

A Hospital-Based Assessment of the Factors Associated with Anti-Depressant Medication Adherence in Women: A Cross-Sectional Study

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Abstract

Aim: The aim of the present study was to assess the factors associated with anti-depressant medication adherence in women attending an out-patient psychiatry department.

Methods: The present study was conducted at department of Psychiatry, Jannayak Karpoori Thakur Medical College and Hospital, Madhepura, Bihar, India for one year. we proceeded by selecting 100 patients who were diagnosed with Depression. They attended the Psychiatry Out Patient Department.

Results: Of the 100 subjects, 44 (44%) had mild depression, 48 (48%) had moderate depression and 8 (8%) had severe depression. The mean age of subjects on medication was 39.41 ± 3.14 and mean age of subjects not on medication was 30.22 ± 4.32 . The mean difference between two groups was statistically significant (P value < 0.001). There was no difference between these groups on any of the parameters, especially the severity of depression. Among the 70 patients who were on not taking medications regularly, 82.85% people had a low education about the nature and course of the illness, 80% people experienced some kind of side effects due to the antidepressant they were taking and 90% people had a poor family support.

Conclusion: In this study, severity of depression was not associated with medication non adherence, married status and paid work status are factors associated with adherence to antidepressants. Stated reasons for nonadherence of medications include less education about the nature and outcome of depression, side effect profile and poor family support. Psychoeducation of patients & caregivers, carefully monitoring of medication adherence an ongoing follow-up are crucial to enhance adherence.

Keywords: Depression, medication adherence, compliance

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Introduction

Depression has become a major public health concern with an increased prevalence and global disease burden due to the associated mental, social, and interpersonal dysfunction. [1] According to the World Health Organization, by 2020, depression will be the second-highest known cause of disability worldwide. [2] It is characterized by a sad mood, pessimistic thoughts, lowered interest in day-to-day activities, poor concentration, insomnia or increased sleep, significant weight loss or gain, decreased energy, continuous feelings of guilt and worthlessness, decreased libido, and suicidal thoughts occurring at least once every two weeks. [1,3] Antidepressant drugs are the most effective and widely used forms of treatment for depression. [4] Despite the availability of many effective antidepressants, 50% patients do not achieve a complete cure of symptoms and even experience recurrence. [5,6]

Antidepressant medication is often considered to be the best treatment option for depression. [7] American Psychiatric Association (APA) guidelines (2010) has endorsed selective serotonin reuptake inhibitors (SSRIs), serotonin and noradrenaline reuptake inhibitors (SNRIs), and selective serotonin-noradrenaline reuptake inhibitors (SSNRIs) as first-line medication owing to their similar efficacy and lower overdose-related toxicity when compared to tricyclic antidepressants and monoamine oxidase inhibitors. [8] However, other factors, such as adverse effect profiles, cost, safety profile, history of prior medication treatment, and patient preference, are important in the initial selection of antidepressants and should be considered by healthcare professionals. [8,9] In a study from the United States, it was reported that the patients with bothersome side effects are more likely to nonadhere to their antidepressant medications. [10] This affects the efficacy of antidepressant medications. [11]

Moreover, antidepressant drug side effects are the significant determinants of antidepressant-associated nonadherence, which is predicted to be considerably high among depressive people. [12]

According to contemporary data attained over the past few years, about 50 percent of psychiatric patients and 50 percent of primary care patients prematurely discontinue antidepressant therapy (i.e., are non-adherent when assessed at 6 months after the initiation of treatment). [13] Treatment adherence and illness is not related only by the severity of the illness but by so many other factors which impact on seeking and continuing treatment.

The aim of the present study was to assess the factors associated with anti-depressant medication adherence in women attending an out-patient psychiatry department.

Materials and Methods

The present study was conducted at department of Psychiatry, Jannayak Karpooi Thakur Medical College and Hospital, Madhepura, Bihar, India for one year, we proceeded by selecting 100 patients who were diagnosed with Depression. They attended the Psychiatry Out Patient Department.

Participants

We included those female patients attending the psychiatric OPD at Jannayak Karpooi Thakur Medical College and Hospital, Madhepura, Bihar, India, who are diagnosed with Depression (Mild, Moderate or Severe) as per ICD-10 guidelines and provided written informed consent.

Those excluded include patients with comorbid psychiatric illnesses and patients unwilling to take part in our study.

Questionnaires

The questionnaires included general information of each participant. Mini

International Neuropsychiatric interview (M.I.N.I) was given to rule out psychopathology other than depression. The severity of depression was assessed by using the Hamilton Depression Rating Scale (HAM-D). Medication adherence was assessed by questioning about the drug taking and hospital attending behaviour. No formal questionnaire was used. Participants were asked to review

and follow-up weekly and their informants were also questioned regarding their adherence to medications.

Statistical Analysis:

Statistical analysis was done by SPSS (version 22) software. Chi square test and t-test were used to analyse the data.

Results

Table 1: Severity of depression of study groups

Severity of depression	N%
Mild	44 (44)
Moderate	48 (48)
Severe	8 (8)

Of the 100 subjects, 44 (44%) had mild depression, 48 (48%) had moderate depression and 8 (8%) had severe depression.

Table 2: Comparison of demographic and other clinical characteristics between study groups based on medication use

Characteristic	Medication group (N = 30)		Not on medication group (N =70)		P Value
	n (%)	Mean ± SD	n (%)	Mean ± SD	
Age		39.41 ±3.14		30.22 ± 4.32	<0.001
Education					0.185
Primary	4 (13.34%)		5 (7.14%)		
Secondary	3 (10%)		20 (28.57%)		
Graduate	22 (73.33%)		42 (60%)		
Postgraduate	1 (3.33%)		3 (4.28%)		
Marital status					0.002
Single	0 (0.00%)		15 (21.42%)		
Married	26 (86.66%)		54 (77.14%)		
Divorced	3 (10%)		1 (1.42%)		
Widow	1 (3.33%)		0 (0.00%)		
Work status					0.020
Paid work	15 (50%)		21 (30%)		
Others	15 (50%)		49 (70%)		
Severity of depression					0.310
Mild depression	15 (50%)		26 (37.14%)		
Moderate depression	12 (40%)		40(57.14%)		
Severe depression	3 (10%)		4 (5.72%)		

depression					
HAM-D total score		12.48 ±3.80		13.27 ±3.43	0.430

The mean age of subjects on medication was 39.41 ± 3.14 and mean age of subjects not on medication was 30.22 ± 4.32 . The mean difference between two groups was statistically significant (P value < 0.001). There was no difference between these groups on any of the parameters, especially the severity of depression.

Table 3: Stated reasons for non-adherence to anti-depressants

Reasons cited for non-adherence to medications	Proportionn (%)
Low education about nature of depression and course of illness	58 (82.85%)
Side effects of antidepressants	56 (80%)
Poor family support	63 (90%)

Among the 70 patients who were on not taking medications regularly, 82.85% people had a low education about the nature and course of the illness, 80% people experienced some kind of side effects due to the antidepressant they were taking and 90% people had a poor family support.

Discussion

In general, psychotropic medications work as effectively as medications in other fields of medicine.⁴ All antidepressants are more efficacious than placebo for adults with major depressive disorder, with clinical response to treatment usually defined as a reduction of X 50% in the total score on a standardized observer rated scale for depression. [14] This large body of evidence is consistent with recommendations from an international Task Force of the World Federation of Societies of Biological Psychiatry (WFSBP), which indicates that many different antidepressants are available for effective acute, continuation, and maintenance treatment of unipolar depressive disorders in adults. [15] Regarding safety, a recent large synthesis of the evidence including around 1,000 individual observational studies concluded that overall antidepressants are safe in adults. Most of the purported serious

adverse events; that have been attributed to antidepressants, including abortion, autism in offspring, and malformations during pregnancy, as well as a higher risk of suicide attempts in adolescents, are not supported by convincing evidence, and are probably driven by confounding by indication. [16,17]

Of the 100 subjects, 44 (44%) had mild depression, 48 (48%) had moderate depression and 8 (8%) had severe depression. The mean age of subjects on medication was 39.41 ± 3.14 and mean age of subjects not on medication was 30.22 ± 4.32 . The mean difference between two groups was statistically significant (P value < 0.001). There was no difference between these groups on any of the parameters, especially the severity of depression. Among the 70 patients who were on not taking medications regularly, 82.85% people had a low education about the nature and course of the illness, 80% people experienced some kind of side effects due to the antidepressant they were taking and 90% people had a poor family support. Lucca et al in their study of non-adherence in psychiatric patients also have noted that low level of education is one of the factors associated with non-adherence. [18] In our study, the mean HAM-D score is not statistically significantly different from the drug adherent group. If the group

is divided on the basis of scores in the HAM-D scale, it shows that the moderate depressives are represented more in the non-adherent group. Non-adherence in this group appears to be more related to social and individual factors rather than disease related factors. In contrast with our outcomes Rieckmann et al [19] have noted that severity of depression was associated with medication nonadherence in their study.

Due to multiple prescribers, problems communicating with physicians, frequent follow-up, long waiting times in hospitals, repeated medication refills, and unavailability of prescribed medications, [20] many patients choose to discontinue their medications. [21,22] Patients lose confidence in their physician when there are multiple prescribers, which ultimately affects their medication-taking behavior. Some patients alter/stop their medication without informing their physician, as they find it difficult to communicate with them. To avoid long wait times, patients skip their appointments, leading to an insufficient supply of medication at home. [22]

Conclusion

In this study, severity of depression was not associated with medication nonadherence, married status and paid work status are factors associated with adherence to antidepressants. Stated reasons for nonadherence of medications include less education about the nature and outcome of depression, side effect profile and poor family support. Psychoeducation of patients & caregivers, carefully monitoring of medication adherence an ongoing follow-up are crucial to enhance adherence.

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