

Medication Non-Adherence in Chronic Mental Illness: Management Strategies

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Abstract: People who suffering from some mental problems can have some difficulty in treatment compliance. They can have difficulty remembering to take medication or appointment times. Unpleasant side effects of medication can also lead to people stopping medication, and a lack of insight into their illness can mean they do not see the need to follow treatments. Non-compliance with treatment can lead to poor health outcomes and even relapses and hospitalization. Several effective psychosocial interventions are currently available for the treatment of mental illness; these include family therapy, psychoeducational approaches, behavioral interventions, motivational interviewing, and cognitive approaches. There is no gold standard approach to the measurement of adherence as all methods have pros and cons. Successful forms of behavioral and cognitive interventions that improve medication adherence were those that: targeted and enhanced the therapeutic relationship; had a method for exploring the patient's model of their disorder, including their beliefs and expectations; and employed concrete problem-solving techniques. These overlap, all have some evidence of effectiveness, and the intervention adopted should be tailored to the individual. Psychosocial interventions that utilize combined approaches seem more effective than unidimensional approaches.

Keywords: medication, nonadherence, management, chronic mental illness

1. INTRODUCTION

People who suffering from some mental problems can have some difficulty in treatment compliance. Medication nonadherence increases the number of hospital admissions, morbidity and mortality (Çobanoğlu ve ark. 2003). Medication nonadherence is a common problem in chronic mental illnesses. In chronic mental illnesses, partial adherence and nonadherence rates change, but this rate is estimated to be 40-50% (Lacro et.al, 2002).

The factors that cause medication nonadherence can vary individually. Velligan et al. (2017) have studied the causes of medication nonadherence in a systematic review, intentionally as medication nonadherence and unintended nonadherence. Intentionally medication nonadherence is the patient's conscious decision to discontinue medication or to take less medication from the prescribed dose. Lack of insight, negative attitudes towards treatment, disturbing side effects, poor therapeutic alliance, and stigmatization are all cited as reasons. Unintentional nonadherence is a condition that prevents taking medicine due to illness. Unintentional causes of nonadherence;

substance dependence, cognitive disruption, depression, social support, access to health care services, and social functioning (Velligan et al., 2017). It is thought that the long wait times in polyclinics and the long time between appointments negatively affect patients and adversely affect medication or treatment adherence. The complexity of the treatment plan, the cost, and the length of the treatment duration are among the reasons for reducing treatment adherence for patients (McDonald, Garg & Haynes, 2002). In other studies, the causes of medication nonadherence were separated (García et al., 2016). These are patient-related, environmental and drug-related factors. Patient-related factors are demographic variables such as age, sex, and duration of illness. The short duration of illness is a factor that affects the adverse effects of medication adherence (Sendt, Tracy, & Bhattacharyya 2015). Furthermore, studies have shown that there is a high correlation between insomnia and adherence in chronic mental illnesses (Novick et al.2015; Czobor et al., 2015).

In chronic mental illness medication nonadherence negatively affects the health of

the patient. The patient develops relapses and causes repeated hospitalizations. Besides, nonadherence causes violence, suicide and premature death. This problem affects not only the patient but also the family and the health system (Chapman & Horne, 2013). Similarly, in the study of Higashi et al. 2013, relapse in medication nonadherence, increase in hospitalization and suicidal risk increased in chronic psychiatric patients. In order to understand the causes of medication nonadherence, it is important to look at the illness and treatment from the point of view of the patient. Common patient beliefs that affect medication adherence (Chapman & Horne, 2013) do not require medications and do not believe that medications have potential adverse consequences. A strong and reliable relationship between mental health professionals and the patient affects medication adherence, so it is stated that talking about patients' suspicions and drug concerns is necessary for medication adherence support (Bowskill et al., 2007). In order to provide effective and quality care for chronic psychiatric patients, studies on medication nonadherence causes and medication adherence enhancement studies are being carried out.

Different intervention programs are being implemented to increase adherence to medication. Attempts to increase medication adherence in chronic mental illnesses are grouped as individual, family, and community initiatives (Zygmunt, Olfson, Boyer et al, 2002). Computerized decision support systems, electronic monitoring and feedback, SMS and telephony are some of the technological methods used in these studies. Cognitive behavioral therapies and psychoeducation are also methods used to improve adherence (Chapman & Horne, 2013).

Interventions involving clinician support and education yielded varying results. Studies of medication adherence have been conducted in families and patients, or only patient interventions. Pakpour et al. (2017) performed psychoeducation with patients' motivational interviews and families in a randomized controlled trial of bipolar patients to improve medication adherence. As a result of the study, it was found that the patients had high medication adherence. Virgolessi et al. (2017) have applied the nursing discharge program to improve medication adherence in chronic mental illnesses. Within 7-10 days after discharge from the hospital, tele-monitoring was

performed to check whether patients were using their medications. As a result of the study, it was determined that patients who received more information about medical conditions and what to do after hospitalization in the hospital, provided more adherence to medication. Jalbert et al. (2017) examined the impact of the disease on institutional medication adherence program, medication adherence, and hospital admission rates. As a result of the study, the effect on admission to medication adherence to the hospital was found to be low, whereas the effect on the program was found to be higher than the effect on the nonadherence patients.

In a study conducted by Nieuwlaat et al. 109 randomized controlled trials of medication adherence were evaluated. It is indicated that the intervention studies related to medication adherence are inadequate in complexity and efficacy and therefore cannot be fully utilized, that researches on this area should be developed, application patterns must be developed, easily applicable and objective adherence measures (Nieuwlaat et al. 2014). In another study, it was stated that the intervention plan for medication adherence should be planned together with the patient and have specific targets (El-Mallakh, & Findlay 2015).

2. CONCLUSION

It is important to conduct patient-oriented studies to improve treatment compliance. Treatment is a process involving compliance, communication, co-decision making, and nurse and physician support. For this reason, both research and clinical practice require the application of communication programs involving these components (Virgolessi et al, 2017). Development of a high-impact intervention program that is easy to implement, low cost, and high patient adherence is important for medication adherence in chronic mental illnesses.

REFERENCES

- [1] Bowskill R, Clatworthy J, Parham R, et al. Patients' perceptions of information received about medication prescribed for bipolar disorder: implications for informed choice. *J Affect Disord* 2007; 100:253–257.
- [2] Chapman, S. C., & Horne, R. (2013). Medication nonadherence and psychiatry. *Current opinion in psychiatry*, 26(5), 446-452.
- [3] Czobor, P., Van Dorn, R. A., Citrome, L., Kahn, R. S., Fleischhacker, W. W., & Volavka, J. (2015). Treatment adherence in schizophrenia: a patient-level meta-analysis of

- combined CATIE and EUFEST studies. *European Neuropsychopharmacology*, 25(8), 1158-1166.
- [4] Çobanoğlu ZSÜ, Aker T, Çobanoğlu N (2003) Şizofreni ve diğer psikotik bozukluğu olan hastalarda tedaviye uyum sorunları. *Düşünen Adam*, 16:211-218
- [5] El-Mallakh, P., & Findlay, J. (2015). Strategies to improve medication adherence in patients with schizophrenia: the role of support services. *Neuropsychiatric disease and treatment*, 11, 1077.
- [6] García, S., Martínez-Cengotitabengoa, M., López-Zurbano, S., Zorrilla, I., López, P., Vieta, E., & González-Pinto, A. (2016). Adherence to antipsychotic medication in bipolar disorder and schizophrenic patients: a systematic review. *Journal of clinical psychopharmacology*, 36(4), 355.
- [7] Higashi, K., Medic, G., Littlewood, K. J., Diez, T., Granström, O., & De Hert, M. (2013). Medication adherence in schizophrenia: factors influencing adherence and consequences of nonadherence, a systematic literature review. *Therapeutic advances in psycho pharmacology*, 3(4), 200-218.
- [8] Jalbert, J. J., Rossignol, M., Astruc, B., Baylé, F., Nordon, C., Avouac, B., ... & Grimaldi-Bensouda, L. (2017). Effect of an Institutional Medication Adherence Program for Long-Acting Injectable Risperidone on Adherence and Psychiatric Hospitalizations: Evidence from a Prospective Cohort Study. *Journal of population therapeutics and clinical pharmacology= Journal de la therapeutique des populations et de la pharamcologie clinique*, 24(2), e61.
- [9] Lacro JP, Dunn LB, Dolder CR, Leckband SG, Jeste DV. Prevalence of and risk factors for medication nonadherence in patients with schizophrenia: a comprehensive review of recent literature. *J Clin Psychiatry*. 2002; 63(10): 892–909.
- [10] McDonald, H. P., Garg, A. X., & Haynes, R. B. (2002). Interventions to enhance patient adherence to medication prescriptions: scientific review. *Jama*, 288(22), 2868-2879.
- [11] Nieuwlaat, R., Wilczynski, N., Navarro, T., Hobson, N., Jeffery, R., Keepanasseril, A., ... & Sivaramalingam, B. (2014). Interventions for enhancing medication adherence. *The Cochrane Library*.
- [12] Novick, D., Montgomery, W., Treuer, T., Aguado, J., Kraemer, S., & Haro, J. M. (2015). Relationship of insight with medication adherence and the impact on outcomes in patients with schizophrenia and bipolar disorder: results from a 1-year European outpatient observational study. *BMC psychiatry*, 15(1), 189.
- [13] Pakpour, A. H., Modabbernia, A., Lin, C. Y., Saffari, M., Asl, M. A., & Webb, T. L. (2017). Promoting medication adherence among patients with bipolar disorder: a multicenter randomized controlled trial of a multifaceted intervention. *Psychological Medicine*, 1-12.
- [14] Sendt, K. V., Tracy, D. K., & Bhattacharyya, S. (2015). A systematic review of factors influencing adherence to antipsychotic medication in schizophrenia-spectrum disorders. *Psychiatry research*, 225(1), 14-30.
- [15] Velligan, D. I., Sajatovic, M., Hatch, A., Kramata, P., & Docherty, J. P. (2017). why do psychiatric patients stop antipsychotic medication? A systematic review of reasons for nonadherence to medication in patients with serious mental illness. *Patient preference and adherence*, 11, 449.
- [16] Virgolesi, M., Pucciarelli, G., Colantoni, A. M., D'andrea, F., Di Donato, B., Giorgi, F., ... & Proietti, M. G. (2017). The effectiveness of a nursing discharge programme to improve medication adherence and patient satisfaction in the psychiatric intensive care unit. *Journal of Clinical Nursing*.
- [17] Zygumt, A., Olfson, M., Boyer, C. A., & Mechanic, D. (2002). Interventions to improve medication adherence in schizophrenia. *American Journal of Psychiatry*, 159(10), 1653-1664.

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