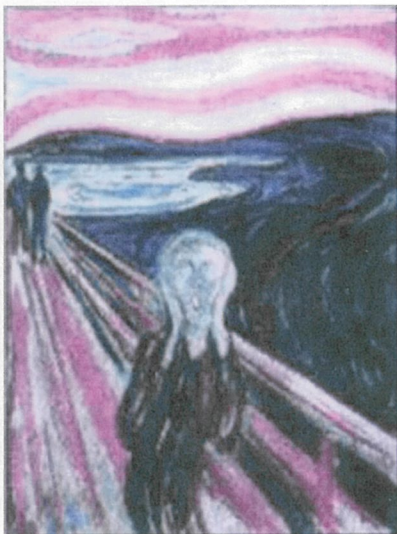


# Reasons for non-adherence with antipsychotic medications amongst psychiatric outpatients with schizophrenia

Recently on a Community Mental Health placement I witnessed clients having fortnightly depot injections of antipsychotic medications, to stay adherent with their medication regime. Some psychiatric outpatients have many readmissions to hospital due to relapses of illness. Symptoms of schizophrenia can be exacerbated by poor adherence with medications.



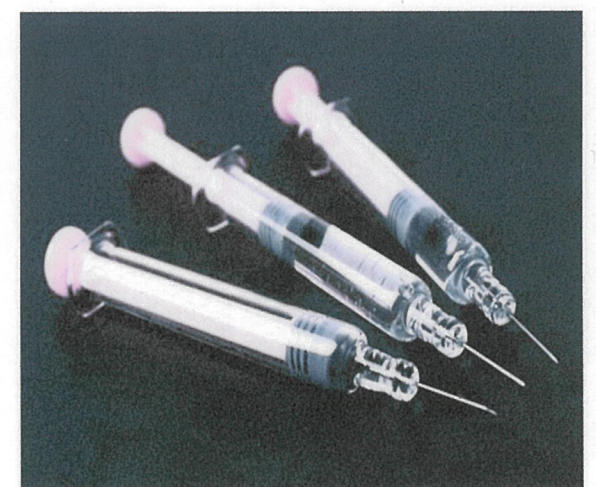
In New Zealand, approximately one in 100 people will develop schizophrenia. The onset of schizophrenia most often occurs between 15 and 30 years of age, but at a slightly younger age in males compared to females. Schizophrenia tends to occur in the same proportion across every ethnic group.

Schizophrenia is a severe psychiatric illness, characterised by immense disturbance in perception, thought, cognition, and psychosocial functioning. Approximately 1% of the world's population suffer from the illness (Elder et al, 2009). The American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) defines schizophrenia as a discrete (individual) condition characterised by positive and/or negative symptoms that last for at least six months.

## Reasons for non-adherence

- ❖ **People's worldviews on the uses of medications.** Their beliefs about medication and what they believed the consequences of taking the medication were.
- ❖ **Side effects of the medications.** The fact that the side effects of the medications could be far worse than the symptoms of the illness.
- ❖ **Lack of education around the use of antipsychotic medications.** A person may not fully understand the importance for medication adherence to avoid relapse of illness. This education needs to be reinforced with the patient and at times when they are well.
- ❖ **Insight into illness.** Patients may be lacking insight into their illness especially in symptoms of psychosis and crisis.

Non-adherence is a major reason for relapse into hospital and at least 50% of outpatients with schizophrenia stop their medication within one year of being discharged from hospital



## Conclusion

I have considered that a patient's lack of insight into their illness and their worldviews on medication can play an important role in ongoing non-adherence and also contribute to relapse of illness and readmission into hospital. Additionally, through this literature review I have learnt that if a patient has knowledge surrounding expected side-effects of antipsychotic medications, and education about their illness, they are more likely to adhere with their medication regime and therefore have better mental health outcomes. Adherence may also be better achieved through the use of depot injections, whilst taking into account the patient's autonomy and willingness to accept this method of medication administration.

Aldridge, M. A. (2011). Addressing non-adherence to antipsychotic medication: a harm-reduction approach. *Journal of Psychiatric and Mental Health Nursing*, Retrieved from <https://www.madinamerica.com/2012/01/excellent-article-on-anti-psychotic-drug-harm-reduction-in-journal-of-psychiatric-and-mental-health-nursing>

Elder, R., Evans, K., & Nizette, D. (2009). *Psychiatric and mental health nursing*. (2<sup>nd</sup> ed.) In Amador, X. & David, A). Elsevier: Australia.

Fernandex, R., Evans, V., Griffiths, & Mostacchi, S. (2006). Educational interventions for mental health consumers receiving psychotropic medication: *A review of the evidence*. *International Journal of Mental Health Nursing*, 15(10), 70-80.

Tranulis, C., Goff, D., Henderson, D & Freudenreich, O. (2011). Becoming adherent to antipsychotics: A qualitative study of treatment-experienced schizophrenia patients. *Psychiatric Services*, 62(8), 888-92.