

Medication Compliance in patients with mental health problems

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Dr. Charles Everett Koop, a former U.S. Surgeon General once said, “Drugs don’t work in patients who don’t take them” [1]. This editorial invites readers to dedicate their time and attention to a pressing issue in medicine, especially in mental health, which is medication compliance. In health care, compliance may be defined as the extent to which a patient follows the health provider’s advice. Medication compliance is defined as “the extent to which a patient takes medication as prescribed” [2].

In modern medicine, compliance is often referred to as treatment adherence. However, there is a subtle difference between the two. Medication adherence is referred to the act of obtaining or purchasing new prescriptions, or getting refills on existing medications. On the other hand, medication compliance is the actual consumption or use of medications or treatments as prescribed. Adherence has generally replaced the term compliance in many contexts, perhaps due to the authoritative and judgmental undertones associated with the act of “complying”.

However, the World Health Organization (WHO) has been instrumental in creating awareness about treatment compliance and adherence, not just restricted to pharmacotherapy, but also lifestyle changes. WHO has identified medication compliance and adherence as leading contributors for morbidity and mortality rates in various fields of medicine across the globe, and defines them as, “the extent to which a person’s behavior—taking medication, following a diet, and/or executing lifestyle changes—corresponds with agreed recommendations from a health care provider” [3].

Anyone who has worked in the mental health profession knows that medication adherence and compliance have been longstanding problems in psychiatry that hinder the constructive health outcomes in mental health patients. Due to the nature of psychiatric illnesses, a brief consultation with a take-home prescription may not be adequate. Ongoing treatment and follow-ups are often required for chronic mental disorders, some of which may need lifelong management of symptoms, similar to chronic physiological conditions such as diabetes or hypertension. Lack of compliance and adherence appear to be more common in patients on long term therapy as compared to patients on short term therapy, and understandably so. Literature shows that prevalence of non-compliance in patients visiting outpatient clinics and needing short-term therapy is much lower approximately between 20% and 30%, while the noncompliance in patients suffering from chronic diseases and those needing long-term treatment with lifestyle changes was the highest at about 70% – 80%.^[4] It is indeed important to think about medication noncompliance in itself as a major public health problem, which needs an interdisciplinary approach involving physicians, pharmacists, nursing staff, health educators and social work professionals to address that problem.

Additionally, there are several reasons why mentally ill patients may be noncompliant about their medication treatment. In conditions like schizophrenia or bipolar disorder, lack of insight into their own problems is a common symptom. If the patient does not consider himself or herself mentally ill, then how would you expect the patient to maintain adherence and compliance to medication treatment? Hence, this lack of insight often leads to non adherence or non-compliance in certain mental health conditions like schizophrenia or bipolar disorder [4]. In cases of severe depression things may not be much different. Other common reasons include relationship with physician, costs associated with medications and side

effects. An incredible amount of time is invested in assessing the patients, providing psycho education, and coming up with evidence-based and standardized treatment plans for the patient, but not so much in ensuring patient's adherence and compliance to treatment. However, if patient is not receiving the treatment as intended, then we are doing a great disservice to the patients and ourselves. So it would definitely be beneficial to all if whatever that can be done to improve adherence would be beneficial for all. Adherence and compliance to treatment appears to be one of the oldest and most difficult challenges in psychiatry hampering positive mental health outcomes [2]. However, there may be several reasons for the lack of treatment compliance, most of which are contextual. Hence it is not fair to denunciate the patient or the health care provider for poor health outcomes resulting from non-compliance. Instead, the focus needs to be on anticipating, identifying, and implementing strategies to reduce non-compliance by participation of all the parties involved in the treatment process.

Lack of adherence and compliance may occur due to several intertwined factors broadly categorized into the following areas [5-7].

- a) Personal factors
- b) Factors related to Treatment
- c) Factors related to the Disease
- d) Factors related to the Health Care Provider

Personal factors

First and foremost, personal factors may include patient's culture and upbringing, role of family in patient care, patient's attitude toward health care, knowledge of and beliefs about the disease for which the medication has been prescribed. Patient's demographic characteristics such as age, gender, marital status, socioeconomic status, and level of education may also be responsible for poor compliance.

Factors related to Treatment

Lack of interest in improving one's mental health combined with the lack of insight about the gravity of the mental health problem can be a major hindrance to treatment. Additionally, patients' negative attitudes toward treatment and lack of belief in the medication, adverse effects of medications, the dosing schedules and frequencies of treatments, and the timing for onset of action may all be potential contributing factors to non-compliance.

Factors related to the Disease

Patients' beliefs and insights about the disease as well as their perceived susceptibility and perceived severity of the disease. Additionally, in some cases, their denial of illness, which is an inherent feature of some psychiatric disorders, makes compliance a far-fetched goal. Many psychiatric conditions may also affect cognitive functioning, which can affect compliance in all stages of the disease, unless there is a caregiver to attend to the patient needs.

Factors related to the Health Care Provider

Last, but not the least, the health care provider could be an important determinant of what motivates the patient to continue taking his or her medication. The confidence in the provider as well as the commitment shown by staff to improve the patient's condition in cases that need long-term care are critical factors that could influence treatment compliance outside of the hospital setting. It is important to leverage the human factor while working with mental health patients and their family members or support persons, so as to build that relationship of trust between the health care provider and the patient.

Although literature has shown that improving non-adherence and non-compliance can result in more positive outcomes than simply changing treatments, it is evident that clinicians rarely spend adequate time on assessing and addressing patients' knowledge, attitudes, and behaviors related to these challenges [6]. In today's world, it is easier than ever to harness innovative technological applications to improve treatment adherence and compliance, given the increasing numbers of patients using mobile phones, internet, and

other electronic devices. Simple modifications such as setting up mobile or text reminders, subscribing to automated medication alert messages, and using free medication reminder apps can be some ways to improve adherence and compliance in patients that simply tend to “forget”.

In its report on medication adherence, the World Health Organization (WHO) announced that designing and implementing effective adherence and compliance interventions could have a “far greater impact on the health of the population than any improvement in specific medical treatments” [3]. Hence, we should support the World Health Organization as they urge providers, researchers, and educators worldwide to look into additional research and actions related to treatment adherence and compliance, and design ways to minimize the barriers to medication compliance. So, please remember to consider this serious problem as you invest in the research, diagnosis, treatment or follow-up in all future mental health patients.

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