STUDY ON NON-COMPLIANCE IN PATIENTS OF SCHIZOPHRENIAAshish V. Saboo¹, Parth S. Deshmukh², Shrikant B. Deshmukh³**HOW TO CITE THIS ARTICLE:**

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ABSTRACT: BACKGROUND: Non-compliance or non-adherence to treatment is the degree to which a patient does not carry out the clinical recommendation of a treating physician or in other words it is failure of the patient to follow the prescribed treatment regimen. Mental illnesses are treatable and need medication and other therapies i.e. counseling, psychotherapy etc. for the better outcome. Poor compliance to psychiatric medication regimens is a major obstacle to the effective care of persons who have chronic mental illness. **OBJECTIVES:** The study aims to identify the level of compliance and factors associated with non-compliance to treatment regimen in schizophrenic patients. **METHODS:** This was a hospital based cross sectional study carried out in psychiatric ward and OPD. A total of 52 patients were included as study samples. Data was collected using self-developed, pre tested, semi structured Pro format by interview method. **RESULTS:** Majority (69%) of the patients showed poor compliance. 27% of patients had Medium compliance and only 4% showed high compliance rate. Possible contributory factors responsible for noncompliance include cost of medicine, chronic nature of illness perceived, transportation problem, medication related factors like side effects of drug and lack of effectiveness, (relatives' insight toward illness), lack of knowledge, misconception about psychiatric disorders and patient's insight towards illness. **CONCLUSION:** The present study concluded that there are many factors which (Contribute) to non-compliance among patients with psychotic illness. (The findings of the study highlighted the various factors such as drug related, social support, and treatment access related factors are influencing the drug compliance among the schizophrenic patients).

KEYWORDS: Schizophrenia, compliance, factors affecting compliance, antipsychotic.

INTRODUCTION: Non-compliance may be defined as a failure to enter a treatment program, premature termination of treatment, or incomplete implementation of instructions, including those that pertain to medication administration.^[1] Obviously, non-compliance has a major impact on the effectiveness of therapeutic interventions and presents many problems in routine clinical practice.^[1,2] Patients who adhere to treatment recommendations have lower relapse rates.^[3,4]

Lack of compliance to medications for schizophrenia after discharge from an acute hospitalization has been described as the single most significant risk factor for relapse.^[5] This demonstrates the need for special attention and evidence-based interventions designed to enhance compliance.^[6] Although the prevalence of partial or complete non-compliance is known to be extremely high in schizophrenia, it is likely that both patients and their clinicians overestimate adherence to treatment regimens.^[7]

Although medication has proved to be one tool that can help and improve the life of psychiatric patient, medication noncompliance is the primary focus of this study. Non-compliance rates as high as 70% have been reported for patients with schizophrenia. Noncompliance in patients with schizophrenia is a significant problem due to the resultant increase in psychotic relapses and

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their disruptive effect on overall rehabilitation efforts as well as more recent evidence indicating an association between number of relapses and poorer outcome.

The impact of medication noncompliance in patients with schizophrenia is reflected in increased hospital readmission rates. A case control study found that rehospitalized patients with schizophrenia were 8.15 times more noncompliant with medications and aftercare treatments as compared to their non-rehospitalized comparison group. Relapse costs must further be assessed within the context of the negative influence on families and rehabilitation. (Families are often extensively burdened by the demanding role of caring for patients with schizophrenia and relapse entails a worsening of symptoms and at times socially disruptive behavior.)

Not surprisingly much effort has gone into investigating compliance in patients with schizophrenia over the years. The picture emerging from these studies indicates that compliance is a complex multi-dimensional behavior best viewed along a continuum rather than as an all-or-none phenomenon, its complexity encompasses a variety of factors including patient and illness profiles, social variables, medication related issues, substance abuse and insight.

AIM: This study has been designed with the goals of identifying various factors responsible for non-compliance and also evaluating the level of compliance in patients with schizophrenia.

METHODOLOGY: Data was collected from the out-patient Department of Psychiatry of Medical College. Cases were in the age group of 22 to 55 years who were diagnosed to have Schizophrenia and on oral antipsychotic medications. The nature of the study was explained to patients and their relatives and written consent has been taken from all subjects. The information was kept confidential. Data was collected from the identified patients and their accompanied relatives (Based on the nature of questions) by interview method using pre-designed, validated, pre-tested Performa. Each interview lasted for about 20-30 minutes. Data were entered into a computer and analyzed using SPSS. Descriptive and inferential statistics were used appropriately as and when necessitate.

RESULTS: Table 1 represents the data regarding socio demographic characteristics of psychotic patients. Out of total 52 patients 29(56%) were male and 60% of subjects were Hindus. Patients of age group below & equals to 40 years constituted the largest proportion i.e. 67%. Majority of them (77%) were literate. 50% of subjects were married. Most of them (54%) were housewives/unemployed followed by laborer/farmer (28%). Majority of subjects (54%) were living in urban area and 77% subjects had nuclear family structure. Majority of the subjects (46%) had socioeconomic status schedule category IV.

Level of Compliance: Figure 1 shows the rate of Noncompliance. Morisky 8 item medication adherence questionnaire ⁽⁸⁾ used to identify the level of compliance. Level of compliance is classified based on their obtained score and was classified as 0 – High compliance, 1 to 2 – Medium compliance and more than 2 – Low compliance. While assessing as per stated classification it was found that 19% patients had poor compliance; 48% patients had medium compliance and 33% showed high compliance.

Possible Contributory Factors Responsible For Non-Compliance: Figure 2 shows number of possible contributory factors responsible for noncompliance. Most of the subjects (63%) perceived cost of medicine as highest contributing factor to non-compliance.

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Furthermore, chronic nature of illness perceived as second most important (52%) reason for non-compliance. The third highest (48%) related factor revealed to noncompliance was transportation problem. Medication related factors like side effects of drug (40%) and lack of effectiveness (32%) contributing to non-compliance. The other factors related to noncompliance were relatives insight toward illness (38%), lack of knowledge, misconception about psychiatric disorders and patient's insight towards illness constitute (34%) as reason for non-compliance. This revealed that there are many factors contributing to noncompliance to drugs among schizophrenic patients.

Clinical Characteristics of the Sample: Table 2 shows clinical characteristics of the sample. Among the identified subjects 84.6% of the subjects were diagnosed as having schizophrenia and 61.5% of the subjects were having more than 2 year duration of diagnosis. Majority (71.2%) of the respondents had no family history of mental illness.

DISCUSSION: There is a need for mentally ill patients to take the medications regularly especially the patients who are on long-term therapy in order to prevent relapse of disease. However, it is observed that many patients do not comply with their treatment schedule. Administration of medication is a responsibility of the medical/nursing staff or their relatives at home because the mentally ill patient especially Psychotic Patient lacks insight to illness. They may not identify the need for medications. Very few systematic studies had been done on this issues especially on factor associated with non-compliance. Present study observed that most of the patients were male and were in age group of 30-40 years. Maximum numbers of patients (61.5%) were chronically suffering from illness (more than 2 years) and most of them belonged to rural area. Two-third of the patients belonged to the nuclear family and had monthly income in between Rs.2000-4000/-. The present study explored various factors as contributing to non-compliance, majority of the subjects (63%) perceived cost of medicine as highest contributing factor to non-compliance.

Chronic nature of illness, transportation problem, medication related factors like side effects of drug and lack of effectiveness of drugs, relatives insight toward illness, lack of knowledge, misconception about psychiatric disorders and patient's insight towards illness were also revealed as contributing factors to non-compliance. These findings were consistent with the findings of the study conducted by Taj R. Khan⁽⁹⁾ in Pakistan and reported commonest reason for non-compliance as lack of awareness of treatment benefits, non-affordability of drugs, physical side effects.⁽⁹⁾ In present study stigma of illness, lack of knowledge about disease & treatment were also reported as a contributing factor to non-compliance. These findings were consistent with the findings of Chan DW⁽¹⁰⁾ where the knowledge of treatment and side effects, perceived stigma of the illness, personal belief, were linked to the non-compliance.⁽¹⁰⁾

The present study explored many factors, which were associated with non-compliance, the similar factors were observed in many studies across the world.⁽¹¹⁻¹⁴⁾ In-consistency observed only among various factors in terms of their proportional contribution to non-compliance but the all reported factors consistently found as major cause of non-compliance all around the world therefore it is recommended that psychiatric patients & their family members must be motivated to treatment adherence & mass level awareness program on mental illness must be planned. Based on the findings of the present study it is recommended that a teaching program on importance of treatment compliance could be planned, conducted, and evaluated to find out the effectiveness not only for the

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psychiatric patients but also for all patients who are on long-term treatment. A similar study can be conducted by considering large geographical area to explore the variations in the factors contributing non-compliances. The findings of the study have number of implications for nursing practice. The nursing staff needs to provide psycho-education to make patients and most importantly their relatives aware about the importance of the regularity in the treatment to prevent relapse. Nursing or medical staff can also educate them about course of their illness, side effects of the medication etc. The role here is educative and supportive to increase the self-care potentials of patients and their relatives.

LIMITATIONS: Due to the practical constraints factors such as personality, substance abuse, patterns of relationship among family members, quality of married life could not be assessed, which might have influenced the level of compliance.

CONCLUSION: There are various factors such as drug related, social support, and treatment access related etc. influencing the level of drug compliance among mentally ill patients. Hence, as described in literature nursing / medical staff can lead in psycho education for patient and relatives and also can actively participate in various activities to plan and implement interventions to improve the drug compliance among mentally ill patients.

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Characteristics	Categories	Frequency	%
Age in Years	20 to 30	12	23
	30 to 40	23	44
	>40	17	33
Gender	Male	29	56
	Female	23	44
Marital Status	Unmarried	9	17
	Married	26	50
	Divorced	5	10
	Widowed	12	23
Educational Status	Uneducated	12	23
	Primary	15	28
	Secondary	16	30
	Higher Secondary	8	15
	Graduate	3	4
Family Structure	Joint	12	23
	Nuclear	40	77
Total Per Month Family income In Rs.	2000 to 4000	32	62
	4001 to 6000	12	23
	6001 to 8000	8	15
	Above 8000	0	0
Domicile	Urban	24	46
	Rural	28	54

Table 1: Socio demographic characteristics of psychotic patients. N = 52

Characteristics	Categories	Frequency	%
Diagnosis	Schizophrenia	44	84.6
	Schizoaffective	8	15.4
Duration Of Illness In Years	<2 years	20	38.5
	>2 years	32	61.5
Family History Of Mental Illness	Present	15	28.8
	Absent	37	71.2

Table 2: Clinical Characteristics of The Sample

Fig. 1: Level of Compliance

Fig. 2: Factors Affecting Non-Compliance to Psychotropic Drugs

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