



## **Factors Increasing Noncompliance of Psychiatric Patients Undergoing for Psychotropic Therapy**

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### **Author's contribution**

*The sole author designed, analyzed, interpreted and prepared the manuscript.*

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### **ABSTRACT**

**Introduction:** The positive result of the treatment regimen mainly depends on the adherence of the patients towards the instruction given by the physician and termed as the noncompliance or incomplete adherence to treatment.

**Methods:** The present study aimed to descriptively analyze and identify the reasons that increasing the incomplete adherence for psychotropic therapy based on information retrieved from the patient and their relatives in Institute of Mental Hospital (IMH), Chennai.90 participants were interrogated using a structured questioner by purposive-sampling procedure after receiving their informed consent.

**Results:** The present study showed the involvement of different factors such as pre – mature stopping the drug regimen (28.8%), buying lesser quantity of the drugs than prescribed by physicians (24.4%), and irregular drug consuming (23.3%). The present study importance of creating the awareness regarding the optimal follow- ups and emphasized the advices regarding the changing the mental health service regimes. The patients and relatives should be given the psychological based awareness for reducing the noncompliance on the psychotropic regimes.

**Keywords:** *Non-compliance; psychotropic drugs; psychosis.*

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## 1. INTRODUCTION

The noncompliance is the behavior of the patients that usually not following the instructions given by the physicians properly and it is a major factor for the failure of the treatment regime. It is found with all of the patient population from the children to adults, especially in women patients. In chronic diseases, the majority of the patients turned to be non-compliance due to positive drug effects and it is to be a major problem in health services of both developed and developing nations. Most of patients, up to 80% of patients, complete treatment regime (with a median value, 50%) [1-2]. Compliance towards the therapeutic regime directly determines the success of the medication whereas, non-compliance is the major cause for serious side-effects and prognosis of the illness. Those drugs nowadays occupy first line of treatment almost every patients encountered with psychological illness. In India, psychosis is the most common mental disorder found among the people and it is major cause for mental related hospitalization. The psychosis is related to gross impairment or distort in identifying the reality or the reality testing. It is a common problem in adult population, but, the males are the major victims than the females. The prognosis and diagnosis on psychotic patient is a challengeable one and the ratio of recurrence is very common since, most of them do not complete or compliance with the medications [3-5].

The psychotic patient are advised to adhere and compliance with the instruction given to them and complete the treatment tenure [6]. But, nearly half of their population do not complete the tenure and proportionally they decrease with the time due to many reasons. The non-adherence towards the treatment is found to be a major factor for reoccurrence and re-hospitalization. Many of the patients do not follow the prescribed treatment because of various reasons [7]. The noncompliance is a personalized behavior that deviate the patients in fulfilling the medical advices from the respective physicians and single most reason that prevent 100% success in psychosis treatments. Poor medication is another most reason for unsuccessful scenario followed by the side effects of the prescribed drugs [8]. One third of the patients never complete the tenure and most of them are re-hospitalized. This make extra burden on their medical expenses and caring systems. In India, a clear and optimal statistics is absent to analyze the exact scenario related to the noncompliance in psychotic

patients [9-11]. In addition, it is also correlated with the increased morbidity, suicidal thoughts and mortality among the patients [12]. But, it is not only the responsibility of the patients but, it is the responsibility of the health care professionals such as nurses, physicians and principle investigators. The proper awareness about the advantages of completing the treatment regimens should be given to the patients, their relatives and the associated health care providers also [13].

## 2. MATERIALS AND METHODS

The present study is a descriptive and Purposive sampling technique study (n=90, a year long study) conducted on out-patient department in psychiatric Out Patient Department, IMH, and Chennai. The sample size is 90 and the patients were included in the study based on their individual curiosity from either of the gender. The exclusion criteria included the patients suffering from physical problems associated with the psychological intention. The patient data were collected and categorized as age, type of family, duration of marital life, number of children, monthly income, occupation, educational status, religion, area of living, history of domestic violence, duration of mental illness. The written informed consent was obtained from the participants before their participation.

## 3. RESULTS

The majority subjects were males (54.60%). Approximately, 26.6% (24) were between 21-30 years age. Most of them from urban (77.7%) region and literates (78.8%). The demographical variation between the participants was represented in Table 1.

Pre conclusion in the treatment is frequently found in psychotic patients. The present study showed that 28.8% (26) of them stopped to take drugs on feeling better before the treatment tenure. 24.4% (22) of them informed that usually they run out of pills and stopped the regime further. Nearly, equal patient population (24.4%) took the pills irregularly. In addition to, 23.3% (21) of the subjects were dependent on others for pills provision and 15.5% (14) patients forgot the pills or too busy for adhering the regimes. 11.1% (10) of them felt difficulties in transportation and 7.7% (7) fearing of the side-effects of the drugs. 7.7% informed that they unable to buy the adequate pills due to the non-cooperation from their family members. 5(5.5%) of them felt

**Table 1. Demographic details of the study participants**

Demographic Profile		(f)	(%)
<b>Gender</b>	Male	54	60
	Female	36	40
<b>Age (Years)</b>	11-20	03	3.3
	31-40	23	25.5
	41-50	20	22.2
	51-60	12	13.3
	61-70	08	8.8
<b>Residence</b>	Urban	70	77.7
	Rural	20	22.3
<b>Education</b>	Literate	71	78.8
	Illiterate	19	21.2
<b>Occupation</b>	Unemployed	03	74.5
<b>Duration of Illness</b>	Homemakers	20	22.2
	Below 5Years	67	74.5
	Above 5Years	23	25.5

adverse effects on consuming the drugs and stopped the treatment tenure. 4.4% (4) of the studied patients informed that they were unable to understand the instruction from the physician and felt difficult in following the treatment.

3.35% and 2.2% of patients refused to give the reason and gave up the hopes over the drugs for their curing, respectively. 2.2% of them believed in praying and refused to take part in the treatment. 1.1% went for alternative system of medicines and did not want the allopathy method of curing.

#### 4. DISCUSSION

The results obtained in the present study concordance with the previous reports conducted in the same medical service Centre (2015). The results showed that most of the patients' study explored that majority of the subjects perceived disease characteristics related factors as main reason for non-compliance.

#### 5. CONCLUSION

The study showed that most of factors associated with the noncompliance of treatment are mainly depend upon the patient's mentality in psychotic treatments. Hence, the present showed the importance of patient care for achieving the 100% successful treatment for psychotic diseases.

#### CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

#### ETHICAL APPROVAL

The study was approved by the Institutional Ethics Committee

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#### COMPETING INTERESTS

Author has declared that no competing interests exist.

#### REFERENCES

1. Bharat Pareek, et al. Factors affecting Non-compliance to psychotropic drugs of patients with psychosis as perceived by their family members, Nursing and Midwifery Research Journal. 2013;9(2):56-64.
2. Felix Mibel. Noncompliance to Medication in Psychiatric Patients—a Literature Review, Turku University of Applied Sciences; 2013.
3. Rodenhauser P, Schwenkner CE, Khamis H. Factors related to drug treatment refusal in a forensic hospital. Psychiatric Serv. 1987;38(6):631–7.
4. Dutt L, Mistry K, Zankhanjetfire M. A study of reasons of non-compliance to psychiatric treatment. Indian J Appl Basic Med Sci. 2016;18(26):15–23.

5. De Geest S, Sabaté E. Adherence to long-term therapies: evidence for action. *Eur J Cardiovasc Nurs.* 2003;2(4):323.
6. World Health Organization Adherence to long-term therapies: evidence for action. Geneva, Switzerland: World Health Organization; 2003.
7. Bulloch AM, Patten S. Nonadherence with psychotropic medications in the general population. *Soc Psychiatry Psychiatr Epidemiol.* 2010;45:47–56.
8. Marie T. Brown et al. Medication Adherence WHO Cares?, *Mayo Clin Proc.* 2013;9(2):304-314. [www.mayoclinicproceedings.com](http://www.mayoclinicproceedings.com).
9. Brown MT, Bussell JK. Medication adherence: WHO cares?. In *Mayo clinic proceedings.* Elsevier. 2011;86(4):304-314.
10. Kar N, Prasad T. Suicide by psychiatric patients: Nature of risk, risk categorisation and preventability. *Medicine, Science and the Law.* 2019;59(4):255-264.
11. Niculescu ABH, Le-Niculescu K, Roseberry S, Wang, J, Hart, A, Kaur, H, Robertson et al. "Blood biomarkers for memory: toward early detection of risk for Alzheimer disease, pharmacogenomics, and repurposed drugs." *Molecular psychiatry.* 2020;25(8):1651-1672.
12. Hasselgren, Anton, Jens-Andreas Hanssen Rensaa, Katina Kravlevska, Danilo Gligoroski, and Arild Faxvaag. Blockchain for increased trust in virtual health care: proof-of-concept study. *Journal of Medical Internet Research.* 2021;23(7):e28496.
13. Richmond Adeya, Jessica Jackson. Cultural considerations for psychologists in primary care. *Journal of Clinical Psychology in Medical Settings.* 2018; 25(3):305-315.

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