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A narrative meta-synthesis of how people with schizophrenia experience facilitators and barriers in using antipsychotic medication – Implications for healthcare professionals

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ABSTRACT

Background: It is recognized that people who are diagnosed with schizophrenia often do not fully adhere with their antipsychotic prescription. The vast majority of previous research on the topic of medical adherence is limited to quantitative research methods, and in particular, to determining correlations.
Objectives: The present review was designed to describe how people who are diagnosed with schizophrenia experience and narrate pharmacological treatment with antipsychotic medication.
Design: A narrative meta-synthesis.
Data sources/review method: A search was conducted in three databases, PubMed, CINAHL and PsycINFO, to identify qualitative original research. Nine articles met the criteria for inclusion and were subjected to a qualitative interpretive meta-synthesis.
Results: The findings showed that patients were uninformed about medication but valued talks about medication with professionals. The findings also demonstrated that patients are motivated to take medication in order to gain stability in their life and to be able to participate in life activities and in relationships. Good support, both from relatives and professionals, also motivates them to continue taking medication. The obstacles were side-effects, pressure and compulsion, and rigid organizations.
Conclusions: We advise professionals to adopt a person-centered approach to healthcare when encountering these patients and to transform the language used to describe patients from terms denoting compliance and adherence to terms denoting cooperation and alliance. Labeling patients as compliant or non-adherent may risk fortifying preconception of patients as static beings and obscure the patients' individual recovery process.

What is already known about the topic?

- The prevalence of medication non-adherence among patients with schizophrenia is high.
- Positive attitudes to medication and insight into the illness are associated with improved adherence.

What this paper adds

- This review considers that patients are uninformed about medication but valued talks about medication with professionals.
- This review considers that side-effects and pressure, as well as compulsion from healthcare providers and family, obstruct the patients' motivation to take antipsychotic medication.
- This review considers that patients are motivated to continue with antipsychotic medication by the benefit of gaining mental stability and being able to participate in life activities and maintain social relations.

1. Introduction

Antipsychotic agents are a class of medication developed to reduce psychotic symptoms in primarily schizophrenia and bipolar disorder. Both generation I (typical) and generation II (atypical) type of antipsychotics block dopamine receptors, but atypical type also acts on serotonin receptors (Casey, 1999). It is now well established, from a variety of studies, that patients with schizophrenia often do not fully adhere to their antipsychotic prescription (Hamann et al., 2014; Rummel-Kluge et al., 2008); and it has been confirmed that there are no differences in adherence between typical and atypical antipsychotics

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(Voruganti et al., 2008). A cross-sectional survey reported that 26.5% of the patients were non-adherent (Eticha et al., 2015). However, another study reported that as many as 68.8% were non-adherent, and also that being a female patient and having a high level of education were associated with adherence (Sultan et al., 2016). The most important factors among patients with a schizophrenia spectrum disorder that demonstrate non-adherence to antipsychotic medication are substance abuse (Jónsdóttir et al., 2013; Misdrahi et al., 2012), relapse (Morken et al., 2008), poor insight (Velligan et al., 2017; Hui et al., 2016), younger age (Lang et al., 2010), side-effects (Hui et al., 2016), psychic side effects (Samalin et al., 2016), low socioeconomic status (Ahmad et al., 2017) and poor therapeutic alliance (García et al., 2016). In response to the body of knowledge that is presented about factors associated with non-adherence, there is a growing body of research that has also investigated factors that are associated with medication adherence. Based on their review of interventions that improve medication adherence among patients with schizophrenia, Zygmunt et al. (2002), concluded that concrete problem solving or motivational techniques were common features among successful intervention programs. A more recently published review found that positive attitudes to medication and insight into the illness were the only two factors that were associated with improved adherence (Sendt et al., 2015). Furthermore, a randomized control trial reported that adherence therapy significantly improved satisfaction with medication (Maneesakorn et al., 2007). In another study, 72 patients were assessed according to adherence. Findings from that study showed that insight, therapeutic alliance and lower levels of perceived trauma from psychiatric treatment were correlated with better adherence (Tessier et al., 2017).

Several studies have recognized the importance of establishing a therapeutic and trusting relationship with the patients (Misdrahi et al., 2012; McCabe et al., 2012). Research in nursing specifically addresses these interpersonal aspects in care and often adopts the subjective experience of the patient as a human being (Campbell et al., 2005; Hagerty and Patusky, 2003; Morse, 1991; Priebe et al., 2017; Salzmann-Erikson and Söderqvist, 2017). These values in nursing are highly prominent in the person-centered approach and are also described as forming one of the core competencies for nurses (Freeth, 2007a; Greiner and Knebel, 2003; McCance and McCormack, 2017). As regards theory development in psychiatric and mental health nursing, the Tidal model was developed in Great Britain at the beginning of the Millennium (Barker, 2001a,c; Barker and Buchanan-Barker, 2010); it focuses on the nurse's responsibility and opportunities for helping a patient out of a crisis in the direction the patient desires (Buchanan-Barker and Barker, 2005). Furthermore, the model recognizes the patient/person as an expert, being responsive to his/her own subjective needs. Moreover, a key feature of the Tidal model is that care strives for cooperation and alliance, rather than "compliance". Hence, healthcare providers should regard themselves as patient advocates rather than as "experts" whose advice should be followed. Consequently, this perspective also transforms the role of nurses from caring *for* to caring *with*.

The reviewed literature in this introductory section was mainly based upon quantitative research. Far too little attention has been paid to the perspective of the patients' subjective experience, that is, how people experience medication with antipsychotics. Hence, the aim of this review is to describe how people who are diagnosed with schizophrenia experience and narrate pharmacological treatment with antipsychotic medication. Three research questions guided this review: (I) What are the experiences resulting from pharmacological treatment with antipsychotic medication? (II) What are the narrated motivations for continuing medication? (III) What are the narrated obstacles to continuing medication?

2. Methods

In order to address the aim of this review, original research was synthesized regarding narratives concerning people's subjective experiences of pharmacological treatment with antipsychotic medication. The purpose of a narrative synthesis is to merge results from several investigations within a specific topic. When results are merged in this way, new and more abstract themes emerge, thus resulting in new insights into the phenomenon (Polit and Beck, 2012). For this review, we used the method of Evans (2003), which is a four-stage process: (1) Gathering the sample, (2) Identifying the key findings, (3) Categorizing themes across studies, and (4) Describing the phenomena.

2.1. Data collection

In the first step, in accordance with Evans (Evans, 2003), we established criteria for inclusion: a) original studies, b) use qualitative methods, c) published between 2002 and 2016, d) written in English, e) include patients diagnosed with schizophrenia or schizophrenia-like conditions, f) written from a patient's perspective or have part of the study based on a patient's perspective, and g) scored as high or medium quality according to the quality assessment. The time frame was set to include the past 15 years. No specific criteria for exclusion were set. Next, we consulted the librarian at the university to discuss relevant keywords and databases. Evans (2003) do not specifically provide guidance how to develop strategies for literature searches, therefore we used literature (Polit and Beck, 2012; Booth, 2016; Saimbert et al., 2012) to identify the most appropriate databases in relation to our research purpose. Three databases were purposefully chosen based on their orientation, large contain of citations and relevance concerning the purpose of the review: PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycINFO. We built a search architecture that entailed three heterogeneous exposures. Within each exposure, we tried to find keywords that were similar to each other; thus gaining internal homogeneity. Medical Subject Heading (MeSH) terms were used in PubMed; CINAHL headings were used in CINAHL and Thesaurus was used in PsycINFO. Exposure A comprised keywords that were about the subjective experience; such as "Patients satisfaction"; "Medical adherence" and similar such terms. Exposure B was about medication; and examples of keywords were "Antipsychotic Agents" and "Neuroleptic drugs". Finally; Exposure C was about diagnosis; and keywords such as "Schizophrenia" and "Psychotic Disorders" were used. Within each exposure; the Boolean term OR was used to broaden the search. After that; we used the Boolean term AND to combine all exposures; thus narrowing the results. Table 1 shows the complete search strategy for all three databases. We found 45 articles in PubMed; 123 in CINAHL and 103 in PsycINFO; a total of 271 articles. Because the number of articles was less than 300; a decision was made to not separate the title review and the abstract review; because exclusion of an article based on title review means running the risk of missing important articles. Hence; all the titles and abstracts were read for all articles. Of these; nine articles were relevant and reviewed in-depth. The articles were read separately from each other; and thereafter; both authors agreed that they should be included in the quality assessment. In an attempt to find additional studies; the reference lists of the nine included articles were scanned; but no additional articles were considered relevant for inclusion.

2.2. Quality assessment

To assess the quality of the chosen articles, a screening template specifically designed for qualitative studies was used. The template comprised 25 questions that reviewed the purpose, method, result, credibility, clinical relevance and ethical reasoning. Some examples of the 25 questions were: "Does the introduction logically lead to the study's objective?" "Is the study's purpose clearly formulated?" "Are the criteria for inclusion described?" "Are the results credibly described?" The template has not been tested for reliability or validity, but has been used in another review (Salzmann-Erikson and Dahlén, 2017). The answers were expressed as a Yes (=1 point) or a No (=0 points). The