



Attitudes toward antipsychotic medications as a useful feature in exploring medication non-adherence in schizophrenia

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ABSTRACT

Objective: To investigate the interest in the attitudes toward antipsychotic medication in exploring medication non-adherence.

Methods: Schizophrenic patients (N = 120) completed the Beliefs about Medicines Questionnaire and measures of medication adherence, and clinical outcomes. Comparison between four attitudinal groups and logistic regressions were performed.

Results: High level of adherence varied significantly between attitudinal groups (Accepting, 70%; Indifferent, 63%; Ambivalent, 50%; Sceptical, 14%; $p < 0.001$). Poor insight and psychic side effects were the most significant predictors of negative beliefs.

Conclusion: The attitudinal groups approach could facilitate the identification of patients with non-adherence and determine individual targets of interventions to improve negative beliefs.

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1. Introduction

Partial or complete non-adherence is frequent in schizophrenic patients (Acosta et al., 2012) and associated with poor clinical outcomes (Novick et al., 2010). If the causes of non-adherence are multifactorial, the negative attitudes toward antipsychotic medications represent an important factor associated with non-adherence (Llorca, 2008; Rüschi et al., 2009; Yalcin-Siedentopf et al., 2015).

To improve the understanding of non-adherence to medication, Horne et al. (1999) developed the Beliefs about Medicines Questionnaire (BMQ) on the basis of social cognitive models. The BMQ distinguishes specific patients' beliefs about medication into two dimensions: the perceived need for medication (Necessity scale) and the perceived potential concerns about the adverse events of medication (Concerns scale). The level of adherence is given by the balance between these two dimensions, also named the "Necessity-Concerns Framework". A promising categorical approach determining four attitudinal groups (Accepting, Indifferent, Ambivalent, Sceptical) to explore non-adherence has not yet been applied in schizophrenic patients. Its application in clinical practice could help the clinician to give more

appropriate care in a personalized approach toward schizophrenic patients to improve adherence.

We hypothesize that there is a strong association between medication adherence and beliefs about antipsychotic medications, and that the level of patients' adherence can be differentiated by subgroups of schizophrenic patients based on the Necessity-Concerns Framework.

The aims of our study are (i) to confirm that patients with poor adherence have more negative beliefs about antipsychotic medications than patients with high adherence, (ii) to describe the association between medication adherence and attitudinal groups determined by the balance between low/high Necessity and Concerns beliefs, and (iii) to investigate the factors associated with negative beliefs.

2. Materials and methods

2.1. Participants

Patients were recruited consecutively at two different French mental health hospital sites (University Hospital of Clermont-Ferrand and Psychiatric Hospital Sainte-Marie) during a six-month period. Eligible participants were adult patients, aged 18 or older, treated by antipsychotic medication with a DSM-IV diagnosis of schizophrenia. There was one exclusion criterion: the inability to understand or complete the self-administered questionnaires. Written informed consent was obtained

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from all participants before starting the study. The study was approved by the Institutional Review Board (CECIC Rhône-Alpes-Auvergne, Grenoble) and was conducted in accordance with the Helsinki Declaration as revised in 1989.

2.2. Measures

The following data were collected:

1. Socio-demographic information: age, gender, marital status, educational level, employment status.
2. Clinical outcomes: duration of illness; number of hospitalizations; duration of current antipsychotic treatment; total duration of treatment; number of medications/day; antipsychotic medication; psychopathology using the Positive and Negative Syndrome Scale (PANSS; Kay et al., 1987); insight using the 3 dimensions of the Scale to Assess Unawareness of Mental Disorders (SUMD; Amador et al., 1993) in which higher scores indicate poorer insight; antipsychotic adverse effects using the Liverpool University Neuroleptic Side Effect Rating Scale (LUNSER; Day et al., 1995), which includes a

checklist of 41 known side effects of antipsychotic medication (extrapyramidal side effects, psychic side effects, anticholinergic side effects, other autonomic, allergic reactions, hormonal side effects and miscellaneous) experienced by a patient during the past month; and psychosocial functioning using the Global Assessment of Functioning (GAF) (Hall, 1995).

3. Medication adherence using the 4-item Morisky Medication Adherence Scale (MMAS; Morisky et al., 1986). This scale consists of 4 yes/no questions, scored 1 and 0, respectively. The MMAS generates a total adherence score ranging from 0 to 4, with 0 indicating high adherence, 1–2 medium adherence and 3–4 low adherence to medication use.
4. Attitudes toward medication using the BMQ, specific version (BMQ-Specific; Horne et al., 1999). The BMQ-Specific is a 10-item self-questionnaire comprising 2 scales: a 5-item Necessity scale that assesses beliefs about the necessity of the prescribed antipsychotic medication and a 5-item Concerns scale that assesses concerns about potential adverse effects of antipsychotic medication. Each item is rated on a 5-point Likert scale (1 = “strongly disagree” to 5 = “strongly agree”). Patients can be dichotomized at the midpoint score of each

Table 1
Sociodemographic, clinical and functional characteristics of patients with medium/low adherence and high adherence.

	Total (N = 120)	Medium/low adherence (n = 58)	High adherence (n = 62)	p-Value
Age, years, mean ± SD	35.5 (9.8)	35.4 (10.8)	35.7 (8.8)	0.866
Gender, n (%)				
Males	80 (66.7)	35 (43.8)	45 (56.3)	0.155
Females	40 (33.3)	23 (57.5)	17 (42.5)	
Marital status, n (%)				
Single	98 (81.7)	48 (49.0)	50 (51.0)	0.765
Married or living with a partner	15 (12.5)	7 (46.7)	8 (53.3)	1.000
Other (divorced, separated, widowed)	7 (5.8)	3 (42.9)	4 (57.1)	1.000
Educational level, n (%) ^a				
Primary	48 (43.6)	24 (50.0)	24 (50.0)	0.867
Secondary	30 (27.3)	12 (40.0)	18 (60.0)	0.243
Higher	32 (29.1)	18 (56.3)	14 (43.7)	0.336
Employment status, employed, n (%) ^a				
Employed	26 (21.8)	9 (34.6)	17 (65.4)	0.125
Non-employed	93 (78.2)	48 (51.6)	45 (48.4)	
Hospitalization status, n (%)				
Inpatient	29 (24.2)	18 (62.1)	11 (37.9)	0.224
Outpatient	91 (75.8)	40 (43.9)	51 (56.0)	
Duration of illness, years, mean ± SD	11.5 (7.4)	11.6 (7.5)	11.4 (7.4)	0.849
Number of hospitalizations, mean ± SD	6.7 (7.3)	7.8 (8.3)	5.7 (6.0)	0.113
Duration of current AP, months, mean ± SD	39.5 (45.4)	33.8 (41.6)	44.2 (48.1)	0.228
Duration of treatment, months, mean ± SD	113.7 (76.3)	115.0 (80.1)	112.7 (73.9)	0.885
Number of medications/day, mean ± SD	2.0 (1.1)	2.3 (1.1)	1.7 (1.0)	0.002
Medication, n (%) ^a				
First-generation AP	15 (12.6)	10 (66.7)	5 (33.3)	0.167
Second-generation AP	85 (71.4)	40 (47.1)	45 (52.9)	0.772
First- and second-generation AP	19 (16.0)	7 (36.8)	12 (63.2)	0.327
Beliefs about Medicines (BMQ), mean ± SD				
Necessity	18.7 (5.1)	16.9 (5.5)	20.4 (4.1)	<0.001
Concerns	15.3 (4.5)	16.9 (3.9)	13.8 (4.4)	<0.001
Necessity-concerns differential	3.4 (7.8)	−0.1 (7.7)	6.6 (6.5)	<0.001
Psychopathology (PANSS), mean ± SD				
Total	68.1 (15.4)	73.6 (14.5)	62.8 (14.5)	<0.001
Positive	9.1 (3.8)	10.0 (3.8)	8.3 (3.7)	0.012
Negative	15.6 (5.3)	16.4 (5.2)	14.8 (5.2)	0.094
Cognitive	8.1 (2.6)	8.7 (2.4)	7.5 (2.6)	0.011
Excitation	6.1 (2.8)	7.0 (2.9)	5.3 (2.3)	0.001
Depression	7.0 (2.6)	7.5 (2.5)	6.5 (2.5)	0.026
Insight (SUMD), mean ± SD				
Illness	2.4 (1.3)	2.9 (1.3)	1.8 (1.0)	<0.001
Treatment	2.0 (1.2)	2.5 (1.2)	1.6 (1.0)	<0.001
Social consequences	2.5 (1.3)	2.9 (1.2)	2.1 (1.2)	0.001
Psychosocial functioning (GAF), mean ± SD	54.1 (15.8)	48.4 (12.8)	59.5 (16.5)	<0.001

Cut-off for medium/low adherence: Morisky Medication Adherence Questionnaire total score > 0.

Values are given as mean ± SD or as n (%) of patients. Bold values are p < 0.05.

Abbreviations. AP antipsychotic; BMQ Beliefs about Medicines Questionnaire; SD standard deviation; GAF Global Assessment Functioning; PANSS Positive and Negative Syndrome Scale; SUMD Scale to Assess Unawareness of Mental Disorders.

^a A few patients had missing data for these variables Group comparisons performed with independent *t*-test, chi-square test or Fisher's exact test as appropriate.

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