apart from treatment failures, noncompliance to treatment is one of the main causes of relapse and re-hospitalisation worldwide<sup>5</sup>. Non-attenders to appointments and patients who fail to achieve improvement in symptomatology must be evaluated for their compliance to the treatment. As per a review article estimates of noncompliance ranges between 4% and 92%, with average from 30 to 35 percent <sup>6</sup>. By its very nature psychiatric illness that impairs judgment, insight and stability places psychiatric patients at increased risk for medication non-compliance <sup>7</sup>. Other reasons may include medication side effects, cost of treatment, religious or cultural beliefs about the advantages and disadvantages of the proposed treatment, apprehension of habituation, no care givers, and non-availability of medicines.

The cost of poor compliance to patients, their care givers and also to the society as a whole is considerable and effective ways of improving treatment compliance are a very important part of management. Therefore, improving medication compliance in persons with mental illness holds the key for reducing morbidity and suffering of patients and their families. To improve drug compliance it is important to know the multiple factors responsible for poor drug compliance so that proper management strategies may be planned to improve patients' drug compliance.

### Objective

To find reasons for non-compliance in patients attending psychiatry unit in tertiary care hospital and thus to improve the compliance.

## MATERIALS AND METHOD

This study was conducted at outpatient service of Psychiatry Unit, Dayanand Medical College & Hospital, Ludhiana. A sample of one hundred non compliant patients between 18 to 65 years of age were taken for sample collection without considering marital status, education level, socioeconomic status and place of residence. Basic demographic information was collected using a socio-demographic proforma that covered age, sex, age of onset of illness. MINI (Mini International Neuropsychiatric Interview – a structured psychiatric interview) was applied for psychiatric evaluation and diagnosis of the patients. The M.I.N.I. is the most widely used psychiatric structured diagnostic interview instrument in the world. Different reasons for non compliance were assessed using the semi structured proforma and Medication Adherence Rating Scale (MARS)<sup>8</sup>. MARS is a valid and reliable measure of adherence to psychoactive medications. The data thus collected was analysed. Various factors associated with non-compliance were added and percentage of each factor calculated. The disorders that these patients were suffering from as per M.I.N.I. were similarly assessed and percentage prevalence of each was calculated.

## RESULTS AND DISCUSSION

On assessment of the semi structured proforma and MARS the commonest reasons for non compliance were found out to be lack of insight/awareness which was seen in 45% subjects, followed by stigma associated with illnesses (40%), the drug induced side effects (38%) and cultural beliefs of the people in 25% of the subjects. Other major reasons for non compliance were nature of work (20%), financial difficulties (20%) and problems related to care givers (15%). (Table 1)

MINI was applied for psychiatric evaluation. On evaluation it was found that major disorders associated with treatment non compliance were depressive disorders (36%), schizophrenia (28%) and bipolar disorder (21%) due to chronic course of the illness and poor insight and lack of awareness about the illness. In Anxiety disorders and substance abuse related disorders, non-compliance was 10 % & 5 % respectively. (Table 2)

**Table 1: Reasons for non compliance**

Lack of insight/awareness	45 %
Stigma associated with illnesses	40 %
Drug induced side effects	38 %
Cultural beliefs	25 %
Nature of work	20 %

Financial difficulties	20 %
Problems related to care givers	15 %

**Table 2: Disorders associated with poor compliance**

Depressive disorder	36 %
Schizophrenia	28 %
Bipolar mood disorder	21 %
Anxiety Disorder	10 %
Substance abuse related disorder	5 %

## DISCUSSION

From the results of the present study it is very clear that more than one factor is involved in deciding the compliance of the patient. As per our study it is the lack of insight about the illness i.e. 45 %, which is the top most reason for poor compliance. As per other studies conducted earlier also, lack of insight is an important factor associated with poor drug compliance<sup>7,9</sup>. As per a study conducted at Ranchi<sup>10</sup>, 12% patients were non-compliant due to lack of insight, and in 6% cases lack of awareness about mental illness was main reason for poor compliance to the treatment. As per Mc Evoy et al no insight to the illness attributed to non-compliance in 14% of the patients. They also reported similar studies showing that psychotic patients; especially the first episode, have little insight and this is shown to increase the risk of discontinuing medication<sup>11</sup>. This is in sync with the findings of our study. As seen that most of the patients stop medications because of illiteracy or lack of insight and this is further precipitated by the stigma to psychiatric illnesses and treatment from quacks and traditional faith healers. This emphasizes the need for counseling and educating the patient and their care givers about the illness and need for regular treatment.

Drug induced side effects such as extra pyramidal side effects of typical antipsychotics, metabolic side effects with atypical, sexual dysfunction with antidepressants are another important reason leading to non compliance. In our study 40 % subjects were non compliant because of this. As per a study 10% of the patients were non-compliant due to the side effects of medication such as sedation, weight gain etc<sup>12</sup>. Similarly patients who discontinue prescribed neuroleptic medicine cite side effects as their primary reason for non-compliance. Selen et al also reported occurrence of physical side effects as the most frequent reasons for discontinuing medication<sup>13</sup>. These findings are similar to those in our study.

In our study those with depression (36%), followed by schizophrenia (28%) and bipolar mood disorder (21%) were the major psychiatric illnesses associated with poor compliance. Different studies however quote different data regarding this aspect of non compliance. According to a study conducted at Ahmedabad 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%), which is similar to those in our study. As per another Indian study 42% of non compliant patients suffered from bipolar mood disorder and 32% from schizophrenia<sup>10</sup>. In a study conducted at Imphal it was found that among different psychiatric illness, patients suffering from schizophrenia (26%) are the commonest not to comply with the treatment<sup>14</sup>. A study by Elixhauser et al 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<sup>15</sup>.

Studies suggest that various factors related to poor drug compliance are associated with lack of basic information about mental illness. There is a need to provide proper counseling to patients and their caregivers and provide health care at community level.

## CONCLUSION

Non-compliance is common, prevalent and important issue in the treatment of psychiatric illnesses. Medication noncompliance is associated with relapse, rehospitalisation for depression bipolar disorder, and schizophrenia leading to morbid consequences, and decreases functioning of patients. This study stresses the need for taking necessary steps toward minimizing poor outcomes related to lack of compliance in drug therapy. With better and careful approach to these issues, aiming to improve compliance can help to decrease the morbidity and ensure a better outcome.

## REFERENCES

1. Bruer, J.T. Methodological rigor and citation frequency in patient compliance literature. *American Journal of Public Health*,1982; 72: 911- 1123.
2. Razali, M.S., & Yahya, H. Compliance with treatment in Schizophrenia: A drug intervention program in a developing country. *Acta Psychiatrica Scandinavica*, 1995;91: 331-5.
3. Kane et al. The expert consensus guideline series. Optimizing pharmacologic treatment of psychotic disorders. Introduction: methods, commentary, and summary. *J Clin Psychiatry*. 2003;12:5-19.
4. Sackett, D. L. The magnitude of compliance and noncompliance. In: Haynes R. B., Taylor D., W Sackett D. L. *Compliance in Health Care.*. Baltimore, Johns Hopkins University Press: 11-22.
5. Blackwell, B. Treatment adherence. *British Journal of Psychiatry* 1976; 126, 512-31.

6. Feuertein, M., Labbe, E. E. & Kuegmierczyk A. R. (1986). Health Psychology: A Psychobiological Perspective. New York: Plenum Press.
7. Kane, J.M. Compliance issues in outpatient treatment. *Journal of Clinical Psychopharmacology* 1985; 5: 22-27.
8. Thompson K, Kulkarni J, Sergejew AA. Reliability and validity of a new Medication Adherence Rating Scale (MARS) for the psychoses. *Schizophr Res* 2000;42:241–7.
9. Fenton, W.S., Blyler, C.r., & Heinssen, R.K. Determinants of medication compliance in schizophrenia: Empirical and clinical findings. *Schizophrenia Bulletin*,1997; 23: 637-51
10. Roy R, Jahan M, Kumari S, and Chakraborty P. K. Reasons for Drug Non-Compliance of Psychiatric Patients: A Centre Based Study. *Journal of the Indian Academy of Applied Psychology*, January - July 2005,(31);1-2: 24-8.
11. Mc Evoy JP, Apperson L J, Appelbaum PS, et al: Insight in schizophrenia: Its relation to acute psychopathology. *Journal of Nervous and Mental Diseases* 1989; 177:43-7
12. Reilly, E.L.; Wilson, W.P.; and McClinton, H.K. Clinical characteristics and medication history of schizophrenics readmitted to the hospital. *International Journal of Neuropsychiatry*, 1967; 39:85-90.
13. Selen Y, Wertheimer A. L., William R. Demographical factors affecting patient compliance to medications in an outpatient psychiatric clinic: A preliminary study. *FABAD J. Pharm. Sci.* 2003; 28:77-84
14. Maan C G, Munnawar H, Heramani N, Lenin R. K. Factors Affecting Non-Compliance among Psychiatric Patients in the Regional Institute of Medical Sciences, Imphal. *IOSR Journal Of Pharmacy*. Jan 2015 (5), 1: 01-7
15. Elixhauser A, Eisen SA, Romeis JC, Homan SM. The effects of monitoring and feedback on compliance. *Medical Care* 1990; 28:883- 93

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