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Medication Adherence in Adult Patients with Bipolar Disorder: An Integrative Literature Review

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Introduction

An estimated 35% to 65% of patients with BD do not adhere to their medication regimen, with a large portion discontinuing their treatment plan against medical advice within the first year. Generally known factors affecting adherence include age, gender, educational level, insight, beliefs, comorbidities, side effects, duration, polypharmacy, as well as alcohol dependence. Nonadherence in BD has the potential to result in impaired social functioning, difficulty in maintaining employment, higher rates of suicide, and higher rates of hospital admissions.

Purpose and Research Questions

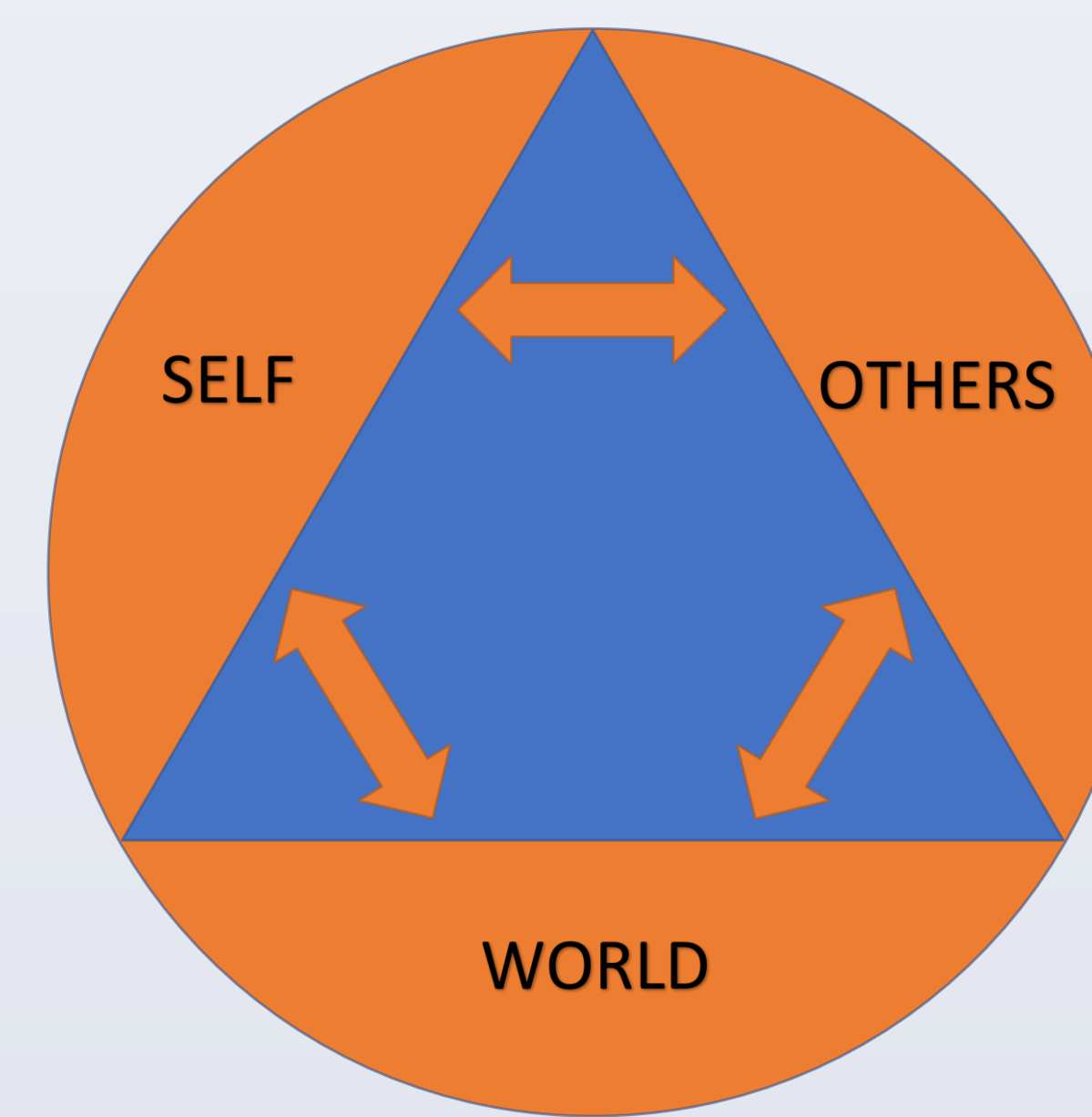
Purpose: Examine factors contributing to nonadherence and methods for directly addressing these in an effort to offer providers information that can be used to assist clients.

- What are the factors that contribute to nonadherence among clients in treatment for Bipolar Disorder?
- What specific strategies have been devised to address factors contributing to nonadherence and what evidence exists for their effectiveness?

The Tidal Model

The Tidal Model is a theoretical model of mental health recovery guided by four main principles:

- 1) Psychiatric illness is only one aspect of an individual's life, and does not define the entirety of the person or their experiences
- 2) Change is a constant force
- 3) The caring process is centered around empowerment
- 4) A unison is required between the patient and the provider to achieve positive outcomes



Adherence Interventions

	Description	Outcome
Motivational Interviewing	Researchers utilized motivational interviewing along with follow-up phone calls.	This intervention resulted in a mean medication adherence rate of 94.3%, an increase from the initial 67.8% adherence rate.
Electronic Reminder	Utilized personal digital assistants to provide reminders for medication administration, provide medication and disease education, and allow for questions to be asked.	98% of the patients were able to report what medications to take for the day, at what doses, and at what times. The intervention was overwhelmingly accepted by the study group.
Electronic Pill Counter	Patients were provided with an electronic device that recorded when medications were taken.	Adherence rates were increased by 15%.
Face to Face Education	Patients were provided with modules specific to their medications and disorder. The modules served to further the patients education regarding both BD as well as their specific medications.	The initial non-adherence rate was determined to be 51% (at least one medication was missed within the last week). At the end of the 6 month study, non-adherence was reported to be 25%.

Methods

- A computerized search of the literature was conducted using Cumulative Index to Nursing and Health Literature (CINAHL) and PsycInfo
- The following keywords were used as search terms: 'Medication AND Adherence AND Bipolar NOT HIV'
- The search was limited to peer-reviewed articles published between 2012-2017
- Case studies and clinical trials were excluded from the search. Additionally, articles focusing on pharmacological interventions, patients with HIV, inmates, and pediatric populations were also excluded
- A total of 10 articles were included and reviewed

Conclusion

- Alcohol and illicit substance use is the most documented reason for medication non-adherence
- Social support, coping strategies, disease perception, and spirituality are also factors contributing to non-adherence
- Technological aids have the capacity to improve medication adherence, as does in-depth patient education and motivational interviewing
- Providers must take the time to treat the person and not the disease, as BD treatment needs to be individualized and holistic,

Acknowledgments

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