

# Side Effects of Anti-psychotic Medication Leading to Non-adherence

*“How can nurses support and prevent adults between the ages of 18 – 50 from becoming non-adherent to their antipsychotics due to the side effects of metabolic disturbance?”*

## Introduction

Schizophrenia is a major form of mental illness affecting approximately 1% of the population (Ministry of Health, 1996). Effective management of patients with schizophrenia requires long term treatment with antipsychotics to control symptoms and prevent relapse (Higashi et al., 2013). Despite the importance of long-term medication among these patients, medication non-adherence has been recognised as a significant treatment challenge, which contributes to increased morbidity and healthcare costs (Higashi et al., 2013). Though, exceptionally useful in treating schizophrenia, these antipsychotics have the highest rates of metabolic disturbance, which can impact significantly on treatment adherence.

## Findings

- Communication is essential for gauging how people are coping on their antipsychotic medications and allows for integrated care and informed decision making to aid in adherence
- One of the major side-effects of antipsychotic medications is severe metabolic disturbance which has been recognised by the MOH Best Practice Guidelines as commonly overlooked, causing significant weight gain in 20-30% of patients (Ministry of Health, 1996).
- There has been a major movement from holistic model of care to a biomedical focus, further leading to an increase in non-adherence rates.

## Implication for practice

- There is an alarming lack of support for mental health patients in New Zealand, which translates to increased rates non-adherence and therefore symptom relapse and has significant implications to practice.
- In New Zealand, the Ministry of Health has set a Best Practice Guideline for prescribing antipsychotics. If these guidelines are followed, it is highly likely for patients to maintain adherence . However, this is not the case.
- This ultimately leads to an increase in patient relapse in the mental health sector.

## Recommendations

Recommendations include implementation of an online database for inpatient mental health facilities following research which has demonstrated that fewer than 50% of DHBs with metabolic monitoring of patients with schizophrenia have completed records (O'brian and Staverly, 2017). This database will provide accountability for the completion of monitoring. Secondly, counselling services that primarily focus on people with antipsychotic side effects should be provided. The third recommendation is that individual, patient-focused care plans involving the holistic model of care should be implemented.

## Conclusion

Theoretically, everything is closely monitored following the MOH guidelines. Despite this, non-adherence is a continuing major issue and leads to a recurring cycle where patients end up spending extended amounts of time in inpatient ward settings. Nurses are key in making a change, implementation of some of these recommendations would be key in making a difference.

## References

- Higashi, K., Medic, G., Littlewood, K. J., Diez, T., Granström, O., & De Hert, M. (2013). Medication adherence in schizophrenia: factors influencing adherence and consequences of nonadherence, a systematic literature review. *Therapeutic advances in psychopharmacology*, 3(4), 200-218.
- Ministry of Health. (1996) *Guidelines for prescribing psychotropic medication*. Ministry of health NZ, retrieved from [http://www.moh.govt.nz/notebook/nbbooks.nsf/0/994EE5DEA0BB8A13CC256C230075241/\\$file/Guidelinespsychotropicdrug.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/994EE5DEA0BB8A13CC256C230075241/$file/Guidelinespsychotropicdrug.pdf)
- O'Brian, A & Staveley, A (2017, July). *Metabolic monitoring in New Zealand DHB's mental health services*. Presented at RNZCGP Conference for General Practice in Dunedin



# BN 706 Assignment 2

PECOT	Information related to the topic	Explanation
P - population	People aged between 18-50 on antipsychotic medications	The diagnosis rate of schizophrenia peaks in people aged between 18-26 and affects 1.1% of the population. Although this is a small percentage, the number is significant as schizophrenia is identified as a chronic, long-term illness. (Ministry of Health, 1996). This age range was specifically chosen to include the ages where most people are diagnosed but also to include the perspectives of older individuals, who are likely to have lived with schizophrenia for longer.
E- Exposure	People who became non-adherent to antipsychotic medications due to metabolic disturbance	Find out, from previous research, the rationale for non-adherence, giving statistics based on adherence rates which specifically focus on metabolic disturbance.
C- comparison	People who maintained adherence on atypical antipsychotics.	Gauge a baseline average of how many patients on atypical antipsychotics are affected and why those who maintained adherence did so.
O- outcome	What current interventions are in place to help prevent non-adherence and what more needs to be done in order to encourage more medication adherence?	Determine if there are specific interventions that healthcare professionals can implement to help prevent medication non-adherence in the future. Provides a basis of what current interventions are available and how many are actually being used.
T- Time	Time spent on an inpatient ward.	This provides a controlled environment where patients are easily monitored. In a ward based setting there are set policies regarding monitoring.

## Rationale:

I chose to present my literature review as a poster. My rationale for this is I wanted to illustrate the factors of the ministry of health best practice guidelines and show how easily some of the most well-structured guidelines, can be so easily overlooked. Through use of a poster, I am able to use a very simplistic design which is simple but still enough to catch the attention of the people I am presenting to. While completing my literature review my interest of this topic increased when I realized how actually, metabolic monitoring is in fact not being completed by the majority of mental health facilities in New Zealand thus leading to a great increase in non-adherence to anti-psychotics. Overall, This lead me to decide on choosing a poster as the most appropriate way to present this topic.

## Reference:

Ministry of Health. (1996) *Guidelines for prescribing psychotropic medication*. Ministry of health NZ, retrieved from [http://www.moh.govt.nz/notebook/nbbooks.nsf/0/994EE5DEA0BB8A13CC256C230075241/\\$file/Guidelinespsychotropicdrug.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/994EE5DEA0BB8A13CC256C230075241/$file/Guidelinespsychotropicdrug.pdf)