

A Prospective Study on Drug Compliance of Patients on Antidepressants

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ABSTRACT

Background: Antidepressants are increasingly prescribed by general practitioners and non-psychiatric specialists. More number of patients receiving antidepressants without much awareness about treatment duration. **Aim:** To study the drug compliance of patients on antidepressant medications. **Methodology:** The present study was conducted in the department of Psychiatry, Government Thoothukkudi Medical College, Thoothukudi after getting informed consent from 84 patients (Male-45; Female-39) with more than 18 years of age on antidepressants with ≥ 2 visits attending psychiatric outpatient department. A questionnaire which assessed the general well being, drug compliance and adverse effects were explained to the patients on Antidepressants and their responses were statistically recorded. **Result:** Most common reason for non-compliance was found to be forgetfulness (42%). Patients associated with comorbid conditions 10 patients compliant and 8 patients were not. Patients without comorbid conditions 55 were compliant and 10 were non showing. 27 patients who had undergone psychotherapy were compliant whereas 2 were not compliant. Compliance was also affected by duration of drug intake. The patients who had sense of well-being were less compliant when compared to patients who had evidence of distress. **Conclusion:** Comorbid conditions, Psychotherapy, Educational status and duration of medications affect the compliance of the patients.

Keywords: Adherence Rating Scale, Adverse effect, Compliance, General health

Antidepressant may be used for a wide range of psychiatric conditions including anxiety disorders, dysthymia (mild chronic depression), Major depressive disorder, personality disorders, impulse control disorders etc. According to the recent data, the antidepressant usage has been increased by 400% [1]. The usage of antidepressant is more common among people of age group 20-40 [2]. Compliance means sticking regularly to the treatment regimen which is frequently lesser with antidepressants. Lack of compliance has been a serious

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problem in getting best out of antidepressants[3,4].The average duration of antidepressant treatment should be around 4 to 6 months and medications should be tapered and stopped only after complete remission for a period of more than 2 months[5].The present study is undertaken to know about the compliance of using antidepressants and to analyse the distribution of antidepressant usage in different age group and sexes so that specific issues can be addressed to improve the compliance.

MATERIALS AND METHODS

84 patients (Male-45; Female-39) with more than 18 years of age on antidepressants with ≥ 2 visits attending psychiatric outpatient department, Government Thoothukkudi Medical College, Thoothukudi were utilized for the present study for period of 6 months. Usage of antipsychotics and mood stabilizers, dementia and others were excluded in our study. Written informed consent was obtained from all the patients. A detailed history including relapse, suicidal attempt, family history, psychotherapy, reason for non-compliance, adverse events were collected from all patients. Subjective, diagnostic and treatment parameters of the patients were collected. A pre-validated questionnaire which assessed the general wellbeing, compliance to the drug therapy and adverse reaction were explained to the patients and their responses were recorded. The patients were divided into three groups according to their age. Younger age group which included the patients between 18-30 years, middle age being 30-50 years and old age group which included the patients between 51-80 years. The compliance of the patients was obtained by MARS (Medication Adherence Rating Scale). Score 1-5 indicates non-adherence and 6-10 indicates adherence. GHQ (general health questionnaire) was given to patients to assess their general wellbeing in last few weeks. < 15 indicates patients had no distress and > 15 indicates patient were in distress. The results were considered statistically significant (p value < 0.05). The present study was in clearance with human ethical committee, Government Thoothukkudi Medical College, Thoothukudi.

RESULTS

Out of 84 patients 45(54%) were males and 39(46%) were females whereas 9 patients(11%) were in younger age group, 47 patients(56%) were in middle age group, 28 patients(33%) were in old age group. It was found that majority of the patients (56%) were in middle age group (Figure 1 & 2). Out of 84 patients 65 (Male-36; Female-29) patients were compliant and 19 (Male-9; Female-10) patients were non-compliant was noted in the present study [Table-1]. In younger age group 7 patients were compliant and 2 were non-compliant. In middle age group 14 were Non-compliant and 33 were compliant. 4 patients were Non-compliant and 24 patients were compliant in old age group [Table 2]. 42 patients were found to be compliant and 23 patients were Non-compliant under educational status below 10th standard. Patients who had educational status of greater than 10th 18 were compliant and 1 was non-compliant and found to be statistically significant [Table 3]. In patients associated comorbid conditions 10 were found to be compliant and 8 were found to be non-compliant and patients without comorbid conditions 55 patients were found to be compliant and 10 were not compliant statistically significant [Table 4]. 27 were compliant and only 2 were non-compliant in patients who had psychotherapy whereas 17 were non-compliant and 38 were compliant

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[Table 5].7 were found to be compliant and 6 were found to be non-compliant in patients who were on Antidepressants for less than one year. In case of patients who were on antidepressants for 1-5 years, 25 patients were compliant and 1 was non-compliant.16 were found to be compliant and 9 were non-compliant in patients who were on antidepressants for 5-10 years whereas patients who were on the antidepressants for greater than 10 years, 17 were compliant and 3 were non-compliant[Table-6].11 were found to be compliant in patients who had GHQ score < 15 and the patients on antidepressants 64 were found to be compliant with the GHQ score of >15 in the present study [Table7].

DISCUSSION

Most common reason for Non-compliance was found to be forgetfulness (42%). The demographic profile and compliance of the patients on antidepressants reported in our study is in agreement with previous literatures [7]. There was no significant difference between compliance and Non-compliance in patients belonging to different age groups. There were no significant differences with respect to compliance between male and female patients. Compliance is higher in patients with higher educational status[8]. Poor antidepressant adherence has been linked with concerns about medication cost and inadequate patient education[9]. Compliance is more significant in patients without comorbid conditions[10]. Significant increase in compliance in patients undergoing psychotherapy. Non-compliance during initial period of treatment may contribute to chronicity of disease which may need prolonged duration of treatment. Psychotherapy has acute and maintenance treatment for depression and residual symptoms[11]. Patients who fall in category of distress were more compliant than who were not distressed and suggests that when there is a sense of well being patients stop taking drugs whereas those with evidence of distress were found to be more compliant and increased severity of illness was the reason for better compliance. Partial follow up or discontinuation of antidepressant regimen for any reason has been found to be [12] Failure to follow medical advice resulted in suboptimal treatment and poor quality of life. Complete discontinuation, partial non-adherence can also be detrimental to efficacious treatment[13]. Comorbid conditions, Psychotherapy, Educational status and duration of medications affect the compliance of the patients was noted in the present study.

CONCLUSION

The significant factors like comorbid condition, duration of medications and others in our study will improve the drug compliance

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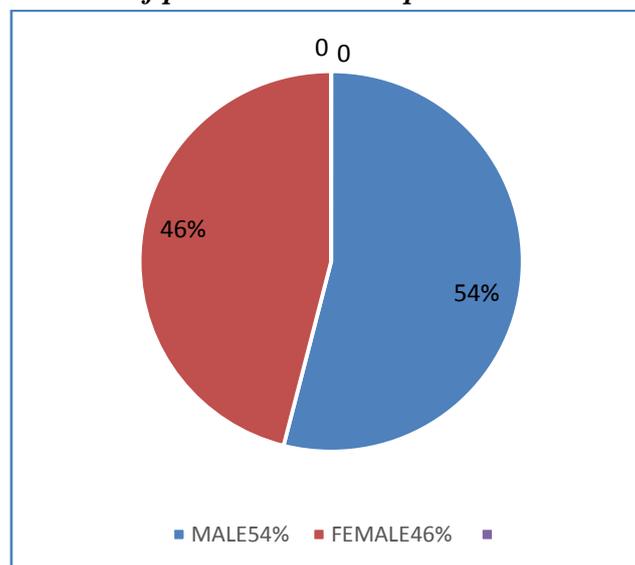
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Conflict of Interest: **NIL**

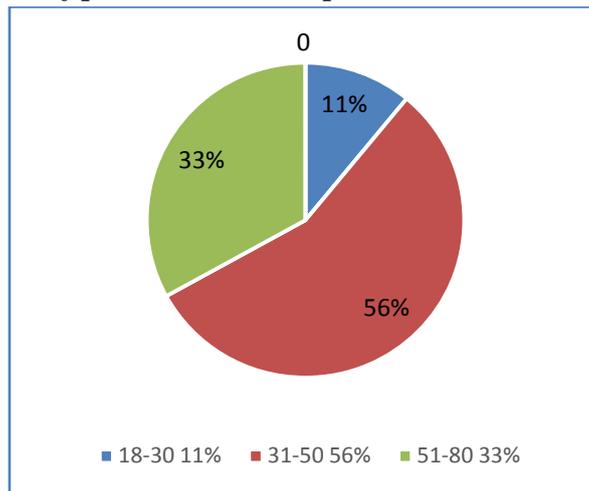
FIGURES

Figure-1: Gender distribution of patients on Antidepressants



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Figure-2: Age distribution of patients on Antidepressants



TABLES

Table-1: Comparison of compliance and non-compliance between male and female

Sex	Compliance	Non-compliance	P-value
Male	36	9	0.538
Female	29	10	

P value: NS

Table-2: Comparison of compliance and non-compliance among different age groups

Age	Compliance	Non-compliance	P value
18-30	7	2	0.3104
31-50	33	14	
51-80	24	3	

NS: not significant

P value: NS

Table 3: Comparison of compliant and non-compliant according to educational status

Factor	Compliance	Non-compliance	P value
>10	21	1	0.03
<10	44	18	

P value: S

Table -4: Comparison of compliance & non-compliance according to Comorbid Status

Factor	Compliance	Non-compliance	P value
Nocomorbid	55	10	0.009
Comorbid	10	9	

P value: S

Table-5: Comparison of compliant and non-compliant according to psychotherapy

Factor	Compliance	Non-compliance	P value
Psychotherapy	27	2	0.03
No psychotherapy	38	17	

P value: S

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Table-6: Comparison of compliance & Non-compliance based on Duration of Treatment

Duration in years	Compliance	Non-compliance	P value
<1 year	7	6	0.005
1-5 year	25	1	
5-10 year	16	9	
>10 year	17	3	

P value: S

Table-7: Comparison of compliant & Non-compliant according to GHQ Grading

Distress	Compliant	Non-compliant	p value
<15	11	13	< 0.001*
≥15	64	6	

***S: significant; NS: not significant P value: S**

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