
PERCEPTION OF SIDE EFFECTS, MEDICATION ADHERENCE AND QUALITY OF LIFE IN PSYCHIATRIC PATIENTS

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OBJECTIVES: Numerous side effects are known to be associated with psychotropic medications. In our previous research we have shown that side effects associated with asthma therapy affect patient quality of life and medication adherence. The goal of this study was to explore psychiatric patient perceptions about side effects and to assess their interaction with quality of life (QOL, SF-36 RAND questionnaire) and medication compliance (Morisky scale). METHODS: A convenience sample of 19 consecutive patients with psychiatric disorders has been surveyed (schizophrenia—8, schizoaffective disorder—4, bipolar disorder—4, recurrent depressive disorder—3). All patients were using at least one medication for their therapy. The patients were asked to recall their use of medicines during the last two weeks. The survey consisted of a symptom checklist (SC) that consisted of 140 side effects associated with most commonly prescribed medications. The patients were asked to indicate whether they experienced each symptom listed in the checklist and whether they felt that each symptom they had was caused by their medications. The patients were also asked to evaluate intensity of their physical and emotional suffering due to side effects during the last two-weeks from zero (no suffering) to ten (the most severe suffering) and indicate the number of days they suffered from side effects during the last two-weeks. RESULTS: Two parameters of QOL were negatively associated with side effects with borderline significance: intensity of side effects and social functioning (p = 0.06) and limiting of physical functioning and number of days of suffering from side effects (p = 0.06). There was no association between medication adherence and side effects. Lower medication adherence was associated with lower emotional functioning (p = 0.04). CONCLUSIONS: We concluded that the side effects associated with psychiatric medications might affect quality of patient care. Further studies with larger sample size are needed.

MENTAL HEALTH—Schizophrenia

PMH45

HISTORY OF SUBSTANCE ABUSE ASSOCIATED WITH POOR PROGNOSIS IN THE TREATMENT OF SCHIZOPHRENIA: RESULTS FROM A CLINICAL TRIAL DATABASE

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OBJECTIVE: This research was conducted to determine if history of substance abuse confers poor prognosis in schizophrenia as measured by onset of illness and treatment outcome. METHODS: This was a post hoc, pooled analysis of four randomized, double-blind, 24–28 week studies of schizophrenia treatment. All treatment groups were collapsed for a total of 1627 patients and 142 patients with a history of substance abuse at any time. Positive and Negative Syndrome (PANSS) scores and onset of illness were compared between patients who had history of substance abuse (males, n = 116; females, n = 26) and patients who did not have history of substance abuse (males, n = 932; females, n = 533) using analysis of variance. RESULTS: Patients with a history of substance abuse had an earlier onset of illness in both male and female patients. History of substance abuse also had a negative effect on treatment outcomes. Specifically, patients with a history of substance abuse had less improvement in PANSS total and subscores than other patients. The differences in PANSS total (p < 0.01), PANSS positive (p = 0.02), PANSS negative (p = 0.03), and PANSS general psychopathology (p = 0.02) scores were statistically significant for male patients with history of substance abuse. CONCLUSIONS: History of substance abuse is an important factor to consider when treating patients with schizophrenia, as these patients have an earlier onset of schizophrenia and poor response to treatment compared to other patients. Further studies are needed to determine if substance abuse promotes schizophrenia onset; or alternatively, certain traits predispose individuals to both substance abuse and schizophrenia.

PMH46

RELIABILITY AND VALIDITY OF THE READINESS FOR DISCHARGE QUESTIONNAIRE IN SCHIZOPHRENIA

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OBJECTIVES: Research on the effects of an intervention on hospital length of stay and discharge are often confounded by socioeconomic factors unrelated to the intervention. The Readiness for Discharge Questionnaire (RDQ) is a newly developed tool designed to assess readiness for discharge of inpatients with schizophrenia, independent of socioeconomic factors. This study examined the psychometric properties of the RDQ. METHODS: The RDQ consists of six items assessing suicidality/homicidalty, control of aggression/impulsivity, activities of daily living, medication-taking, delusions/hallucinations interfering with functioning and global clinical status. A final yes/no question assesses readiness for discharge. Data from a pilot study (n = 149) and a large randomized double-blind study (n = 382) were used to examine test-retest reliability, construct validity, and responsiveness. A third study (32 raters, six cases) provided data on content validity and inter-rater reliability. RESULTS: The inter-rater reliability was high for all items of the RDQ (reliability coefficient > 0.9) and moderate/high for the readiness for discharge status (84% agreement, kappa 0.39, polychoric corre-