Assessing the Knowledge and Attitude of Family Members of Psychotic Patients regarding Drug Compliance and its Relationship with the Selected Factors in a Selected hospital of Delhi

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Abstract

A study was conducted to assess the knowledge and attitude of family members of the psychotic patients regarding drug compliance and its relationship with the selected factors in selected hospital of Delhi. The conceptual framework adopted for the study was based on system model. Descriptive survey approach was adopted; convenient sampling was used for selecting the hospital and purposive sampling technique was used to select a sample of 100 family members of psychotic patients. The tool developed and used for data collection was structured interview schedule and a likert type attitude scale. It was found that in majority of the family members of psychotic patients had good level of knowledge. There was significant relationship between knowledge and demographic factors in educational qualification and no significant relation between knowledge and selected factors like age, sex, religion, occupation, marital status, monthly income and duration of illness. There was significant relationship between attitude and demographic factors in educational qualification and no significant relationship between attitude and selected factors like age, sex, religion, occupation, marital status, monthly income and duration of illness.

Mental illness is an age-old problem of mankind, recorded in the old literature all over the world. Historically mental illness was regarded as demonic possession, the influence of ancestral spirits, and the result of violating a taboo or neglecting a cultural ritual leading to spiritual condemnation. A mention of mental illness has been made in Bible where king Soul during the 4th century BC was suffering from abnormal irritability, great suspiciousness and uncontrollable impulses following some disturbed behavior early in life.

Antipsychotics are the group of drugs used in the treatment of psychosis and psychotic symptoms. The drugs that are used to treat psychosis are of two types: typical or conventional antipsychotics and atypical or newer antipsychotics. The general principle is that the more the patient understands about his or her illness and the reason that the medications have been chosen to treat the illness, the more compliant the patient will be. Failure to devote adequate time to patient information and instruction prior to the prescription of a medication may result in poor compliance, leading to the requirement, at a later stage, of extensive professional time and effort (Talbott, Etalles & Yodofsky, 2000).

Providing care to the patient with mental illness is an exhausting task for family members. They are people who always are with the patient and their roles are very important. Many a time the immediate blood relatives or those who care for these patients are unaware of the importance of continuing medications. They are also ignorant about the side effects of these medications and importance of follow-up. Failure to take prescribed medications is thought to be the biggest cause of subsequent relapse, and this fact must be made absolutely explicit. The patient's family members may be helpful in promoting long-term medication compliance if they are fully informed (Brooking, Ritter & Thomas, 2002)

Objectives

The study sought to: assess the (a) level of knowledge and (b) attitudes among the family members of psychotic patients regarding drug compliance; seek the relationship between the knowledge and attitude of family members of the psychotic patients regarding drug compliance and find out the association be-

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tween (a) knowledge and (b) attitudes of the family members of psychotic patients regarding drug compliance with selected demographic factors.

Review of Literature

Literature related to psychotic disorders, drug compliance and knowledge and attitude of the family members regarding drug compliance was reviewed.

According to Dr Zillur Rohman Khan Ratan (Oct. 2010), mental health is a neglected issue in our country, as in many other developing countries, because of the negative attitude and lack of awareness of mental illness. WHO incorporates mental aspects as integral part of Health. It is about half a century since mental health gradually became an essential component of Health. Patients suffering from mental illness were often stigmatized. He pleaded for creating awareness among people about mental health and mental illnesses.

Warden SR (2003) stated that a substantial proportion of psychiatric and non-psychiatric chronic illnesses fail to take medication as prescribed. Many studies suggest that 50 percent or more of individuals with psychotic disorders are non-compliant, taking only a portion of their prescribed medication. Non-compliance is a major factor contributing to relapse in psychotic patients. Other reasons contributing to non-compliance include medication side-effects, the severity of psychotic symptoms, impaired cognition and an inadequate understanding of the role of medication for preventing relapse. In addition both patients and clinicians overestimate patient compliance.

Table 1: Distribution of family members of psychotic patients by their demographic characteristics (n=100)

S.No.	Demographic characteristics	Category	Frequency	Percentage (%)
1	Age	21-30 years 31-40 years 41-50 years 51-60 years	43 23 16 18	43 23 16 18
2	Sex	Male Female	48 52	48 52
3	Religion	Hindu Muslim	83 17	83 17
4	Educational qualification	No Basic Education Below class 5 Class 5 to 10 Senior Secondary Graduate Post Graduate	13 12 23 13 34 5	13 12 23 13 34 5
5	Occupation	Service Business/Self Employed Labourer Unemployed/House wife	38 35 10 17	38 35 10 17
6	Monthly Income (Rs.)	< 5,000 5,000-10,000 10,001-15,000 > 15,000	15 49 29 7	15 49 29 7
7	Marital status	Single Married Widowed	20 70 10	20 70 10
8	Duration of illness	< 1 year 1-3 years 3-5 years >5 years	31 31 16 22	31 31 16 22

William AB (2006) observed that non-compliance is common across all populations. The percentage of patients who fail to administer as prescribed is somewhere between 20 to 80 percent.

Dettann L, et al (2004) conducted a study on knowledge and attitudes of mother towards the illness of their child prior to psychiatric treatment and towards start of treatment. About 57 percent of the mothers did not think that their child suffered from a psychotic disorder and believed that this disorder was caused by use of street drugs. About a third of the mothers thought that the reluctance of patient to acknowledge that they needed help was the major obstacle in initiating the psychiatric treatment. More than half of mothers perceived factors related to delivery of professional care as problem in initiating treatment. Mothers emphasised that a more active approach by professional caregiver could reduce treatment delay.

Methods and Materials

The conceptual framework of the study is based on System Model, a guide for development, utilisation and evaluation. This model consists of 3 phases: Input, Process, Output. Research design adopted for the study was descriptive co-relational design. The study was conducted at Guru Teg Bahadur Hospital, Delhi. The population consisted of family members of psychotic patients under the age group of 20-60 years. The sample consisted of 100 family members of psychotic patients. Convenient sampling was used for selecting the hospital and purposive sampling technique was used to select a sample of 100.

Criteria for sample selection: Family members of psychotic patient aged 20-60 years who were available during the time of data collection, willing to participate in the study and who can understand Hindi or English.

Study tool: The tool consisted of three sections:

Section I: Demographic data of the subjects such as relationship with the patient, age, sex, religion, educational qualification, occupation, marital status, monthly income, duration of illness.

Table 2: Distribution of knowledge score among family members of psychotic patients (n=100)

S.No.	Levels of knowledge	Scores	Frequency	Percentage (%)
1.	Good	18-25	70	70
2.	Fair	9-17	30	30
3.	Poor	1-8	0	0

Table 3: Distribution of attitude score of family members of psychotic patients regarding drug compliance (n=100)

Category	Mean range	Frequency	Percentage	Mean of attitude score
Favourable attitude	Above mean	72	72%	59.65
Unfavourable attitude	Below mean	28	28%	

Section II: Structured knowledge interview schedule consisted of total 25 knowledge items, designed to assess the knowledge of the family members of psychotic patients regarding drug compliance. Score interpretation: 18-25: Good Knowledge, 9-17: Fair Knowledge, 1-8: Poor Knowledge

Section III: Assessment of attitude was done by the 5-point Likert scale which has 15 items.

Scoring key- Each item has five answers: strongly agree, agree, undecided, disagree, and strongly disagree. The range of score on the attitude scale lies between 15-75.

Score interpretation: Above mean - favourable attitude; Below mean - unfavourable attitude.

Results

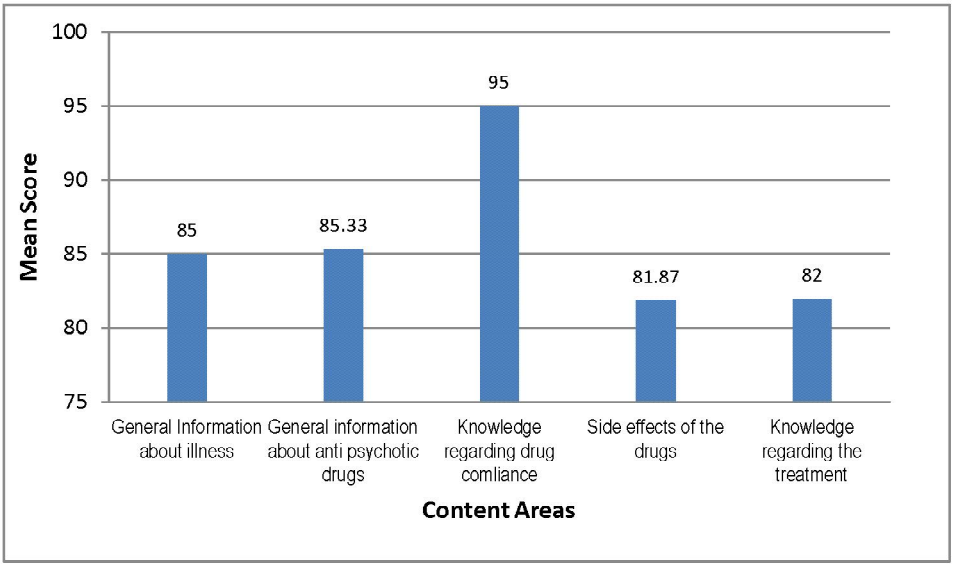
Table 1 shows that majority of the family members i.e. 43 (43%) belonged to the age group 21-30 years. Out of 100 family members 52 (52%) were females while only 48 (48%) were male. Majority i.e. 83 (83%) were Hindu. Majority of the subjects (n=34) had attained Graduation (34%). The distribution according to the occupation of the family members show that majority of family members i.e. 38 (38%) were in service. Monthly income of the family members denoted that 49 (49%) belonged to the group of per capita income of Rs 5001-10000. Majority of the family members 70 (70%) were married. The distribution regarding the duration of illness shows that an equal number (31 each) of the patients have duration of illness i.e. of < 1 year and 1-3 years (31%).

Table 2 shows that most of the family members i.e. 70 percent had good level of knowledge score and 30 percent had fair level of knowledge regarding drug compliance. Distribution of Knowledge score of 100 family members showed range of score from 14-24 with mean 21.1, median 23 and standard deviation was 3.17. In Figure 1, area wise knowledge score shows that rank order is highest in area of knowledge regarding drug compliance and lowest in the area of side-effects of drugs.

Table 3 shows range score from 54-66 with mean 59.65, median 59 and standard deviation was 2.87. This indicated that family members had more favourable attitude regarding drug compliance i.e maximum 72 (72%) had favourable attitude towards drug compliance and only 28 (28%) had unfavourable towards drug compliance.

Chi square values obtained to seek the association between level of knowledge of the family members and selected demographic factors showed that there is significant relationship between knowledge and selected factor like educational qualification. There is no significant relationship between knowledge and selected factors like age, sex, religion, occupation, marital status, monthly income and duration of illness.

Fig 1: Knowledge score and knowledge of mothers regarding drug compliance



Chi square values obtained to seek the association between attitude of the family members and selected demographic factors showed significant relationship between attitude and selected factor like educational qualification. There is no significant relationship between knowledge and selected factors like age, sex, religion, occupation, marital status, monthly income and duration of illness.

Discussion

The present study showed that family members with good edu-

cational qualification experienced good level of knowledge and favourable attitude regarding drug compliance and others experienced fair as well as poor level of knowledge and no favourable attitude regarding drug compliance.

Similar study conducted by Warden SR (2003) suggests that 50 percent or more of individuals with psychotic disorders are non-compliant, taking only a portion of their prescribed medication. Non-compliance is probably the most important element contributing to relapse in psychotic patients.

The present study shows that negative knowledge and attitude of the family members of psychotic patients regarding drug compliance results in non-compliance in the psychotic patients. Similar results were reported by Redenbacher MA, et al (2004) that Knowledgeable Carers were able to reduce non-compliance by enhancing the patients' knowledge about the illness and antipsychotic medication and by carrying out regular benefit/risk discussions concerning the treatment plan, thereby improving the patients' attitude towards pharmacological treatment.

Dettann L, et al (2004) found that parents especially mothers, have a critical role in initiating psychiatric treatment for their child with first episode of psychosis. Knowledge and attitudes of mother towards psychiatric treatment and towards start of treatment is essential for the development of interventions for reducing duration of untreated psychosis.

The findings on the knowledge and attitude of family members showed that the knowledge of the family members of psychotic patients had range score 14-24, mean score 21.1, median score 23 and standard deviation 3.17 and attitude of the family members of the psychotic patients had range score 54-66, mean score 59.65, median score 60 and standard deviation 2.87. These revealed that there is a positive relationship between the knowledge and attitude score of the family members of psychotic patients regarding drug compliance. Further, there is a significant relationship between knowledge and attitude with demographic factor like educational qualification.

Conclusion

There is significant positive correlation (0.45) between the knowledge score and attitude score of the family members of psychotic patients regarding drug compliance at 0.05 level of significance; significant relationship between knowledge score and selected demographic variable like educational qualification. Thus, the knowledge of the family members of psychotic patients in terms of drug compliance is dependent on educational qualification. Also, there is significant relationship between attitude score and selected demographic variable like educational qualification. Thus, the attitude of the family members of psychotic patients in terms of drug compliance is dependent on educational qualification.

Implications

Nursing personnel working in psychiatric units should be equipped with the knowledge and skills and must possess a positive attitude regarding antipsychotic drugs and their compliance which will enable them to deal with the psychotic patients and their family members so as to enhance their knowledge and improving their attitude regarding drug compliance.

As the revised curriculum of basic Nursing education is based on preventive and promotive aspects of health hence the students must learn identifying the risk group, history taking with regard to non-compliance, early diagnosis, prevention and management of psychotic patient's poor compliance.

The nursing administrators should encourage the nursing staff to be alert to detect poor compliance while caring for the patients in hospital as well as in community.

There is a need for extended and intensive research in the area of educating the family members of psychotic patient's about mental illness and managing their mentally ill patients at home to promote recovery from illness and prevent relapse.

Recommendations

Similar study can be replicated on larger samples, to validate the findings and make generalization; similar study can be done with pre-test post-test control group design. A study can be conducted to assess the problems faced by the family members in adhering to the treatment regimen. A comparative study can be done to evaluate the effectiveness of the PTP and teaching strategies like information booklet.

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