

Psychological factors associated with medication noncompliance in schizophrenic patients who attending psychiatric teaching hospitals

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ABSTRACT: A descriptive cross-sectional study that was carried out during the period of March 20, 2019 to September 10, 2019. The study aim was to assess the level of medication non-compliance and the psychological factors associated with medication non-compliance among schizophrenic patients. A purposive (Non-Probability) sample of 150 schizophrenic outpatients was selected. Data were collected through the use of the constructed questionnaire and the process of the structured interview and administrative questionnaire as means for data collection. The questionnaire was constructed as a main instrument, which consisted of three parts; the first part includes two sections which are the covering letter to obtain the agreement of patients to participate in the present study and the socio-demographic and clinical characteristics of the patients; the second part is the questionnaire with 34 items measure the psychosocial factors associated with medication non-compliance in schizophrenic patients; the third part of Questionnaire is concerned with medication non-compliance level in patients with schizophrenia. The study result found that psychological factors were highly associated with non-compliance to medication among patients (77.3%). The findings also show that high level of non-compliant to medication (60.7%). The study recommended Put in place psycho education programmers for individual patients, relatives and the community, to demystify mental illness. This includes provision of trained personnel and material resources to facilitate this.

Keyword: psychological factors, medication non-compliance, schizophrenic patients.

I. INTRODUCTION

Mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses and tensions events of life, can work productively and fruitfully, and is able to make a contribution to her or his community⁽¹⁾ ⁽¹⁴⁾. Mental illnesses are health conditions involving changes in emotion, feeling thinking or behavior (or a combination of these), Mental illnesses or diseases are associated with distress and/or problems functioning in social, work or family activities⁽²⁾. Schizophrenia is characterized by delusions, hallucinations, disorganized or disturbances speech and behavior, and other signs and symptoms that cause social or occupational dysfunction, For a diagnosis, signs and symptoms must have been present for constant six months and include at least one month of active symptoms, DSM-5 raises the signs and symptom threshold, requiring that an individual exhibit at least two or three of the specified symptoms⁽³⁾ ⁽¹⁵⁾ ⁽¹⁶⁾ ⁽¹⁷⁾. Antipsychotic medication in the treatment of schizophrenia has proved to be effective however a lot of people with schizophrenia do not comply or adhere with their prescribed medication regimen or treatment system, this results to a significant refuse in the promise of antipsychotic medication⁽⁴⁾. The rates of medication non-adherence or non-compliance have been found to approach 50% among patients with schizophrenia during the first year after discharge from hospital, the rates may even be higher taking into account that the estimates do not include peoples who refuse medication or drop out of follow-up studies and in spite of atypical

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antipsychotic medications having less serious and disabling side effects, there is little proof of any progress made at increasing compliance or adherence ⁽⁵⁾. Argued that the prevalence of non-compliance with antipsychotic drugs in patients with schizophrenia is at 50%. Compliance is the extent to which a person's behavior correspond with medical or health advice ⁽⁶⁾. The word compliance has been convicted over the past 20 years because it signifies concepts of a paternalistic relationship between the physician and the ill people, and therefore compliance has been adopted as a more equitable term ⁽⁶⁾. Clinicians face a complex duty when trying to determine who will or will not compliance to medication treatment as prescribed ⁽⁷⁾. Adherence can be considered a behavior (taking/not taking prescribed medications) or an attitude (prefers taking/prefers stopping psychiatric medications) ⁽⁸⁾.

II. MATERIALS AND METHOD

A descriptive cross-sectional study was utilized to assess the level of medication non-compliance and the psychological factors associated with medication non-compliance among schizophrenic patients. The study was carried out during the period of March 20, 2019 to September 10, 2019 The study was conducted On out patients clinics in Al-Rashad and Ibn Rushed psychiatric teaching hospitals which is located in Al-Rusaffa sectors in Baghdad . and from Al-Kademia teaching Hospital which is located in Al-Karkh sector in Baghdad

Study Sample: A purposive (Non-Probability) sample of one hundred and fifty schizophrenic outpatients, The participants were selected purposively from Both genders (males and females) aged from 18 to 50 year and above. patients diagnosed with schizophrenia and patients with full insight and have at least one year after diagnosis. Schizophrenic patients attending outpatient psychiatric clinic.

Instrument of the study:

Demographic Data: this part includes gender, age, marital status, occupation , level of education, live with, duration of illness, type of house, residence, income, time of admission.

Psychological factors questionnaire:

This part of the questionnaire is include psychological factors scales which consisted of fourteen item that measure the psychological factors associated with medication non-compliance in schizophrenic patients .this scale were translated into Arabic language after making necessary modifications before collecting the data.

Medication non-compliance scale: this part of the questionnaire were consist of eighteen items.

Data Collection and Data Analysis: The data collection was carried out from (20 March to 10thseptember, 2019) The data was collected after obtaining the permission from the directorate of psychiatric hospitals for the present study through the utilization of the administrated questionnaire as a mean of data collection, the data were collected through the utilization of structured interview. The data collection procedures have been done at outpatient psychiatric clinic. The researcher has met the respondents in a side places at outpatients clinics in the hospital which referring by the psychiatrists. The researcher conducting The interview with the schizophrenic patients who are stable and combination with one relative of patients. All the patients in present study diagnosed by psychiatrist as schizophrenic patients which fulfill the inclusion criteria mentioned previously. A prior permission has been taken from the psychiatrist to refer patients to the researcher to interview with them. The decision of insight level was made by the psychiatrist. The researcher conducting an interview with the participants and the research objectives were after obtain their agreement to participate in the study to maintain the ethical consideration and respect autonomy of the participants. The participants need approximately 30-45) minutes to complete all items of the questionnaire. The data of current study were analyzed by using (SPSS) version (24.0).

III. RESULT AND DISCUSSION

Table one shows that The analysis of data in this table shows that (59.3%) of patients were males while (27.2%) their age group (40-49)years and (24.7%)of them (30-39 years). The marital status for patients refers that they were married

(40%) and (34.7%) of them were still single. The highest percentage among levels of education is referring that patients were with primary school education (46%). Regarding the monthly income, less than half of patients were perceiving that they were associated with sufficient monthly income (46.6%), while (30.7%) of them were perceiving barely sufficient income. Most of patients were shown that they resident in urban area (93.3%) who were reported that they living with their parents (49.3%). More of the patients reported that they were living in a family house (72.7%). And figure one shows that only (24.6%) of patients were working; (11.3%) were governmental employee and (13.3%) of them were self-employed. While (75.4%) of them doesn't working because of illness (70.6%) and retirement (4.8%). Figure tow shows that (52%) of patients have ($11 \leq$ years) duration of illness and (27.3%) are having (1-5 years) duration of illness. Figure three shows this figure shows that about two third of patients were admitted (1-3 times) to psychiatric hospitals (78%). Table 2 shows that (60.7%) of patients were showing non-compliant behavior to medication, while only (24.7%) showing moderate-compliant to medication. Table 3 shows that psychological factors were highly associated with non-compliance to medication among patients as referred with high percentage (77.3%). The study result shows that schizophrenic patients in the current study were males (59.3%). This finding reflects two indicators: the first one is that the prevalence of schizophrenic disorder is higher in males than in females in the Iraq community; the second one is that male- female ratio could be explained as female psychiatric patients were less frequently brought to the psychiatric hospitals in Iraqi culture due to many social factors such as stigma. On the other hand, it should be considered that during the period of data collection for the present study that the chance of being male patients are more than females. This gender distribution is supported by Tadele Eticha et al (2015)(9) who reported that 72% of the patients were males as represented in their study. The age distribution of the sample in this study indicated that 27.2% were aged of 40-49 years old and (30-39 years; 24.7%),this refer to most sample from middle age. This age distribution is supported by (Ashish V,et al.2015)(10) who reported 33% of patients were 40 years old.

The marital status of the present sample (table 4.1) revealed that 40% of the patients were married and 34.7% of them unmarried (single). This finding was inconsistent with Tadele Eticha et al (2015)(9) who found that 23.7% were married. The high percentage concerning level of education has been reported as low education, 46% of the sample have primary school educational level(table 4.1).this finding supported by (EDITH WANJIKU,2012) (11) . Was congruent with the current results they found that most of patients with low level of education 44%. The analysis of the results in table (4.1) reveals that nearby half of the patients (46.6%) had insufficient income. Such finding can be integrating to the employment status of the sample which indicates that 70.6% of the sample were unemployed taken into consideration the cost of the treatment and the patients themselves who are unemployed that might be a source of burden on the family. This result was supported by (Mohammed ,2014)(12) .who found that 47% of patients are associated with insufficient monthly income. The high percentage of residence urban 95.3% this result due to the density of population distribution, which is concentrated in cities and not in rural areas because of the availability of infrastructure, services and job opportunities and availability advanced hospitals. The results shows half of patients participate in this study live with parents (49.3%). And More of the patients reported that they were living in a family house (72.7%).This indicate the patients unable to care himself and the parents more careful and tolerate burden of psychiatric patients. EDITH WANJIKU (2012)(11) supported this study they found that most of patients live with parents(35.2%). The finding in figure (4.2) shows the duration of illness for schizophrenic patients which revealed that the higher percentage (52%) of them had 11 years and above duration of illness This finding was consistent with the result of (Mohammed,2014) (12), who reported that duration of illness was 11 years and above. The finding consistent with Ashish V,et al(2015)who found (61.5%)of their sample have 7-11 years duration of illness. Figure (4.3) shows the distribution of the patients regarding to their number of admissions. 78% of schizophrenic patients had 1-3 admission to the psychiatric wards. Such finding may be confirmed by the theory of non-adherence to medication and cause relapses and impact on mental

health. The finding was supported by (Ashoor,2015) (13) under title (Assessment of schizophrenic patients needs at psychiatric hospitals) who reported the same numbers of admission (72.5%). It was known of the current result in the table (4.2) that (60.7%) of schizophrenic patients are associated with high level of non-compliant behavior to medication (M.S=2.46) this finding shows that medication non-compliance widespread among schizophrenic patients in our culture. The finding of current study concerning medication non-compliance in schizophrenic patients could be explained by the nature of our culture and people. 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. This finding was supported by Ashish V,et al(2015) who found that most of their sample perceiving high level of non-compliance medication in schizophrenic patients (69%). The table (4.3) shows the means of scores and standard deviations of the psychological factors were highly significant associated with non-compliance to medication among patients as referred with high percentage (77.3%). The result reflects the lack of insight and knowledge toward the medication and nature of illness may cause high level of non-compliance this finding was supported by EDITH WANJIKU (2012).

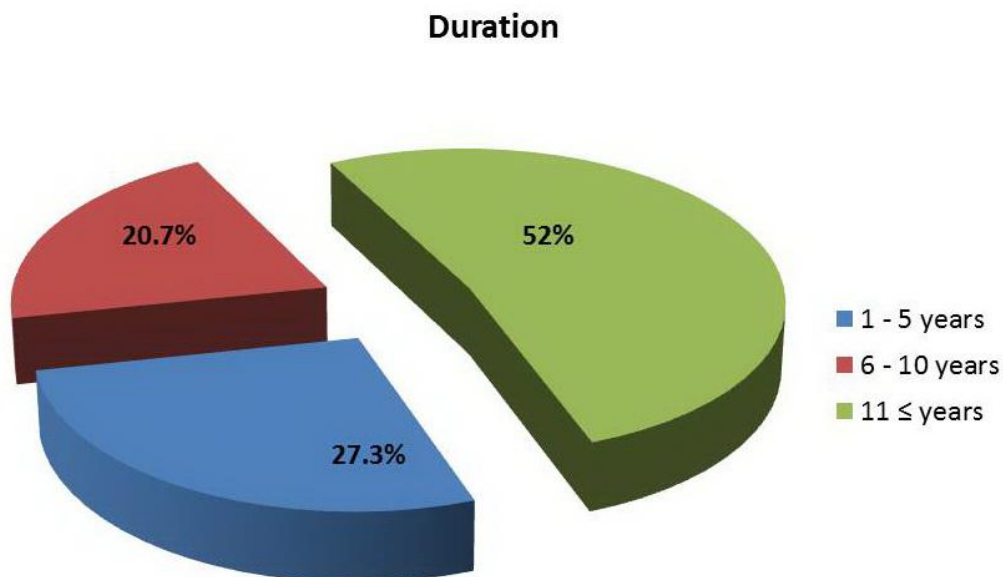
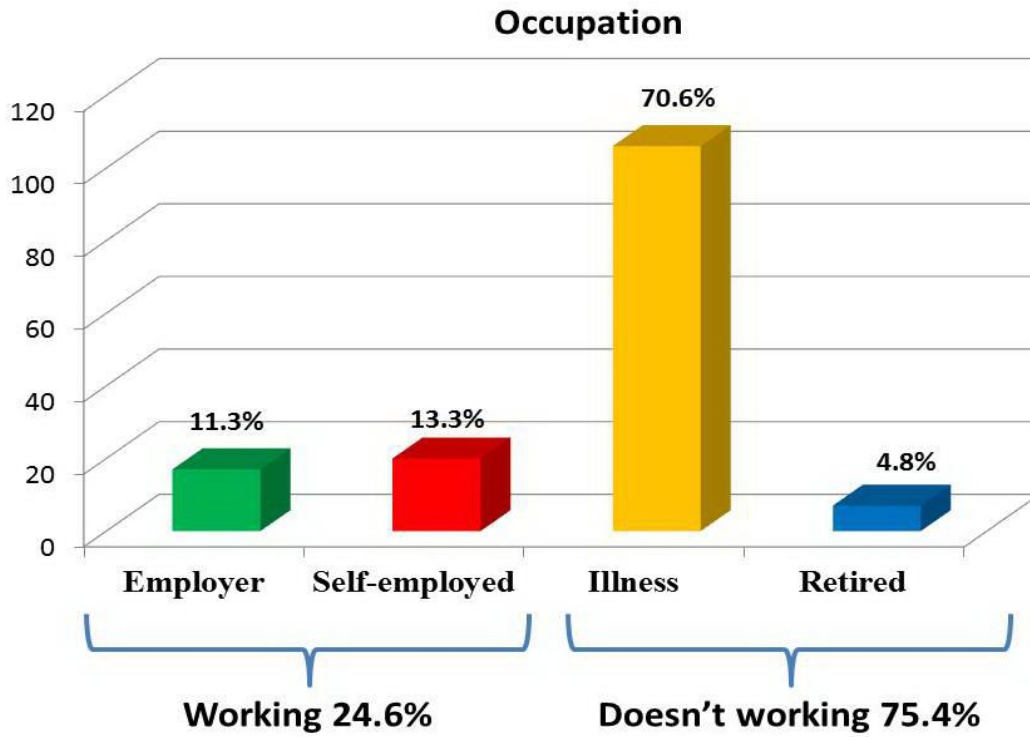
IV. RESULTS:

Table (1): Distribution of Patients according to their Socio-demographic Characteristics.

List	Characteristics	f	%
1	Gender: Male	89	59.3
	Female	61	40.7
	Total	150	100
2	Age: ≤ 19 years	3	2
	20 – 29 years	22	14.7
	30 – 39 years	37	24.7
	40 – 49 years	41	27.2
	50 – 59 years	31	20.7
	60 ≤ years	16	10.7
	Total	150	100
List	Characteristics	f	%
3	Marital status: Single	52	34.7
	Married	60	40
	Divorced	27	18

		Widowed/Widower	11	7.3
		Total	150	100
4	Level of education:	Doesn't read & write	25	16.7
		Primary school	69	46
		Intermediate school	20	13.3
		Secondary school	15	10
		Institute / College	21	14
		Total	150	100
5	Monthly income:	Sufficient	34	22.7
		Barely sufficient	46	30.7
		Insufficient	70	46.6
		Total	150	100
6	Residence:	Urban	142	95.3
		Rural	8	4.7
		Total	150	100
7	Lives with:	Alone	6	4
		Spouse	45	30
		Parent	74	49.3
		Siblings	25	16.7
		Total	150	100
List	Characteristics		f	%
8	House type:	Rented	19	12.7

	Owned	22	14.7
	Family house	109	72.7
	Total	150	100



Figure

(4-2): Distribution of Patients according to Duration of Illness (N=150)

Table (4-2): Levels of Medication Non-compliance among Patients with Schizophrenia

Levels	f	%	M.S	SD
Non-compliant	91	60.7	2.46	0.738
Moderate-Compliant	37	24.7		
Good Compliant	22	14.6		
Total	150	100		

f: Frequency, %: Percentage, M.S: Mean of score, SD: Standard Deviation

Good-compliant= 18-24, Moderate-Compliant= 24.1-30, Non-compliant= 30.1-36

Table (4-3): Overall Assessment of Psychological Factors among Patients with Schizophrenia

Levels	f	%	M.S	SD
Low	3	2	2.75	0.477
Moderate	31	20.7		
High	116	77.3		
Total	150	100		

f: Frequency, %: Percentage, M.S: Mean of score, SD: Standard Deviation

Low= 14-23, Moderate-Compliant= 24-33, Non-compliant= 34.1-42

V. CONCLUSION

The majority of the participants are married male with ages range from 30 to 44 years old and with low level of education. The most schizophrenic patients live in urban in family house with insufficient monthly income. There are less admitting times although the long duration of illness for schizophrenic patients. There are highly significant non-compliant behaviors to medication in schizophrenic patients. The psychological factors were highly associated with non-compliance to medication among schizophrenic patients.

VI. RECOMMENDATIONS:

Put in place psycho education programmers for individual patients, relatives and the community, to demystify mental illness. This includes provision of trained personnel and material resources to facilitate this. Clinicians and nursing staff must go out of their way to provide basic information regarding a mental illness and medication in a simple way and avoiding confusing jargon. The education should include name of illness, expected outcomes, drugs prescribed and the anticipated adverse effects.

Financial disclosure

There is no financial disclosure.

Conflict of interest

None to declare.

Ethical Clearance

All experimental protocols were approved under the College of Nursing and all experiments were carried out in accordance with approved guidelines.

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