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Research Article

Psychosocial and medical factors affecting treatment compliance in patients attending psychiatric hospital: a study from Kashmir

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ABSTRACT

Background: Compliance with medication is decisive for treatment of the psychiatric disorders and is necessary for determining the outcome and prognoses of psychiatric patients. While the causes of poor compliance are multifactorial, the psychiatrist should be aware of such factors and may be able to implement interventions to address those factors. The objective of study was to find out the various medical and social reasons affecting treatment Compliance among patients suffering from psychiatric disorders.
Methods: A Cross-Sectional study from 2011 to 2012 was conducted in IMHANS (Institute of Mental Health and Neurosciences) Srinagar (J&K), a questionnaire was designed, and the questionnaire included questions on socio-demographic variables, psychiatric illnesses, and Medical and psycho-social affecting treatment compliance. A systematic selection method for choosing the respondents was opted, questionnaire was administered on 200 (n=200) patients who attended the Outpatient department during the period. Simple random sampling method was applied for selection of respondents, the first time visitors to OPD were exclude along with repetition of respondents.
Results: Out of 200 respondents studied in the study 41.5 % were males and 58.5% were females. Maximum number of patients (31.5%) studied were in the age group below the 30 years. 3.5% of respondents were in the age group above 70 years. Out of total 200 respondents in the study 74 % of the respondents are in compliance with recommended medicine whereas non-compliance was found in the 26% of studied population. Complications (13.46%) ascending out by usage of psychiatric medicine can be attributed as one of the major case of treatment non-compliance in psychiatric patients, among the psychiatric patients. Accessibility of psychiatric medicine and Financial constrain was also one of the reasons behind the medicine non-compliance (7.69%). Patients with no insight to psychiatric disease also include a good percentage of (5.76 %) of medicine non- compliance.
Conclusions: Non-compliance is a dominant factor which causes possibly causes readmission in psychiatric wards. Compliance in psychiatric patients in general could be enhanced and improved by adequate intervention via patient counselling and patient medicinal care and education.

Keywords: Psychiatric medicine, Medical factors, Social factors

INTRODUCTION

Compliance is the extent to which a patient complies with the prescribed medicine by a health professional. It is extent to which a person's behaviour confirms to medical or health advice.[1] The opposite of this process of adherence is also true but is an issue leading to relapse and rehospitalisation among the patients. Patients who don't follow the treatment schedule and drug regimens prescribed to them by physician can be described as noncompliant or not adherent.[2] Medications non-adherence is an issue associated with all diseases and in all populations, with patients suffering from psychiatric

illness being more susceptible.[3] The dropout rate is attributed to various factors including demographic ones so it becomes imperative to make an in-depth systematic study to explicit the reasons of non-compliance among psychiatric patient population of a particular topographical region, Estimates of medicine noncompliance ranges between 4% and 92% with average from 30 to 35 percent.[4] Like other diseases Compliance with antipsychotic medication is crucial for treatment of the psychiatric problems. Adherence is necessary for sustainable medical intervention.[4] Keeping these points in view, to find out reason of poor drug compliance, a prospective exploratory study was conducted at the outpatients department The objective of this study was to find out the different reasons of the medicine non-compliance among the psychiatric patients.

METHODS

A cross-sectional study from 2011 to 2012 was conducted in IMHANS (Institute Of Mental Health And Neurosciences) Srinagar (J&K), with an objective to study the various medical and social reasons affecting treatment Compliance among patients suffering from psychiatric disorders. An inclusive questionnaire was designed to explicit the reasons of Medicine non adherence among psychiatric Patients. This mixed questionnaire included questions on socio-demographic variables, psychiatric illnesses, and Medical and psycho-social reasons. Questionnaire was with predominance of open ended questions so as to fit the diverse response on non-compliance. After screening guardians as well as patients verbal consent were taken before conducting the study. A systematic selection method for choosing the respondents was opted, questionnaire was administered on 200 (n=200) patients who attended the OPD during the period. Simple random sampling method was applied for selection of respondents, the first time visitors to OPD were exclude along with repetition of respondents. Efforts were made to record the diverse response from the patients. The outcome reasons were classified into two main categories as Medicinal reasons and psychosocial reasons Data tabulation and processing was carried by SPSS.

RESULTS

Out of total 200 respondents in the study 74 % of the respondents are in compliance with recommended medicine whereas non-compliance was found in the 26% of studied population. In-depth reasons leading to non-compliance were explicated out and categorised into medical and psycho social reasons.

Characteristics of respondents

Characteristics of respondents have been presented in Table 1.

Table 1: Demographic characteristics of the studied patients.

Characteristic		N	%
Age (year)	≤ 30	63	31.5
	31 to 40	52	26.0
	41 to 50	33	16.5
	51 to 60	18	9.0
	61 to 70	27	13.5
	> 70	7	3.5
	mean ± SD	50.4 ± 14.0 (18, 90)	
Gender	Male	83	41.5
	Female	117	58.5
Dwelling	Rural	140	70.0
	Urban	60	30.0
Marital status	Unmarried	12	6.0
	Married	153	76.5
	Widowed	35	17.5
Occupation	Household	109	54.5
	Unskilled	32	16.0
	Semiskilled	33	16.5
	Skilled	24	12.0
	Professional	2	1.0
Family type	Nuclear	91	45.5
	Joint	43	21.5
	Extended	66	33.0
Literacy status	Illiterate	149	74.5
	Primary	7	3.5
	Secondary	11	5.5
	Matric	23	11.5
	Graduate	9	4.5
	Postgraduate /Professional	1	0.5
Family income (Rs)	< 5000	30	15.0
	5000 to 10000	141	70.5
	≥ 10000	29	14.5
	mean ± SD	8402 ± 6740 (2000, 60000)	
Socioeconomic status (Kuppuswamy Scale)	Lower	10	5.0
	Upper lower	122	61.0
	Middle	49	24.5
	Upper middle	18	9.0
	Upper	1	0.5

Diagnosis

Various psychiatric disorders suffered by the population under current study have been presented in Table 2 and Figure 1.

Current study revealed that collectively 39.5% of the respondents were diagnosed of suffering from schizophrenia and schizoaffective disorders **(**26% schizophrenia, 14.5% schizoaffective) Bipolar disorders

constitute 19% whereas 15.5% of the respondents have been diagnosed as suffering from MDD. OCD was diagnosed in 11% and 5.5% of population was found to be affected by seizure disorders.

Table 2: Various psychiatric disorders suffered by the population.

Type of psychiatric problem	Percentage
Schizophrenia	26%
Schizoaffective	14.5%
Bipolar disorders	19%
MDD	15.5%
OCD	11%
Seizure disorders	5.5%
Others	8.5%

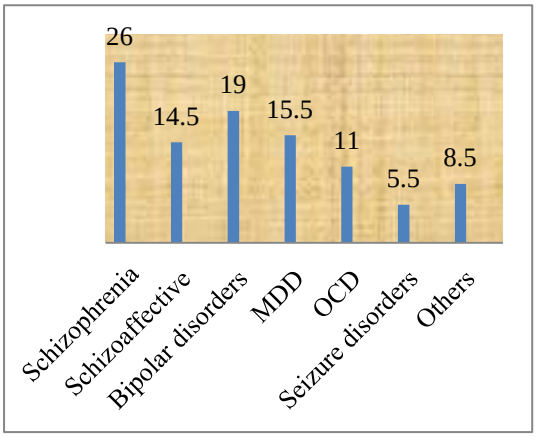

Figure 1: Types of psychiatric problems diagnosed.

Characteristics of respondents

Out of 200 respondents studied in the study 41.5 % were males and 58.5% were females. Respondents from both rural and urban regions of the state represented the respondent population. Maximum number of patients (31.5%) studied were in the age group below the 30 years, minimum percentage of 3.5% of respondents were in the age group above 70 years. Age group of 31-40 years is the second highest percentage of respondents included in the study. 54.5% of the respondents were engaged in Household work with more number of female subcategory in this category. Unskilled labours constituted 16.0%, earning their livelihood through daily wage based works, another 16.5% were Semiskilled labours with slight advantage over unskilled in terms of income generation, Skilled labour included 12.0%, a small population of respondents (1%) were found to be Professional in different trades, with sustainable and sound family incomes. 74 % of respondent population has been found to be illiterate.

Medical reasons

Medication Complications (13.46%) and addiction to medicines (7.6%) were the most important factors noted to be responsible for non-compliance due to medical reasons (Table 3 and Figure 2).

Table 3: Medical reasons of non-compliance.

Medical reasons of non-compliance	Percentage
Medication complications	13.46%
Addiction to medication	7.69%
Because of no insight to disease	5.76%
Because of feeling of cure	5.76%
Paranoia to medication	3.84%
Decreased function and activity of daily life	3.84%
Because of many medications	5.76%

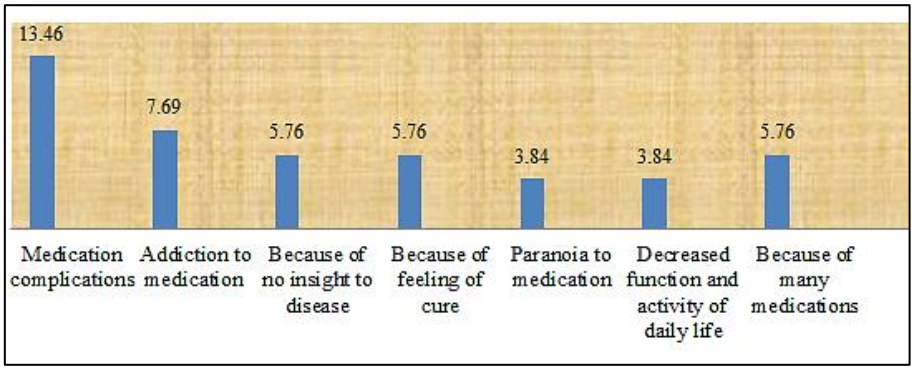

Figure 2: Medical reasons of non-compliance.

Psychosocial reasons

Faith healer (9.61%), lack of family education (7.69%) , and no insight to illness (7.69%) were the most important psychosocial reasons for non-adherence to psychiatric medicines (Figure3 and Table 4).

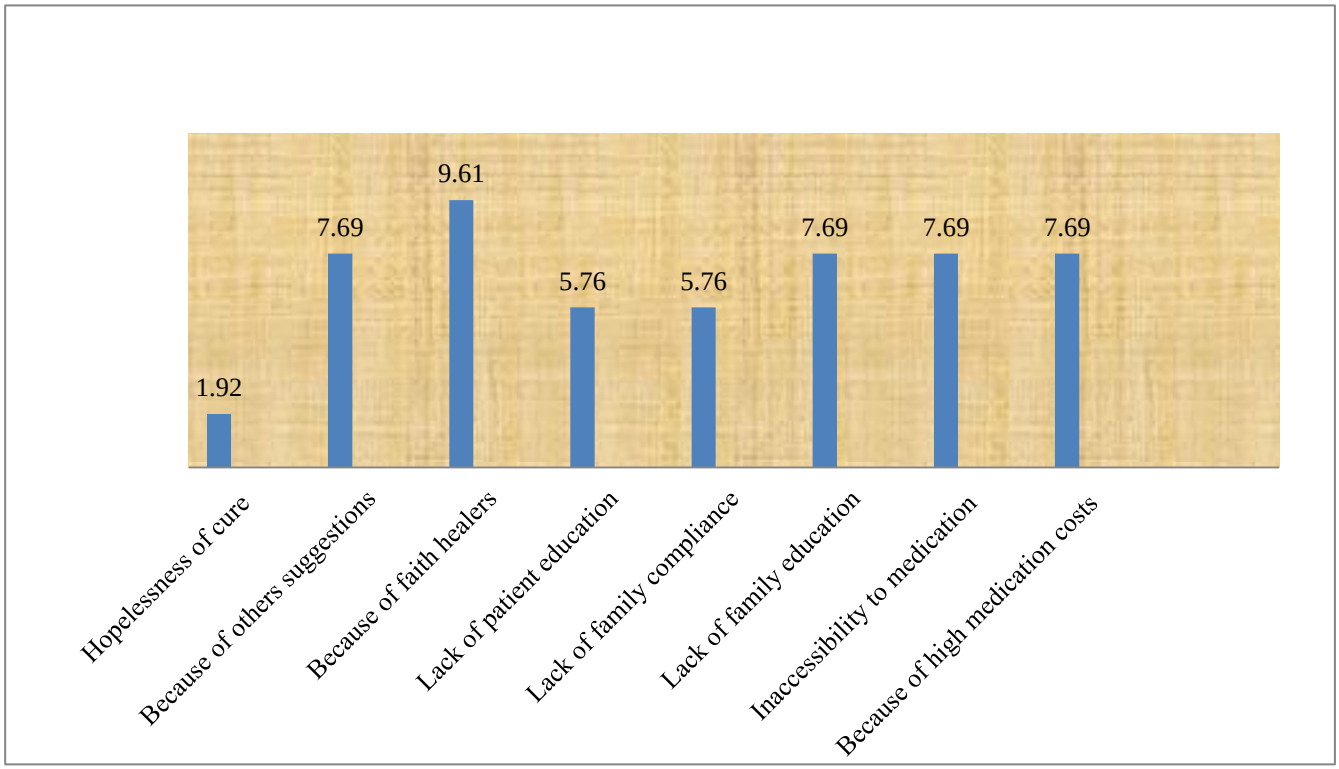

Figure 3: Psychosocial reasons.

Table 4: Psychosocial reasons.

Psychosocial reasons	Percentage
Hopelessness of cure	1.92%
Because of others suggestions	7.69%
Because of faith healers	9.61%
Lack of patient education	5.76%
Lack of family compliance	5.76%
Lack of family education	7.69%
Inaccessibility to medication	7.69%
Because of high medication costs	7.69%

DISCUSSION

The objective of this study was to find out the different factor affecting treatment compliance among the psychiatric patients. Efforts were made to record the diverse response from the patients. The outcome reasons were classified into two main categories as Medicinal reasons and psychosocial reasons. In our study it is clear that more than one factor is responsible for poor or better compliance of therapeutic regimen. Among the first category the medication complications contributes the highest percentage of 13.46% in our study, the complications included an array of unpleasant side effects are known to be associated with most of the psychotropic medicines responsible for enhancing the rate of non-adherence in different studies.[5,6] These finding are in accordance with Fakhoury et al (1999 and 2001).

One of the prominent factors to contribute to poor compliance in individuals with psychiatric disorders includes lack of insight to disease (5.76%). Rittmannsberger et al (2004) predicted low insight with poor compliance and improvements is accompanied by good compliance rate.[7]

Our study revealed that about 7.69% of the non-adherent patient population did not follow medication due to feeling of getting addicted to psychiatric medicine. Hopelessness of cure accounted 1.92 % of non-compliance behaviour. Slowness of rate of body activities by some of the psychotropic medicines is perceived to be threatening by the patients and effect triggers discontinuation of medicine and contributed 3.84% in our study population. Delayed curing capacity of drug therapy and polypharmacy contributed 5.76% of population. Perkin et al. (2006) have shown that disbelief of the recommendations of health professional by the patients is correlates with poor adherence regime.[8]

The belief on those faith healers who are disbelievers of psychotropic medicine has been found to increase the chances of non-compliance in current study. This factor contributes an alarming percentage of 9.61% as the cause of non-adherence among patients suffering from psychiatric diseases. Kashmir is the place of Sufis and saints, and there local faith healers as peer and faqirs which are important representatives of our religion, they have wisdom to give advice and treatment regarding various mental and psychical illness. Thus the belief in spiritual causation may affect treatment compliance as

patients and caregivers believe more in spiritual causation and their solution to resolve their mental illness and therefore affect treatment compliance.[9,10]

Compliance from the family members is also a dependent factor in non-adherence as has been revealed in the current study 7.76 of the patients discontinued the medication when there is lack of family compliance.[11] The family compliance may reinforce medication usage, and this therefore creates a therapeutic chain of events.[12]

Inaccessibility of psychotropic medicine is a grave issue especially in the rural topographical regions. Curfew and Hartal (Complete shutdown of shops, and transport) due to present turmoil are common in Kashmir.[13] Kashmir is a place of continuous turmoil and conflict and inaccessibility of psychiatric medicine is important factor responsible for non-adherence. Convenient mode of transportation was not available in many far flung places of Kashmir.

Although patients can buy medicine from local shops, Inaccessibility of psychotropic medicine is main problem in remote areas and contributed 7. 69 % of patients attributed the cause of non-adherence to inaccessibility of medicine and due to high cost. Among the economic causes the low economic status played a pivotal role in increasing the rate of non-adherence. Lack of basic infrastructure is associated with poor compliance treatment and thus advocates need of community level services related to mental health care.[14]

From the above findings it is now clear that multiple factors are responsible for non-adherence to psychiatric medications. There is a need to provide community level mental health care and proper counselling to patients and their caregivers.

Non-compliance is a dominant factor which causes possibly causes readmission in psychiatric wards. Compliance in psychiatric patients in general could be enhanced and improved by adequate intervention via patient counselling and patient medicinal care and education.

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