Clinical, social and pharmacological correlates of compliance in schizophrenia and Bipolar patients

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ABSTRACT

Objectives: To assess the compliance of psychotic patients in our culture and in relation to some clinical, social and medications-related factors. *Subjects and methods:* The study has been done in Mansoura city, Egypt, on 44 schizophrenic and 26 bipolar patients.They were subjected to:1- detailed history taking from both patient and relatives with special emphasis on both medications profile and family background. 2- Assessment of compliance with "The Clinician Rating Scale" (Kemp et al, 1996) 3- Assessment of insight with Schedule for Assessment of Insight (SAI) (David, 1990) and, 4- Abbreviated assessment of family support with emphasis on acceptance-rejection (over-criticism), care-negligence and warm-distant emotions. Statistical analysis included ANOVA and logistic regression analysis. *Results:* Bipolar patients are significantly more compliant than schizophrenics.There were positive correlation between compliance and degree of insight and negative correlation with both age and duration of illness. Atypical antipsychotics, type of care giver, family support and history of folk therapy are among the factors that affect compliance. Logistic regression reveals that the significant predictor factors for compliance are diagnosis, insight and family support. *Conclusion:* Compliance is a complex issue which is affected by illness variables including insight, medication profile and family profile. Improving compliance can be better achieved through tackling all related factors and not dependent on medications only.

During the last few decades, studying compliance and how to improve it among patients has become progressively in focus not only in psychiatric field, but for most physicians as well. Before the year 1975, the term "patient dropout" was commonly used, but it became substituted with the concept of "compliance" (Blackwell, 2000).The most popular definition of compliance was that of Sackett & Hayness (1976) who notified it as the extent to which a person's behavior is in line with the medical advice given. It comprehends a wide variety of behaviors: failure to enter a treatment program, premature termination of therapy, and incomplete implementation of instructions, like drug prescriptions.The problem of non-compliance has been observed among different varieties of patients and not psychotics only. Even, some authors advocated that non-adherence is human nature and not a result of mental illness (Jarboe, 2002). Ludwig et al (1990) explained compliance according to the "health belief model" in which health behavior is based on the perception of a threat (disease) and the belief that a certain action will reduce this threat. So, the decision to act (i.e. to take treatment) depends on weighing the advantages and negative consequences of the proposed action. However, Kane (1985) stressed that models of compliance borrowed from physical medicine don't fit properly in treatment of psychoses where the perception of illness is often distorted. Nevertheless, non-compliance is still considered a specific problem in psychiatry specially for psychotic patients due to their particular problem of lost or impaired insight into illness which interferes drastically with treatment-adherence with subsequent higher risk for relapse and disease exacerbation (Balon, 2002). Psychotic disorders imply also other factors that add to the problem of non-compliance such as symptoms like suspiciousness, grandeur delusions (Gaebel & Pietzeker, 1985) and disturbances in cognitive functions (Cuffel et al, 1996), as well as chronicity (Balon, 2002). Compliance is also influenced by Medication characteristics e.g. side effects, individual sensitivity to side effects, simple versus complicated medication regime, 2nd versus 1st generation of antipsychotics (Awad et al, 2004), expense of treatment (Blackwell, 2000)