International Journal of Africa Nursing Sciences 8 (2018) 149–153

Contents lists available at ScienceDirect

International Journal of Africa Nursing Sciences

journal homepage: www.elsevier.com/locate/ijans

Socio-demographic and clinical factors associated with relapse in mental illness

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ARTICLE INFO

Keywords:
Relapse
Readmission
Clinical factors
Socio-demographic factors
Drug compliance

ABSTRACT

Purpose: Relapse in mental illness is an issue of concern to both the patients and caregivers. This study primarily focused on determining the rate of relapse and identifying the socio-demographic and clinical factors associated with relapse.

Method: A 5 year retrospective study was done involving 219 clients admitted into a mental health care facility in Nigeria. A proforma was designed to collect data on the socio-demographic and clinical variables from the client's case notes after obtaining ethical clearance. Data was fed into SPSS version 16 and analysed using univariate and bivariate statistic.

Findings: Multiple logistic regression was performed to ascertain the effect of age at onset of illness, living arrangement, family background, social class, index employment status, educational status, duration of illness and drug compliance on the likelihood of relapse in mental illness. The model was statistically significant, X^2 (24) = 69.52, p < .0005, explained 36.7% (Nagelkerke R^2) of the variance in relapse and correctly classified 74% of the cases. Those with duration of illness greater than five years were 3.43 times more likely to relapse than those with lesser years. Lower age of onset predicts 2.76 times more likelihood of relapse but being employed at the onset of the illness and compliance reduces the likelihood of relapse.

Conclusion: This study concluded that socio-demographic and clinical factors were significantly associated with relapse. Addressing these will help achieve sustainable development goals for this population of patients.

1. Introduction

Relapse can be expressed as a step of regression from a particular level of stability (Austin & Boyd, 2008). Among the mentally-ill individuals, relapse refers to a return of symptoms after a period of improvement or recovery (Chaurotia, Verma, & Baniya, 2016), this occurring within the current episode of the condition as different from recurrence which refers to a new episode of the illness. Relapse may also be expressed in terms of functionality and need for greater intervention (Rickwood, 2006). It is particularly significant in mental health due to the relevance of mental stability in holistic health (WHO, 2013), thus relapse is an issue of global concern (WHO, 2008).

Mental illness constitutes the highest burden of disease in the world with relapse being one of the most pertinent barriers to recovery and rehabilitation (WHO, 2008). In spite of the availability of various treatment modalities, relapse rate among the mentally-ill is relatively high, reports among those with schizophrenia has put relapse rate between 50% and 92% (Kazadi, Moosa, & Jeenah, 2008; Suzuki, Yasumura, Fukao, & Otani, 2003; Thiam, Toure, & Gueye, 2002). The effect of such a high relapse rate is increased economic burden (Capdevielle, Boulenger, Villebram, & Ritchie, 2009; Gbiri, Badru, Ladapo, & Gbiri, 2011), high morbidity, high readmission rate and a high burden on the health care system and community services (Almond, Knapp, Francois, Toumi, & Brugha, 2004; Capdevielle et al., 2009). Also, it increases the tendency for stigmatization of patients, thereby reducing their chances of being reintegrated into the society (Fikreyesus, Feyissa, & Soboka, 2016). Apart from these, relapse also leads to increase disability among the mentally-ill (Gbiri et al., 2011) and increases the risk of future episodes (Fikreyesus et al., 2016).

Factors associated with relapse include co-morbidity, poor treatment compliance, substance use, stressful life events, medication side effect, living alone, poor socioeconomic status, poor social support, delay in seeking care (Fikreyesus et al., 2016; Kazadi et al., 2008; Owens, Johnstone, Miller, Macmillan, & Crow, 2010). Other studies

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https://doi.org/10.1016/j.ijans.2018.05.007
Received 30 November 2017; Received in revised form 27 April 2018; Accepted 16 May 2018
Available online 17 May 2018

have reported lack of home visits, the stigma attached to mental illness, side effects of psychotropic drugs, and unavailability of psychotropic drugs (Nosipho D., 2009). Nigeria being one of the countries with factors, socio-political and economic, that are identified as catalyst to relapse, this study therefore is considered as an emergent area of scholarly engagement because understanding these factors will facilitate development of modalities for the prevention of relapse among this group of patients especially in Nigeria.

2. Research methodology

2.1. Research design and setting

This is a 5-year retrospective study conducted in a mental health unit of a southwest Nigeria University Teaching Hospital. The facility provides in-patients and out-patient care to patients with mental illness.

2.2. Target population

The cases selected for the study were patients with a record of mental illness of at least five years duration, age between 18 and 60 years, but without cognitive impairment. A total of 219 patients' record that meet the eligibility criteria was analysed using template developed for data collection. Consecutive sampling technique was adopted for the study.

2.3. Research instruments

A template for data collection was developed based on literature search and information gathered from patients' records. It has four sections: Section A contains patients' demographic data. Section B contains 6 items that elicit data on patients' economic characteristics while Section C contains 20 items that provide data on the social characteristics of the patients. Lastly, section D contains 11 items that assessed the clinical characteristics of the patients.

2.4. Ethical consideration

Ethical approval was sought and obtained from the Ethics and Research Committee of the institution. This study does not pose a risk as much as studies conducted directly with patients, however the confidentiality of patients' information was assured by coding which makes patients untraceable to the information

2.5. Procedure for data collection

Data was collected over a period of one month. The ethical approval was presented at the record unit of the institution. The researcher with the assistance of the record officers gathered patients case notes systematically and assessed them to see if fit for the study. Those that meet the eligibility criteria were then carefully analysed based on the template developed for that purpose.

2.6. Method of data analyses

The data was fed into the statistical packed for Social Sciences (SPSS) version 16 and analysis done using both descriptive and inferential statistics. Statistics adopted include frequency count, percentages, chi square and logistic regression.

3. Results

Table 1 presented the socio-demographic and clinical characteristics of the patients. The age ranged from 19 to 57 years (M = 35 years; ± 8.87). More than half (54.3%) of the patients were males, and 55.3% had secondary education. Majority (68.9%) was single and 60.7% were unemployed at the time of data collection. Schizophrenia (68.5%) top the list of the cases seen over the years and rate of relapse was 41.1%.

Table 1
Socio-demographic/ clinical description of all patients.

Parameters	Frequency (n = 219)	Percentage
Age distribution		
< 25	73	33.3
26–45	117	53.5
> 45	29	13.2
Range:19–57; Mean:35;sd = 8.87		
Sex		
Male	119	54.3
Female	100	45.7
Religion		
Christianity	192	87.7
Islam	27	12.3
Educational Status		
Primary	12	5.4
Secondary	121	55.3
Post-Secondary	86	39.3
Marital Status		
Single	151	68.9
Married	63	28.8
Others	5	2.3
Type of employment		
Unemployed	133	60.7
Privately Employed	17	7.8
Government Employed	41	18.7
Self Employed	28	12.8
Social Class (based on occupation)		
I – Professional	17	7.8
II – Intermediate	18	8.2
III – Skilled	12	5.5
IV – Semi Skilled	11	5.0
V – Unskilled	28	12.8
VI – Unemployed	133	60.7
Diagnosis		
Schizophrenia	150	68.5
Affective disorders Psychoactive	37	16.9
Substance dependence	32	14.6
Readmission		
YES	90	41.1
NO	129	58.9

Table 2 showed the characteristics of patients who relapsed during the period of data collection. The mean age of onset of illness for those who relapsed was 26.9 ± 7.69, majority were males (58.8%) had post-secondary education (51.1%), 47.8% were unemployed while 23.3% were in government employment and 57.8% were single. As regards the social class, 47.8% of those who relapsed were in social class VI (unemployed), 16.7% were class V (unskilled) 13.3% in social class I (professional). Those with illness duration of > 5 years had a higher percentage of relapse (62.2%) as well as those with poor drug compliance (73.3%).

Table 3 is a representation of the association between relapse and socio-demographic/clinical factors. Socio-demographic factors associated with relapse include educational status, index employment status, social class, living arrangement and family background. Level of significance was at 0.05. Clinical factors such as age of illness onset, duration of illness in years and drug compliance are significantly associated with relapse at p value of 0.05.

Multiple logistic regression was performed to ascertain the effect of the above variables on the likelihood of participants having relapse. The model was statistically significant, [X^2 (24) = 69.52, p < .0005], explained 36.7% (Nagelkerke R^2) of the variance in relapse and correctly classified 74% of the cases. Those with duration of illness of greater than five years were 3.43 times more likely to relapse than those