

A Study of the Factors Associated with Compliance or Non-compliance to Lithium Therapy among the Patients with Bipolar Affective Disorder.

Authors : Tessy Tressa Jose,* Aparna Bhaduri, Beena Mathew

INTRODUCTION

Psychiatric patients on psychotropic drugs need to take the medications as prescribed, and a regular follow up is necessary to regulate the long-term therapy. One of the major factors in the rehospitalisation is found to be non compliance in taking psychotropic drugs (Karen N.C. 1996). Nurses play an important role in patients education.

Bipolar affective disorder is a common, severe as well as chronic disease with life time prevalence of 1.2%. The annual incidence of bipolar disorder is 0.009 to 0.015% (or 9 to 15 new cases per 1,00,000 per year) for men and 0.007 to 0.03% (or 7 to 30 new cases per 1,00,000 per year) for women (Goodwin, K.F. and Jamison., 1990).

Lithium has been used as a prophylactic or maintenance agent in treatment of bipolar affective disorder since 1960s. 75% of relapse among Lithium patients are thought to be due to poor compliance (Baastrap, 1971). Non-compliance to a treatment plan is a major problem in the nursing care of patients as this causes relapse of the diseases. Keeping these factors in mind, the problem for investigation aimed at finding out the reasons as perceived by patients about compliance or non-compliance to Lithium treatment.

OBJECTIVES OF THE

AUTHORS: Currently working as Assistant Professor, College of Nursing, MAHE, Manipal-576 119.

STUDY

1. To identify the reasons for compliance or non-compliance to Lithium therapy as expressed by patients with bipolar affective disorder.
2. To assess the knowledge of the patients with bipolar affective disorder and their relatives about the patients' illness and the action and side effects of Lithium therapy.
3. To determine the association between the age, sex, education, economic status, marital status, type of family and knowledge level of the patients with bipolar affective disorder and their compliance status to Lithium therapy.
4. To find out the association between compliance status and selected disease variables such as number of episodes of disease, duration of illness and number of hospitalisation.

RESEARCH METHODOLOGY

The conceptual framework was developed on the basis of Orem's self care theory. The research approach adopted was survey study which was co-relational in nature.

Purposive sampling technique was used to select the subjects for the study. All new and old bipolar affective disorder (BAD) patients getting Lithium therapy who attended the OPD of Kasturba Hospital, Manipal, during October, November 1996, the relatives who accompanied the patients, and those patients who attended the OPD alone were also included as study sample. The compliant

group consisted of 35 patients and 20 relatives and non compliant group consisted of 26 patients and 15 relatives.

The instruments used for data collection were demographic performa, knowledge questionnaire and problem checklist on compliance or non-compliance to Lithium treatment.

Structured knowledge questionnaire consisted of 20 items related to Bipolar Affective Disorder (BAD) and Lithium therapy problem checklist consisted of 56 problem statements covering nine areas. The content validity was established for both the tools. Reliability of the knowledge questionnaire was found to be 0.89 and the reliability of the problem check list was established by test-retest method. The percentage of agreement was calculated on each item and an average of 94.5% was found to be high.

Findings of the Study

1. The Mean knowledge score of compliant patients ($M = 22.7 \pm 4.76$) was significantly higher than that of their relatives ($M = 19.3 \pm 4.45$).
2. There was no significant difference between the mean knowledge scores of non-compliant patients ($M = 20.31 \pm 5.84$) and their relatives ($M = 17.4 \pm 2.97$), and also between mean knowledge scores of compliant and non-compliant patients.
3. The mean knowledge scores of both patient groups and their relatives were found to be very low as the possible knowledge scores were 92. →

4. With regard to socio-demographic variables, it was found that there was significant association between sex and compliance status i.e. the males were found to be more compliant than the female patients ($\chi^2(1) = 4.21, P < 0.04$). The marital status and compliance status was also significant where the married patients were more compliant than the unmarried group ($\chi^2(1) = 3.82, P < 0.05$).
5. There is no significant association between the compliances status and disease variables: duration of illness, number of episodes and number of hospitalisations.
6. Some of the major reasons given by the patients for compliances or non-compliances are the following:
 - a. From the compliant patients there was 100% of acceptance of Lithium treatment, whereas 53.85% of non-compliant patients expressed that they do not accept Lithium treatment for a long time and as a normal routine.
 - b. The majority of the non-compliant patients (69.23%) expressed that they had attack of this illness after starting Lithium as compared to the compliant patients (28.57%).
 - c. Significantly more percentage of non-compliant patients (100%) expressed that they did not develop relapse when they were on regular treatment for sometime, as compared to the patients where the response was 80%.
 - d. Majority of the non-complaint patients (61.54%) were not aware that the Lithium tablet stabilizes the mood. Hence lack of knowledge about the action of Lithium may affect the compliance status
 - e. It was found that 88.4% of non-compliant patients stopped Lithium for sometimes after starting the treatment as they felt better. Whereas only 28.57% did the same in the compliant group. Hence it seems the feeling of wellness after being on Lithium could be a reason for non-compliance. The association between compliance status and feeling of wellness was found to be significant, $\chi^2(1) = 19.20, P < 0.01$.
 - f. Among compliant patients, 80% of them did not forget to take medicine, whereas, 50% of non-compliant patients forgot. Hence it seems forgetfulness may be a factor associated with non-compliance and the association was found to be significant, $\chi^2(1) = 4.81, p < 0.23$.
 - g. Approximately, 42% of non-compliant patients felt taking Lithium regularly as a stigma, while only 8.57% of compliant patients felt the same. So this also may be factor associated with compliance status.
 - h. The data also show that having someone to give medicine on time or monitoring medication may have influence in compliance behaviour.
 - i. One forth of the non-compliant patients expressed that they have problem in swallowing tablets and they did not like taking medicine in the form of tablet, whereas, none of the compliant group found any problem in these areas. Hence it seems taking medicines in the form of tablet is related to compliance status.
 - j. More percentage of non-compliant patients (26.92%) did not know that they had to take Lithium tablet regularly, in comparison to the compliant patients, where the percentage age of response was zero.
 - k. Majority (76.92%) of non-compliant and 48.57% of compliant patients did not know that if they stop Lithium, they would get the illness again. Lack of this vital information may have affected them being irregular in taking Lithium.
 - l. Majority of the non-compliant patients (84-62%) did not know they had to take the tablet even if they were free of symptoms.
 - m. Among the compliant group, 85.7% accepted that they are mentally ill, but 61.54% non-compliant group did not accept that they are mentally ill. Thus it seems lack of insight into their illness may also have some influence on compliant status.
7. In spite of the expressed problem related to the need for spending money for medicine, 94.29% of the compliant patients were taking medicines regularly as prescribed by the doctors.
8. With regard to patient-therapist interaction, 100% of both groups of patients said 'no' to the statements that therapists adequately explained about Lithium treatment and of getting sufficient information about the disease and treatment, though 100% of both compliant and non-compliant patients agreed that the therapists spend sufficient time with them.

CONCLUSION

The compliance group has more knowledge about Lithium therapy than those who are not compliant.

It is one of the responsibilities of nurses, to make the patients and their relatives understand (i) The need for taking Lithium regularly even when the disease →

symptoms subside, (ii) the nature of disease, treatment and schedule, (iii) the side effects and related management, (iv) how to identify the toxicity and seek medical advice.

There are many practical problems experienced by the patients which make him or her non-compliant such as lack of knowledge about medication, forgetfulness, feeling of stigma, lack of insight into their illness. Nurses can take these areas into consideration while educating patients about Lithium therapy so that it may lead to better compliance and prevention of relapse.

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