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Noncompliance with Treatment among Psychiatric Patients in Kuwait

Key Words

Noncompliance
Medication
Psychiatric patients
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Abstract

One hundred and twenty psychiatric patients were discharged for outpatient treatment, of which 55% had prematurely discontinued their medications. Clinically, these patients were characterized as being young, single male individuals with diagnoses of schizophrenia and mania. Previous multiple hospital admissions were strongly associated with noncompliance. Fear of drug dependence, complex treatment regimen and social 'stigma' were the main reasons given by the patients for their noncompliance. The need for improved doctor-patient relationship and greater efforts toward public education is emphasized.

Introduction

It is generally accepted that a substantial percentage of psychiatric patients fail to adhere to their plan of treatment [1]. Noncompliance with treatment emerged as a major problem in patients who are defined as treatment-resistant, and of those patients who regained remission of symptoms with further treatment, 8.5% had previously been noncompliant with medication [2]. Other studies

[3, 4] have shown that physicians, generally, grossly overestimate the rates of compliance in their practice and are inaccurate in dealing with noncompliant individuals. Unfortunately, the major psychiatric texts [5, 6] contain little on the issue of compliance. For example, in the 2,000 pages of the fourth edition of the *Comprehensive Textbook of Psychiatry* [7], compliance with medication is mentioned only once, and that had to do with compliance with antihypertensives. Given

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that most psychiatric disorders have a pronounced effect on cognition and motivation, one would expect the issue of noncompliance to be important for research. However, with few exceptions [8] there is little systematic research in psychiatry for this area. The dynamics of noncompliance are complex. Many patients have realistic fears with regard to side effects, others are noncompliant for psychological reasons related to personality, coping mechanisms and beliefs about mental illness [9].

In Kuwait, the Government spends approximately 200 million dollars for medical purchases each year, 15% of which goes for psychotropic agents alone [10]. There is no published data on the subject in Kuwait. A report on irrational prescribing patterns of psychotropic drugs is the only reference to the subject [11]. The purpose of this prospective study is to identify variables which characterize those patients who discontinue treatment prematurely and to examine the reasons given by the patients for their noncompliant behavior.

Materials and Methods

A random sample of 120 patients, 54 males (mean age 32.2, SD 6.5) and 66 females (mean age 30.3, SD 7.2) discharged from the Psychological Medicine Hospital for outpatient follow-up treatment, were studied over a 6-month period. The Psychological Medicine Hospital is the only psychiatric hospital in Kuwait. It has 450 beds and receives patients from all over the country. Multiple information including the patients' demographic data, diagnoses, number of admissions and medications given on discharge were recorded from case notes. From a predetermined checklist, all patients were asked to give reasons for his/her noncompliance on their subsequent follow-up visit 2 weeks after discharge. Noncompliance was defined as a failure to take medications 'as prescribed' for a period greater than a week. Noncompliance was ascertained from the patients' self-report, caretakers or relatives. Chi-square tests were used for data analysis.

Table 1. Demographic profile per compliance/noncompliance

	n	Compliant	Non-compliant	χ^2
<i>Age</i>				
<25	24	6	18	p < 0.0003
26–34	42	25	17	
35–49	36	29	7	
>50	18	12	6	
<i>Sex</i>				
Male	54	17	37	p < 0.0076
Female	66	38	28	
<i>Marital status</i>				
Married	76	46	30	p < 0.0001
Single	44	9	35	
<i>Education</i>				
Illiterate	22	9	13	p < 0.0005
4–8	66	22	44	
>8	32	24	8	

Results

Table 1 shows that on an average the non-compliant patients as a group were significantly dominated by young, single male patients with poor education. Patients with diagnosis of depression were significantly ($\chi^2 = 21.03$, d.f. = 3, $p < 0.0001$) more compliant with treatment than those with other diagnoses (fig. 1). Among the least of the reasons for noncompliance given by the patients was side effects. Fear of drug dependence (36.9%), complex treatment regimen (24.6%) with fear of social stigma coming in between were cited as causes for nonadherence with medications (fig. 2). Multiple admissions to the mental hospital were significantly ($\chi^2 = 27.47$, d.f. = 2, $p < 0.0001$) associated with noncompliance (fig. 3).

Fig. 1. Diagnosis in relation to compliance.

Fig. 2. Reasons given by patients for their noncompliance.

Discussion

The overall benefits of long-term maintenance therapy in psychiatric disorder are now almost universally accepted [12]. The reasons

for noncompliance frequently reported in the literature [13] refer to the patient’s attitude toward his illness and to the development of side effects. In this study, an attempt was made to investigate further reasons such as

Fig. 3. Number of admissions per compliance.

fear of drug dependence, social stigmatization and the complexity of the treatment regimen.

In the context of this study, the term non-compliance only implies the responsibility of the patients for irregular medications or premature discontinuation of the treatment. More than half of the patients discontinued their medications prematurely. Clinically, these patients were characterized as young, single male patients with multiple previous hospital admissions. Fear of drug dependence and social stigma associated with mental illness appear to be the main reasons given by the patients for dropping out of treatment. The type of treatment regimen suggested [4] has an important bearing on compliance. Patients are more likely to adhere to a single regimen. When multiple medications are to be taken several times a day, compliance is frequently reduced. The results support earlier findings [14] that the incidence of side effects is not related to defaulting and that situational and defensive factors play a predominant role. One other possibility is that the indigenous Kuwaiti people are generally prepared

to tolerate side effects and not other aspects of medication. Some psychodynamic factors [10] are potential causes of noncompliance. Taking medication, for example, may be an area around which a degree of family or interpersonal conflict becomes manifest. Another explanation for this may be that an individual who has had several psychotic relapses may have a different attitude towards taking medication than the individual who has had a single relapse.

The reality of the concept of prevention [15] is difficult for people to accept fully. In psychiatry, some individuals may attribute the illness to life stresses or emotional concerns which they feel will not occur again. A study [16] dealing with digoxin therapy reported that physicians in general cannot predict compliance with any more accuracy than if they were guessing. This was true even when the patients had been known for 5 years or more. The strategy of close follow-up and supervision should be advocated in reducing noncompliance. The need for family and social support systems must also be emphasized.

A great deal of patient education is necessary. Mental health professionals must also be adequately sensitive to the issue of noncompliance and learn more of these strategies to reduce it.

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