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Research Article

**A CROSS-SECTIONAL RESEARCH ON THE
DISCONTINUATION OF MEDICATION IN PSYCHIATRIC
PATIENTS IN TERMS OF AGE, GENDER AND REASON OF
DISCONTINUATION**¹Dr. Muhammad Sarfraz, ²Dr. Ayesha Zaheer, ³Dr Ilsa Maryam¹DHQ Hospital Jehlum²Wazirabad Institute of Cardiology³Nishtar Medical College Multan**Abstract:**

Objective: To trace the reason and frequency for non-compliance to medication psychiatric outpatients. **Design:** This study is cross sectional and descriptive analysis. **Setting:** Government Hospital for Psychiatric Diseases Lahore, Pakistan was the place of this study in the time frame of January – November, 2017. **Methods:** A questionnaire was prepared for conducting a general survey. Administration of the questionnaire was carried out by qualified psychiatrists. Later on, psychiatrists classified the reasons of discontinuation of medication. **Results:** Screening of 343 patients was executed, amongst them 56 were found to have stopped the prescribed medication. Affordability of medicines was a general reason for discontinuation of medication. **Conclusion:** Patients can improve their ailments if they are provided with steady medicines.

Key Words: Psychosis, medication, non-compliance.**Corresponding author:****Dr. Muhammad Sarfraz,**

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INTRODUCTION:

Non-compliance of medication in psychiatric patients is one of the gravest problems around the globe [3]. Compliance is the extent to which a person's behaviour coincides with health and medical advice. It may entail lifestyle changes, following of specific diet patterns, taking medications etc.

This issue has already been researched enormously. A number of factors are associated with compliance of medication. For example, insight level about severity of disease, side effects, doctor patient's relationships and disease related complications [2, 3, 4]. We would like to identify this issue in context of our own scenario and would explore the reasons of this problem.

PATIENTS AND METHODS:

The setting of this study was Government Hospital for Psychiatric Diseases, Lahore, Pakistan. On OPD (outpatient day), this hospital entertains about 300 or 400 patients on an average. After acquiring an informed consent, the required patients were interviewed with one of the physicians. Patients who have discontinued their medications were marked separately. Further assessment of these patients was carried out by authors. To elicit the

causes of medication discontinuation, assessment of the patients was conducted on the questionnaire designed for the purpose. Questionnaire entails various details such as type, dose of medication, psychiatric diagnoses and demographic information. Patients and their families were asked the reasons of discontinuation of medications and all the statements were recorded word for word. After elaborated discussion, authors categorised the reasons. The diagnoses were already confirmed and were recorded.

RESULTS:

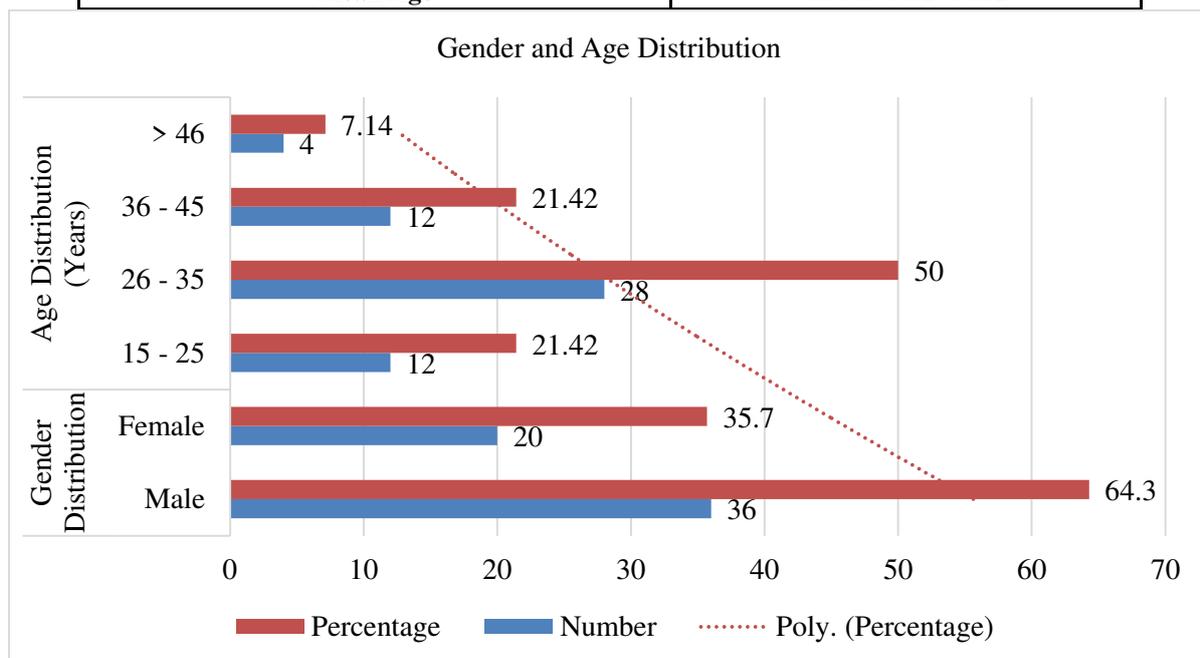
Screening of 343 patients was executed, amongst them 56 (16.30 %) were found to have stopped the prescribed medication. Table-I indicates the demographics of those patients who stopped the medicine use.

Non-compliant patients were mostly (two thirds) male gender and 40 patients out of 56 (71.40 %) were aged 35 years. Mean age was recorded as 33.09 + 8.68 SD in aggregate.

53 patients out of 56 non-compliant patients were from Lahore (Punjab) regions whereas a few (03) came from Kashmir and Peshawar. Age and gender distribution is shown in Table – I.

Table – I: Gender and Age Distribution

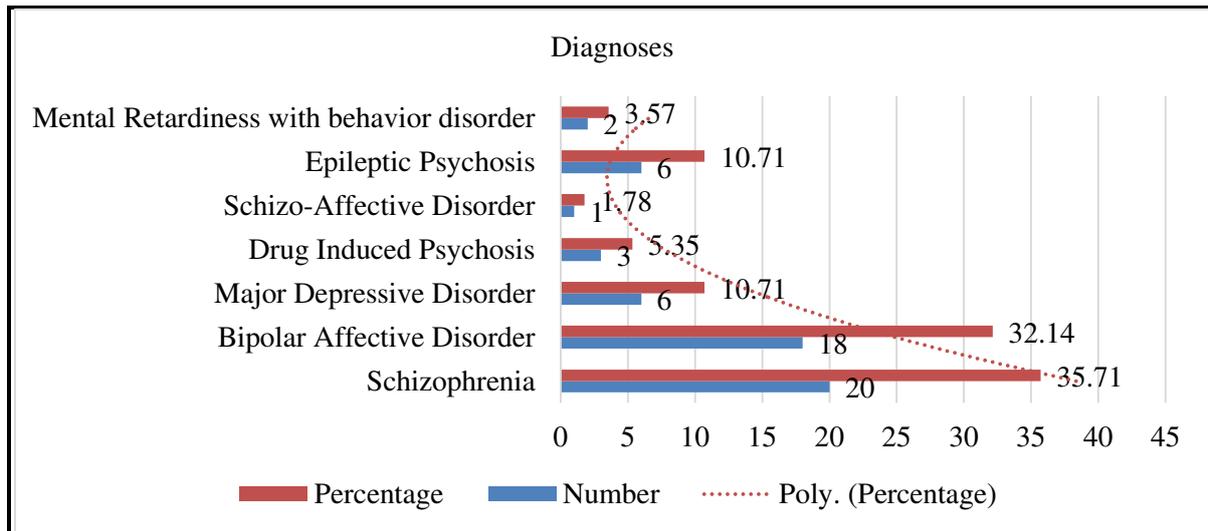
Characteristics		Number	Percentage
Gender Distribution	Male	36	64.3
	Female	20	35.7
Age Distribution (Years)	15 - 25	12	21.42
	26 - 35	28	50
	36 - 45	12	21.42
	> 46	4	7.14
Mean Age		33.089 + SD 8.682	



Diagnoses of these patients are displayed through Table – II. Twenty (35.70%) patients were indulged in Schizophrenia while the victims of bipolar affective disorder were 28 (32.10%) patients.

Table – II: Diagnoses

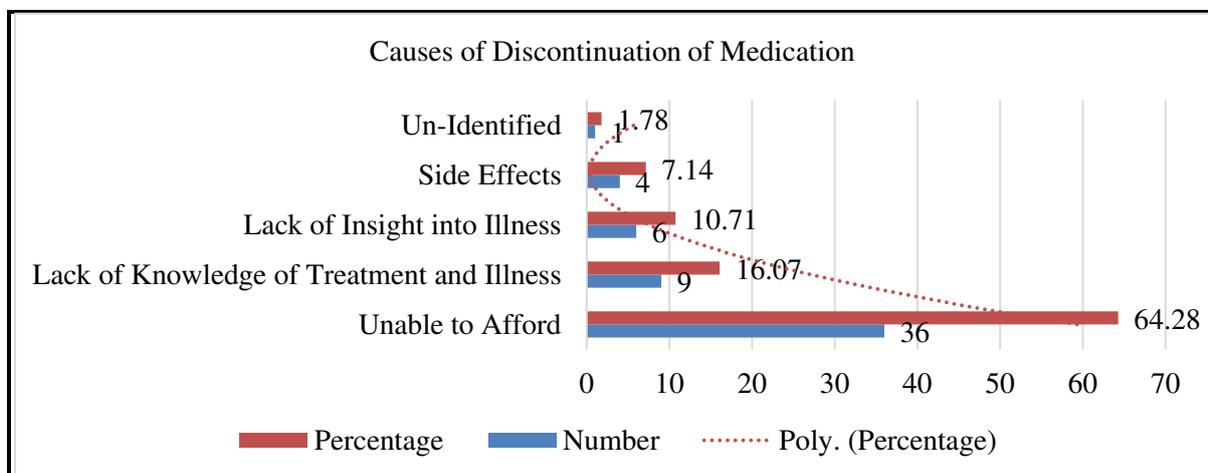
Diagnosis	Number	Percentage
Schizophrenia	20	35.71
Bipolar Affective Disorder	18	32.14
Major Depressive Disorder	6	10.71
Drug Induced Psychosis	3	5.35
Schizo-Affective Disorder	1	1.78
Epileptic Psychosis	6	10.71
Mental Retardiness with behavior disorder	2	3.57



Cause of discontinuation of medication is demonstrated by Table – III. Affordability of medicines (64.28%) was the most general reason for discontinuation of medication. Lack of sufficient knowledge about nature or cause of illness prognosis was found to be as 17.07%. Deficiency of insight level about severity of disease was found as 10.70%. 7.14% non-compliant patients were those who were concerned about extrapyramide side effects of medication.

Table – III: Causes of Discontinuation of Medication

Reason of Discontinuation	Number	Percentage
Unable to Afford	36	64.28
Lack of Knowledge of Treatment and Illness	9	16.07
Lack of Insight into Illness	6	10.71
Side Effects	4	7.14
Un-Identified	1	1.78



DISCUSSION:

In schizophrenic outpatients, non-compliance is found to be as 25% to 50% whereas in bipolar patients, it was found from 18% to 53% [1]. Non-compliance was found to be of lower level in the patients of psychoses. It can have possible two reasons.

At first, patients under our study sample may be dishonest in compliance of medications. Secondly, patients who were found as non-compliant did not appear for follow up visits. It may lead to chances of sampling as under reported.

Affordability of medicines was the most common reason for discontinuation of medication. In international literature, this fact being a cause might not have been reported. Difference in health delivery system can be possible reason behind it. Single relapse in a major psychiatric illness is very expensive. Direct and indirect expenses are incurred on the families and their patients. Failure in sticking to medication is the common cause in relapsing of such maladies [2]. Under-privileged are the most common victims who are unable to reap the benefits of modern medical research.

In international literature, lack of knowledge is another cause of non-compliance [5]. Study has been carried out to determine the role of family interventions in the management of schizophrenia [6, 7]. Psycho-education is a significant component of the family interventions [8, 9].

Study has proved that compliance and prognosis can be ameliorated by guiding the families and patients about the disease nature, its aftermath consequences, potential positive and adverse effects of medication in use and treatment duration etc. One way to improve the compliance is educational method. Lack of knowledge about treatment and ailments stands the second most common cause of non-compliance in our sampling process. It is quite significant to mention here that conventional healing methods were not hampering the treatment of our patients.

Lack of insight into a particular disease can be cited as another significant reason of discontinuation of medication which can be understood only in the context of psychoses. Other studies have already proved that [2, 3]. Another important cause to stop medications is extra pyramidal side effects.

In our study findings we noted the most interesting aspect. In that, our patients were readily available for cooperation and to complying with advice. However, they were unable to afford the medicines. The very aspect was not reported by international literature either. We must consider the fact that

provision of service is paramount than just mere awareness amongst such patients.

CONCLUSION:

Patients can improve their ailments if they are provided with steady medicines.

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