

A Study to Assess the Prevalence of Antipsychotics Non-Adherence and it's Associated Factors Among Patients with Schizophrenia in Hiwot Fana Specialized University Hospital, Harar, Ethiopia, 2017



Sumesh k, Dr Sanjay T* and Henock A

School of Nursing and Midwifery, College of Health and Medical Sciences, Haramaya University, Harrar, Ethiopia^{pi}

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*Corresponding author: Dr Sanjay T, School of Nursing and Midwifery, College of Health and Medical Sciences, Haramaya University, Harrar, Ethiopia, Email: thomassanjay994@gmail.com

Abstract

Non adherence to antipsychotic medication severely affects the efficacy of the treatment and acts as important modifier of health system effectiveness. It has significant negative economic and clinical effects which are manifested by frequent relapses and re-hospitalizations. The aim of this study is to assess the prevalence of antipsychotics medications non adherence and its associated factors among the patients with schizophrenia in Hiwot fana specialized university hospital from February to march 2017 Institutional based cross sectional study was conducted at Hiwot fana specialized university hospital on schizophrenic patients. A total 154 of patients were selected by non-probability convenient sampling technique. Self-Structured and interviewer administered MARS (medication adherence rating scale) questionnaires were used by data collectors. A total of 154 schizophrenic patients were included in this study and all of them were analyzed. This study found a prevalence of antipsychotics medication non adherence in HFSUH was 39.6%. 66.88% were male and 33.12% were females and 57.79% of participants were lived in urban and the rest were in rural. The factors significantly associated with non-adherence are, forgetfulness (OR=5.85), carelessness (OR=11.24), stop if better (OR=6.51), stop if worse (OR=15.87), take when only sick (OR=6), feeling weird like zombie (OR=3.4) and medication side effect (OR=3.85). This study found a prevalence of antipsychotic medication non adherence among patients with schizophrenia which is a significant high value. The findings of this study imply that psycho education could be helpful to improve adherence to antipsychotic medication in schizophrenia.

Keywords: Anti-psychotic medication; Non- adherence; Schizophrenia and Ethiopia

Abbreviations: MARS: Medication Adherence Rating Scale

Introduction

Non adherence is a poly faceted problem but triadic model relating therapeutic relationship between the patient and clinician, factors related to the medications and factors related to patients and their illness help to explain non adherent behavior Golin CE et al. [1]. The consequences of non-adherence are mainly manifested and expressed through clinical and economic indicators. Clinically it means an increase in the rate of relapse and re-hospitalization. As per one study non adherent patients have about a 3.7 times high risk of relapse within 6 months to 2 years as compared to patients who are adherent Fenton Ws et al. [2]. Unfortunately, there is no agreed consensual standard to define non-adherence. Problems with adherence can include taking excess medication, but this is less common, and this review is concerned with those who take less medication than prescribed. Schizophrenia is a clinical syndrome of variable, but disruptive, psychopathology that involves cognition, emotion, perception and other aspects of behavior Kaplan Saddocks [3]. Although non-adherence is a problem throughout medicine. There are several factors that make it especially challenging in schizophrenia. These includes

lack of illness awareness (insight), direct impact of symptoms includes depression, cognitive impairment and positive and negative symptoms, social isolation, co morbid substance misuse and stigma Cramer JA et al. [4]. A burden of non-adherence in Africa is also high, for example, a study from Nigeria reported that the prevalence of non-adherence is 40.3% in schizophrenic patients Abiodun O et al. [5]. A study from Ethiopia in Jimma University reported that the prevalence of non-adherence among adult psychiatric outpatients is 41.2%, non-affective psychosis contributing the highest rate (44.5%) from total non-adherent respondents Kenfe Tesfaye et al. [6]. According to available evidences, non-adherence to psychiatric medication is high and is one of the priorities of public health problems needing attention. Therefore, the purpose of this study is to assess the prevalence of antipsychotic non-adherence and its associated factors among schizophrenic patients at HFSUH in harar To assess the prevalence of antipsychotics non adherence and associated factors among patients with schizophrenia at HFSUH, Harar Ethiopia from February to March 2016 [7-10].

Methodology

An institutional based cross sectional study was conducted at HFSUH located in Harrar regional state from February to March 2017. The study population was schizophrenic patients who attended outpatient unit at HFSUH. The sample size was 154 patients and Non-probability convenient sampling technique was used. A structured questionnaire was used to collect the data on socio demographic characteristics (age, sex, residence to home, marital status, religion, ethnicity, education level, occupation, living circumstance and income per month) [11-20]. The Medication Adherence Rating Scale (MARS) used to provide simple and reliable tool in non-adherence. This standard questionnaire was used to measure the level of non-adherence and attitude towards medications.

Results

Section 1: Sociodemographic Information

A total of 154 schizophrenic patients were interviewed ,among them 66.88% were male and 33.12% females,33.12%

and 25.97% were aged between 26-33 and 18-25 respectively. 45.45% were single and 38.11% are married, 32.47% of them had primary education and 27.27% secondary education. Muslims accounted 48.05% and 34.42% orthodox. Majority of the ethnicity was Oromo which accounted 52.60% and Amhara was 28.57%. 37.01% are unemployed, 24.68% were private employers and 23.38% are farmers. 61.69% of them lived with parents, 20.78% was with spouse and 12.34% of them lived with sibling. 57.79% of participants are lived in urban and the rest of them in rural. 55.19% of the participants had <500 birr per month [21-32]. Among 154 schizophrenic patients , 61(39.6%) are non adherent to antipsychotics medication and 93(60.4%) were adherent to antipsychotic medication. Among this 13.38% had medication side effect 10.3% of them had forgetfulness , carelessness accounted 9.14%, feeling weird like zombie marked 8.49%, stop if worse and stop if better accounted 7.59 % and 7.46% respectively[33-39].

Section 2: Substance Use (Table 1)

Section 3: Medication Adherence Rating Scale(MARS)(Figure 1)

Table 1: Substance use of schizophrenic patients in Harar town, who attended Hiwot Fana Specialized University Hospital from February -March, 2017.

Variable	Category	Frequency	Percentage
Substance use	Khat	97	60.25%
	Alcohol use	28	17.39%
	Cigarette smoking	36	22.36%
	Others	0	-
	Total	161	100%

Among 154 patients 60.25 % were Khat chewers, 17.39 % drinks alcohol and 22.36% are cigarette smokers.

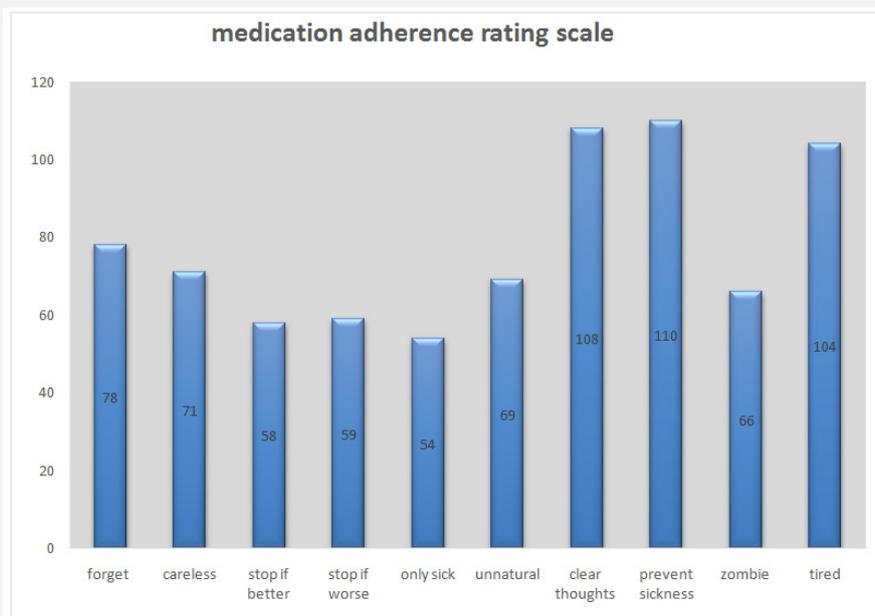


Figure 1: Medication adherence rating scale result of schizophrenic patients in Harar, who attended Hiwot Fana Specialized University Hospital from February -March ,2017.

Section 4: Factors Associated with Antipsychotic Medication Non Adherence

Sociodemographic Characteristics: Among the total schizophrenic patients those who were male had 1.03 times increased risk of non-adherence than females and being from rural were also 1.15 times increased risk of antipsychotic medication non adherence than urban residence. Factors such as age, marital status, religion, ethnicity, educational status, occupation and income per month had no significant association with antipsychotic medication non adherence according to this finding [40-42].

Substance Use (Table 2)

Table 3: Medication Adherence Rating Scale Association Of Schizophrenic Patients In Harar Town, Who Attended In Hiwot Fana Specialized University Hospital.

Variable		Non adherent	adherent	Total	OR
Do you ever forget to take your medication?	Yes	46(58.97%)	32(41.03%)	78	5.85
	No	15(19.74%)	61(80.26%)	76	0.17
Are you careless at times about taking your medication?	Yes	48(67.61%)	23(32.39%)	71	11.24
	No	13(15.66%)	70(84.34%)	83	0.09
When you feel better, do you sometimes stop taking your medication?	Yes	39(67.24%)	19(32.76%)	58	6.51
	No	23(23.96%)	73(76.04%)	96	0.15
Sometimes, if you feel worse when you take the medication, do you stop taking it?	Yes	45(76.27%)	14(23.73%)	59	15.87
	No	16(16.84%)	79(83.16%)	95	0.06
I take my medication only when I am sick	Yes	36(66.67%)	18(33.33%)	54	6
	No	25(25%)	75(75%)	100	0.17
It is unnatural for my mind and body to be controlled by medication	Yes	44(63.77%)	25(36.23%)	69	6.55
	No	18(21.18%)	67(78.82%)	85	0.15
My thoughts are clearer on medication	Yes	28(25.93%)	80(74.04%)	108	0.14
	No	33(71.74%)	13(28.26%)	46	7.25
By staying on medication, I prevent getting sick	Yes	29(26.36%)	81(73.64%)	110	0.13
	No	32(72.73%)	12(27.27%)	44	7.45
Feel weird like zombie on medication	Yes	37(56.06%)	29(43.94%)	66	3.40
	No	24(27.27%)	64(72.73%)	88	0.29
Medication makes me feel tired and sluggish	Yes	51(49.04%)	53(50.96%)	104	3.85
	No	10(20%)	40(80%)	50	0.26

Conclusion

The study analyzed the prevalence of antipsychotic medication non adherence among patients with schizophrenia attending at HFSUH was 39.6%, which is a significantly higher than the other studies. The associated factors found to have link with antipsychotic medication non adherence are forgetfulness, carelessness, stop if better, stop if worse, take when only sick, feeling weird like zombie and medication side effect. The other positively factors are include being male, rural residence and

Table 2: Association Between Substance Use And Antipsychotic Medication Non Adherence Of Schizophrenic Patients In Harar Town, Who Attended In Hiwot Fana Specialized University Hospital.

Variable(category)		Non adherent	Adherent	Total	OR
Khat	Yes	52(53.61%)	45(46.39%)	97	6.16
	No	9(15.79%)	48(84.21%)	57	0.16
Alcohol	Yes	19(67.86%)	9(32.14%)	28	4.22
	No	42(33.33%)	84(66.67%)	126	0.24
Cigarette	Yes	20(55.56%)	16(44.44%)	36	2.35
	No	41(34.75%)	77(65.25%)	118	0.43

Medication Adherence Rating Scale Association (Table 3)

substance use .The findings of this study implies that psycho education would be helpful to improve adherence towards antipsychotic medication in schizophrenia.

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