



KNOWLEDGE REGARDING DRUG COMPLIANCE AMONG MENTALLY ILL CLIENTS

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ABSTRACT

A descriptive study dealt with knowledge regarding drug compliance among mentally ill clients attending follow up mental health clinics in Thiruvananthapuram district. The objectives were to assess the knowledge regarding drug compliance among mentally ill clients, determine the association of knowledge regarding drug compliance with socio demographic and clinical variables. The result showed that 47%, 37.5% and 15.5% of clients were having average, poor and good knowledge regarding drug compliance respectively. The study infer that mental health nurse should create awareness regarding medication adherence among public and foster good practices in order to follow all rights of medication intake, thus helping a mentally ill client to lead a productive normal life.

KEYWORDS : Drug Compliance; Mentally Ill Client; Knowledge.

INTRODUCTION

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Mental health include the emotional, psychological and social well-being of the people. The mental health is very essential at every stage of life from the childhood to adulthood. Presently mental health problems are common like any other diseases. The treatment received by persons with mental health problem may differ. It is important to know that what works for one person may not work for another.

Globally, on an average one in five adults (17.6%) experienced a common mental disorder and 29.2% across their lifetime. National mental health survey of India reported that the overall prevalence of mental morbidity was 13.7% lifetime and 10.6% current mental morbidity.

Medication adherence is a challenge for mental health patients in every stage of their treatment. Failure to adhere to medication can have a major impact on the course of illness and treatment outcomes, including increasing the risk of relapse and re-hospitalization.

A study was conducted on psychotropic medication refusal: reasons and patients' perception at a secure forensic psychiatric treatment centre. Two groups were selected for this study according to their ethnic background. The findings on knowledge regarding medications among first group was poor (24%), average (35%), good (18%) and very good (24%); while in the second group the knowledge level was poor (25%), average (31%), good (13%) and very good (31%). The reasons for medication refusal among all patients were inconvenience (34%), side-effects (22%), ineffectiveness of medication (20%) and illness (16%).

Non-compliance to medication is a grave and pervasive problem in the field of mental health. Compared with adherent clients, the non-adherent clients have a greater risk of symptom exacerbation and re hospitalization. The main reason is lack of awareness regarding the medication and other treatment modalities. It is necessary to impart adequate awareness regarding the medication adherence for mentally ill clients as well as for the relatives, it will reduce the rate of relapse of symptoms and rehospitalisation.

MATERIALS AND METHODS

A descriptive research design using a quantitative research approach was used for this study. Formal permission was obtained from institutional ethical committee. Data were collected over a period of four weeks and 200 subjects

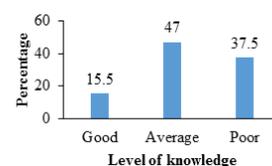
satisfying the inclusion criteria were selected by simple random sampling in the follow up mental health clinics in Thiruvananthapuram district. The purpose of the study was well explained to the study subjects and informed written consent was obtained. The investigator maintained good interpersonal relationship with the subjects and confidentiality was maintained for each subjects. A structured questionnaire was used to collect the data. It consists of 3 parts; Part 1: Socio-demographic data, Part 2: Clinical data and Part 3: Knowledge regarding drug compliance

RESULTS

1. Distribution of mentally ill clients based on socio demographic and clinical variables

- In the present study, 26.5% of the mentally ill clients were in the age group of 40-49 years, majority (57%) were females, 38.5% of the subjects were Hindu, 51.5% of the mentally ill clients were married, 84% were living in rural area, 75.5% of the clients belonged to nuclear family, 23.5% were having education up to primary level and 35.5% were unemployed
- Considering the clinical variables in the present study 65.5% were diagnosed with mood disorders and 24.5% with schizophrenia. The duration of mental illness of 37.5% were more than 5 years, 30.5% were hospitalized for one to two times, 29.5% clients were taking mood stabilizers, major comorbidity (17%) found was diabetes mellitus, 59% of the mentally ill clients reported that they are not taking medication regularly and the major reason elicited was forgetfulness (52%) and feeling of wellness (27%), 73.5% clients were attending follow up clinic regularly while 26.5% not attending regularly and the major reasons shown among them was difficulty in travelling (45%), no one to accompany (41.5%) and lack of family support (13.5%).

2. Distribution of mentally ill client based on knowledge regarding drug compliance



- Above figure depicts that 47% of clients were having average knowledge regarding drug compliance, 37.5% of clients were having poor knowledge and 15.5% of clients were having good knowledge regarding drug compliance.

3. Association of knowledge regarding drug compliance with socio demographic and clinical variables

- Significant association was observed between knowledge regarding drug compliance and socio demographic variables like age ($\chi^2 = 22.783$, $p = 0.001$), gender ($\chi^2 = 6.371$, $p = 0.041$), educational status ($\chi^2 = 41.511$, $p = 0.001$), occupational status ($\chi^2 = 22.271$, $p = 0.004$) and income ($\chi^2 = 18.113$, $p = 0.001$).
- Significant association was found between knowledge regarding drug compliance and clinical variables such as frequency of hospitalization ($\chi^2 = 9.900$, $p = 0.042$), regular medication intake ($\chi^2 = 14.924$, $p = 0.001$) and regular follow up ($\chi^2 = 9.918$, $p = 0.007$). No significant association was observed between knowledge regarding drug compliance and duration of mental illness ($\chi^2 = 8.177$, $p = 0.225$) and diagnosis ($\chi^2 = 7.449$, $p = 0.682$).

DISCUSSION

The present study reported that 47% of clients were having average knowledge regarding drug compliance, 37.5% having poor knowledge and 15.5% of clients were having good knowledge regarding drug compliance. Similar findings were observed in another study on psychotropic medication refusal: reasons and patients' perception, showed that 34% of mentally ill clients having average knowledge, 26% were had very good knowledge 16% had good knowledge and 24% were having poor knowledge.

In the present study 65.5% were diagnosed with mood disorders and 24.5% with schizophrenia. The duration of mental illness of 37.5% were more than 5 years, 30.5% were hospitalized for one to two times, 29.5% clients were taking mood stabilizers, major comorbidity (17%) found was diabetes mellitus, 59% of the mentally ill clients reported that they are not taking medication regularly and the major reason elicited was forgetfulness (52%) and feeling of wellness (27%), 73.5% clients were attending follow up clinic regularly while 26.5% not attending regularly and the major reasons shown among them was difficulty in travelling (45%), no one to accompany (41.5%) and lack of family support (13.5%). Similar findings were observed in a study to identify the reasons of non-compliance to psychiatric treatment, where 15.89% of clients were having schizophrenia, 2.92% were diagnosed with schizoaffective disorder and 50.5% had mood disorder. Several study reports showed the notable reasons for non-compliance and they were feelings of wellness (26%), paranoia to medication (22%), lack of insight to the illness (14%), medication side effects (10% - 22.17%), hopelessness of cure and poor support (8%), financial problems (6%), no improvement (4%), too much of medication (2%), unawareness of the benefits of treatment (58.15%), no affordability of drugs (32.63%), no awareness given by the doctor (01.25%) and unfriendly attitude of doctors (0.83%), seeking alternative therapy (18.1%), unavailability of drugs (18.1%), forgetfulness (10.6%) and being busy (8.6%).

CONCLUSION

The present study was intended to assess the knowledge regarding drug compliance among mentally ill clients. The findings concluded that majority of the mentally ill clients had lack of knowledge towards medications. The study was able to identify the existing trends and the major reasons for medication non adherence. The associated factors which influence the knowledge regarding drug compliance was also elicited as part of the study. The study lays foremost importance to all psychiatric personnel especially mental health nurse working in the community as well as clinical setting to create awareness regarding the importance of medication adherence among mentally ill client and their care givers, create a positive attitude towards it and foster good practices in order to follow all rights of medication intake and lead a fruitful life ahead.

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