



TREATMENT NONADHERENCE AND ATTITUDE TOWARDS TREATMENT IN PATIENTS WITH SUBSTANCE ABUSE

Neeraj Kanwar¹ and Roshan Lal^{2*}

¹Psychiatry, District Hospital, Bilaspur

²Medicine, Civil Hospital, Gohar

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ABSTRACT

Background: Nonadherence to treatment continues to be a frequent phenomenon in substance abusers. It is often associated with potentially severe clinical consequences, impaired quality of life and increased health-care costs. The aim of the study was to evaluate treatment nonadherence and attitude towards treatment. **Patients and Methods:** This study was conducted at regional hospital, Bilaspur (Himachal Pradesh) during Sep 2018 to May 2019. The patients were included if age between 18 and 65 years and using the substance for at least one year. Patients attending the outpatient clinic were approached and explained about the nature of the study. Those who agreed to participate were assessed for inclusion. Patients were asked to assess their adherence to outpatient visits and to psychiatric pharmacotherapy by the question 'how often during the current treatment have you attended outpatient visits/used the prescribed psychiatric medication?' Response options were given on a scale from zero to three (0 ¼ never, 1 ¼ irregularly, 2 ¼ partly irregularly, 3 ¼ regularly). In the same fashion, patients ranked their attitude to outpatient visits and medication on a scale from zero (negative) to three (highly positive). Furthermore, patients assessed their satisfaction with current psychiatric outpatient treatment (from unsatisfied to highly satisfied) and motivation for treatment (low-moderate-high). **Results:** Only 29% patients were regular to the visits while 4.17% patients said that they were not at all interested to visit the clinics. 18% patients were regularly using treatment while 58% patients were irregular in receiving therapy. Motivation to treatment was moderate in 68% patients. 78% of patients were neutral with the therapy. Five patients had negative attitude towards outpatient visits while 14 patients had positive attitude towards outpatient visits. One patient showed negative attitude to treatment while majority of the patients (n=69) showed neutral attitude towards treatment. **Conclusion:** Treatment adherence and attitude towards treatment in these patients is low and require further assessment in larger studies.

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INTRODUCTION

For any treatment to be effective, adherence to treatment is required. Treatment adherence is affected by various factors such as patient- and disease-related factors, communication between patient and healthcare staff as well as other healthcare system-related factors.^{1,2} Non-adherence to treatment is a common clinical problem across medical and psychiatric specialties.³ Poor treatment adherence in these patients has a substantial impact on unfavourable treatment outcomes such as lack of remission, increased risk of relapse, and suicidal behaviour.^{4,5} Furthermore, such irregular psychiatric treatment contributes to increased healthcare costs. Most studies have inconsistent findings of risk factors related with non-adherence to treatment.

Also, it is also not clear if treatment adherence in substance abuse patients varies from type of disorder. One study reported that substance abuse in Schizophrenia was associated with poor attendance of patients' visits. Data on non-adherence to psychological treatment is scarce especially in India. The present study was aimed to analyze substance abuse on treatment adherence among outpatients with psychiatric disorders at a secondary care hospital.

Patients and Methods

Study setting

This study was conducted at district hospital, Bilaspur (Himachal Pradesh) during Sep 2018 to May 2019.

Patients' enrollment

The patients were included if age between 18 and 65 years and a clinical diagnosis of opioid-dependence made according to ICD 10, using the substance for at least one year. Patients with

*Corresponding author: Roshan Lal
Medicine, Civil Hospital, Gohar

substance use dependence of nicotine, and those who refused to give informed written consent were excluded. Patients attending the outpatient clinic were approached and explained about the nature of the study. Those who agreed to participate were assessed for inclusion.

Self-reported assessment of treatment adherence

Patients were asked to assess their adherence to outpatient visits and to psychiatric pharmacotherapy by the question ‘how often during the current treatment have you attended outpatient visits/used the prescribed psychiatric medication?’ Response options were given on a scale from zero to three (0 ¼ never, 1 ¼ irregularly, 2 ¼ partly irregularly, 3 ¼ regularly). In the same fashion, patients ranked their attitude to outpatient visits and medication on a scale from zero (negative) to three (highly positive). Furthermore, patients assessed their satisfaction with current psychiatric outpatient treatment (from unsatisfied to highly satisfied) and motivation for treatment (low-moderate-high).

Statistical analysis

Data was presented as frequency and percentage.

RESULTS

Socio-demographic profile

Socio-demographic profile of the patients has been shown in table 1 and 71% of the patients aged <30 years. 97% patients were males while 65% of total 72 patients were unmarried.

Table 1 Socio-demographic profile

Socio-demographic profile	N 72(%)
Age (Years)	
<30	51 (70.8%)
31-40	18 (25%)
41-50	3 (4.1%)
Sex	
Male	70 (97%)
Female	2 (3%)
Living habit	
Joint Family	8 (11%)
Nuclear Family	17 (24%)
Single (Unmarried)	47 (65%)

Substance abuse

Out of total 72 patients 48 were abusing opioids while 14 were abusing alcohol and 8 patients were abusing cannabis. 50% of the patients were abusing these substances for more than 2 years (table 2).

Table 2 Substance abuse

Type of substance	n (%)
Opioids	48 (8)
Cannabis	8 (11.1)
Alcohol	14(19.4)
Benzodiazapine	2 (2.7)
Duration of substance abuse	
<6 months	4 (6)
6 month - one year	13 (18)
1-2 year	19 (26)
>2 year	36 (50)

Table 3 Co-morbid conditions

	n (%)
Bipolar disorder	4 (5.5)
Depression	40 (55.5)
Anxiety	18(25)
Personality disorder	8(11.1)
Schizophrenia	9 (2.7)

Table 4 Adherence to treatment

	n (%)
Attendance to outpatient clinic	
Never	3 (4.17%)
Irregular	36 (50%)
Partly irregular	12 (16.67%)
Regular	21 (29.17%)
Use of treatment	
Never	-
Irregular	42 (58.33%)
Partly irregular	17 (23.61%)
Regular	13 (18.06%)
Motivation to treatment	
Low	19 (26.39%)
Moderate	49 (68.06%)
High	4 (5.56%)
Satisfaction with treatment	
Dissatisfied	5 (6.94%)
Neutral	56 (77.78%)
Satisfied	10 (13.89%)
Highly satisfied	1 (1.39%)

Co-morbidity

Depression was the most common psychiatric disorder in 40 patients followed by anxiety in 18 patients. 4 patients had bipolar disorder and 8 patients had personality disorder.

Adherence and attitude to treatment care

Table 4 shows adherence to outpatient visit. Only 29% patients were regular to the visits while 4.17% patients said that they were not at all interested to visit the clinics. 18% patients were regularly using treatment while 58% patients were irregular in receiving therapy. Motivation to treatment was moderate in 68% patients and high in 5% patients. 78% of patients were neutral with the therapy.

Five patients had negative attitude towards outpatient visits while 14 patients had positive attitude towards outpatient visits. One patients showed negative attitude to treatment while majority of the patients (n=69) showed neutral attitude towards treatment.

DISCUSSION

Previous Studies had revealed that patient’s attitude towards medication has an important role in medication adherence.^{6,7} It has been reported that non-adherence is the common factor among psychiatric patients.⁸

Based on the patients’ self-reports; only 14% of all patients were satisfied with and more than half of the patients motivated for psychiatric treatment. Satisfaction to treatment in our study is comparably low with the observation in previous studies.⁹ However, we only enrolled outpatients in this study; this may be the reason of low overall satisfaction. Inpatients may have higher satisfaction due to restrictions of their overall behavior. Treatment satisfaction is found to be higher in previous studies.¹⁰ In addition, more than two-third of all patients had reported a neutral attitude to both outpatient visits and medication. Along with positive attitude, 69% of all patients reported regular use of psychiatric medication. Overall high (53%-78%) self-report adherence to psychopharmacotherapy is demonstrated in previous studies.^{11,12} However, subjective compliance is often contradicted by objectively measured compliance (serum levels, pill counts, etc.).

Various studies have reported risk factors associated with treatment adherence. Lucca *et al.*¹³ reported that the patient's personal obligation was the most common reason for nonadherence that included traveling/festivals/family functions/family disputes/busy schedules. Along with these reasons, various social and cultural myths and beliefs regarding psychiatric conditions/medicines and the use of alternative medicine were important factors that contributed to nonadherence. Lack of support from their family was one of the most important reasons for the patients to discontinue treatment and follow-up. It is well-documented that patients who are receiving direct care from the family members adhere well to therapy.¹⁴

The above-mentioned risk factors may also be associated with the low treatment adherence in our study. However, we did not perform risk factors analysis due to low sample size and time duration. Some participants have also reported fear to take the medication. These myths are believed to be prevalent across all socioeconomic classes independent of the level of education.

CONCLUSION

Overall, our findings emphasize that patients with substance abuse likely have a neutral attitude to treatment and the low intention of regularly using their medication.

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