

# Incidence of Non-Adherence Within Psychiatric Patients in Prince Ali Bin Al Hussein Hospital at RMS in Jordan

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**Abstract— Background:** Studies have shown that more than 50% of patients usually do not adhere at least partially to their prescribed treatments. Knowing and identifying barriers that prevent or affect patient compliance is necessary to develop an effective intervention for psychiatric patients attending clinic. **Objective:** finding out the incidence of non-adherence factors among psychiatric patients attending psychiatric clinics. **Methods:** A cross-sectional study will be conducted based on a questionnaire posed by the pharmacist attending the clinic with a face-to-face interview with the patient. The questionnaire consists of 22 questions related to the demographic, social, clinical and pharmacological status with adherence to treatment; a sample of one hundred psychiatric patients attending psychiatric clinics will be registered in February 2022. **Results:** One hundred patients approached and 88 (88%) decided to join in the current study; 28 male (31.81%) and 60 female (68.18%), the majority of the stated psychiatric disorder was depression and report as (47.7 %). Counting of 88 participants, 60.22% (n =53) were showed as non-adherent. **Conclusion:** Lack of commitment is a well-known and important concern between psychiatric patients. Forget to get medication and negligence was accounted as the core causes of medication non-adherence.

**Keywords—** Adherence, Psychiatric patient, intervention.

## I. INTRODUCTION

Adherence (stage to which someone behavior be in contact with beneficial or health counsel obtainable by health care giver.[1] therapy appears to be a major public health issue worldwide, both for infectious diseases (HIV/AIDS, tuberculosis) and non-infectious diseases (diabetes mellitus, depression).

This negatively affects the effectiveness of the treatment, resulting in a poor medical outcome. Failure to comply in a various cases could lead to serious complications requiring hospitalization of the patient. This only not involves in significant physical exertion and mental suffering for the patient and his family, but also causes an economic burden. This as well includes stress on the healthcare system. This also includes force on the healthcare system.[2].

A study in India illustrated that the most general reasons for deplorable medication observance were economic fears (40%), extended distances to services (36%), enhancement in signs (28%) and additional causes such as side effects, need of caregiver, be short of approach to illness and work environment[3]. Another study conducted in a hospital in Pakistan found as far the incidence of non-adherence was approximately (39.0%), sedation was the most important reasons for non-adherence (30.0%), medicine price (21%), forgetfulness taking medicine (36.0%), physicians failure to explain times and doses (93.0%) or promote medication (76.0%). females showed more adherence to medication than men in Pakistani study[4]. A Nigerian study inspected psychiatric unit treatment three months after discharge and reported that (50.6%) of patients adhered to the behaviors while (57.4%) were not adherent to medication. Activity adherents were significantly less possible to have a matter use disorder,

and their relatives were additionally involved in their treatment. Additionally, substance abusers were significantly less possible to have material misuse disorder [5].

Knowing the factors and reasons associated with some patients' non-compliance with taking their medications helps medical care providers, including doctors, nurses and others, to develop better programs and better treatments for patients, and this works to reduce disease recurrence and hospital admissions. [6]. In Jordan, a study accomplished aimed to assess the factors leading to non-adherence to prescribed management between those diagnosed with a psychiatric illness and accomplished that non-adherence is common along with psychiatric patients. In addition, this study reviewed factors allied with non-adherence and suggested others to identify resources that might assist in the implementation of the non-adherence involvement plan.

## II. METHODS

Patients' questioned in waiting room behind the psychiatric clinic in Prince Ali hospital. A period of 4 weeks obtained on (February 2022) in the study. Group included in the current study were adult patients whose age were >18 years who visited the psychiatric clinic more than 3 visits before and during prescribed medication.

Researchers clarified the nature and reason of the survey and gained consent form from those agreeable to take part or their officially authorized keeper. One hundred (100) patients were contacted in the current study.

## III. INSTRUMENT

A cross-sectional study conducted based on a questionnaire posed by the pharmacist attending the clinic with a face-to-face interview with the patient. The questionnaire consists of 22

questions related to the demographic, social, clinical and pharmacological status with adherence to treatment. A sample of one hundred psychiatric patients attending psychiatric clinics will be registered in February 2022; the analysis was carried out using a version 20 of SPSS version 20 software.

IV. RESULTS

The demographic individualities of the study’s members are revealed in Table 1. One hundred patients approached and 88 (88%) decided to join in the current study; 28 male (31.81%) and 60 female (68.18%). the majority of the stated psychiatric disorder was depression and report as (47.7 %). Counting of 88 participants, 60.22% (n =53) were showed as non-adherent. In the non-adherent grouping, the mainly familiar reason given for non-adherence was forgetfulness. (43.18%), tagged along by neglect (27.27%), discontinuing medication when you feel less well (13.63%) and stop taking the drug when considering better (19.31%).

TABLE 1. Characteristics of the study population

Characteristics	Frequency	Percent
Gender		
Male	28	31.81
Female	60	68.18
Age (years)		
<20	15	17
21-60	60	68.2
>60	13	14.73
Marital status		
Married	70	79.5
Single/divorced/widowed	18	20.45
Educational level		
Low (less than university)	58	65.9
High (university degree)	30	34.09
Current employment status		
Employed	32	36.36
Unemployed	56	63.63
Living arrangement		
Living alone independently	2	2.27
Living with others	86	97.7
Diagnosis		
Depression	42	47.7
Schizophrenia	10	11.36
Anxiety disorder	33	37.5
Personality disorder	3	3.4

Table 2 illustrate that 100 patients primarily reflect on the study, 12 were declined to participate. Study sample was 88 (88%) that 35 patients (39.77%) were mainly compliant and 53 patients (60.22%) were basically non-compliant to medication.

TABLE 2. The study sample

Cause	Number	Percentage
Total Patients Initially Considered	100	
Patients refused	12	(12.0%)
Final Study Sample	88	(88.0%)
Compliant	35	(39.77%)
Non-Compliant	53	(60.22%)

Figure 1 illustrate diagnosis versus non-compliance that was highest between patients suffering from depression (n=19) followed by Schizophrenia (n=17), Anxiety disorder (n=14) and Personality disorder (n=3).

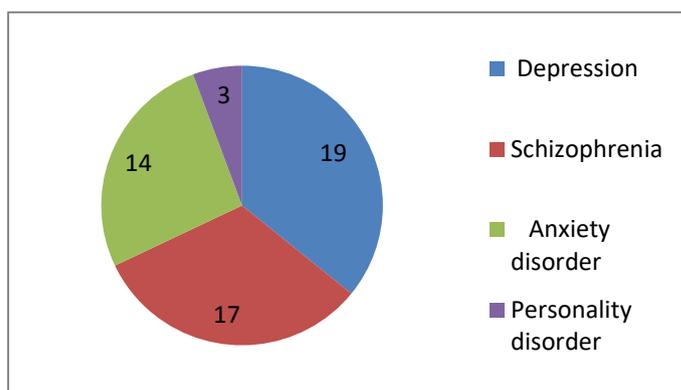


Fig. 1. Non-compliance in relation to diagnostic distribution by number

Table 3 shows a variety of reasons for non-adherence to medication in poor compliant patients. Many causes were found to be liable for the non-compliance. The most familiar reason established was forget to get medication (n=35) then carelessness (n=23), stop take medication when feeling improved (n=18) and stop take medications when sense worse (n=12).

TABLE 3. Reasons of discontinuation of medication in study sample (N=88)

Cause	Number	Percentage
Forget to take medication	35	43.18
Carelessness	23	26.13
Stop medications when feeling worse	12	13.63
Stop medication when feeling improved	18	20.45

Table 4 indicates the connection among socio-demographic variables and non-compliance, later found out that non-compliance was observed in the age group 21to 60 years (46.59%), women (44.31%), low level of education (54.54%), patients without a job accounted for (46.59%) and single people (2.27%).

TABLE 4. Socio-demographic variables in relation to non-compliance

Variable	Compliant	Non-compliant	Total
Gender			
Male	14	14	28
Female	21	39	60
Age( years)			
<20	11	4	15
21-60	19	41	60
>60	4	9	13
Marital status			
Married	40	30	70
Un-married	16	2	18
Educational level			
Low	10	48	58
High	19	11	30
employment status			
Employed	22	10	32
Unemployed	15	41	56

V. DISCUSSION

Existing literatures present a non-compliance ratio of 12-60% [7, 8]. In this study the non-compliance rate was 60.22%. Previous studies by Carpenter et al, Nose et al and Klinkenberg et al,[9-11] have detected a moderately high non-adherence in young people. Non compliance in women (65 %) was

established to be more than males (50.0 %). This variation was statistically not significant in the study. This was parallel with the prior findings.[12] One reason may be that men usually receive more support from the family and the community than women, and this makes them more committed and compliant with medication. Most of those in this study are married, so compliance with treatment from married people was difficult to determine from unmarried people, although some studies have shown that married people are more committed to treatment than those who are unmarried [13] This is due to the care provided by one spouse to the other.

Non-compliance in patients with impaired learning ability was high. The difference was huge. This was in parallel with the study of Nose et al [11] who found education to be positively associated with compliance.

Well, the respect on the part of employees may be owed to the fact that higher education obviously fosters an understanding of disease and a improved positive reception of the need for treatment. This was related to the results of Nose et al [11] that in a gathering analysis of 86 studies involving 23,796 patients of psychoses showed a optimistic relationship among unemployment and non, which shows a reasonable economic ability in this people.

The adherence rate among patients who live alone was very low due to the small number of them in the study. However, some studies have shown that patients who rely on themselves to take treatments are less interested and committed than patients who live with their spouses or families, and the reason is the support provided by the family to patients in general and especially for psychiatric patients, as shown by several studies that ended what was previously conducted in a Pakistani study.[14]

Also, sick twins and their families were associated with medication with the economic situation, as the poor family was less committed than the rich family[15].

In this study, it was found that the rate of non-compliance with psychological treatments was somewhat high, as the rate was 53%. This percentage is linked to several factors, including the patients' economic and social status. In addition to the educational level. In addition to that, women in this study have a higher rate of non-compliance, and this lies in the fact that the percentage of women's participation is greater than that of men, and the age calculated for the group from 21 to 60 is more as a percentage of non-compliance. This study showed that it is similar to previous studies, which showed because depressed patients are the majority in the proportion of non-compliance.

## VI. CONCLUSIONS

Lack of commitment is a well-known and important concern between psychiatric patients. Forget to get medication and negligence was accounted as the core causes of medication non-adherence. Patients with low society support, patients on multi drug regimen were more predictable to be non-adherent for prescribed medications. Choosing a simplified medication regimen by doctors reduces the chance and percentages of patients in general not adhering to their medications, especially psychotropic drugs. More studies needed to investigate the cause and incidence of non compliance by patients.

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