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ORIGINAL ARTICLE

Psychometric properties of the eight-item Morisky Medication Adherence Scale (MMAS-8) in a psychiatric outpatient setting



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KEYWORDS

8-item Morisky Medication Adherence Scale; Psychometric properties; Psychiatric outpatients; Instrumental study

Abstract The eight-item Morisky Medication Adherence Scale (MMAS-8) is a structured self-report measure of medication-taking behavior that has been widely used in various cultures. In Spain, no studies to date have analyzed the psychometric properties of the scale in psychiatric care. The purpose of the present instrumental study was to determine the psychometric properties of the Spanish version of the MMAS-8 in a sample of 967 consecutive psychiatric outpatients. The scale showed adequate construct validity and results pointed to a one-factor solution in which all the items contributed to the final index of adherence. The MMAS-8 exhibited significant correlation coefficients with the 10-item Drug Attitude Inventory, Form C of the Multidimensional Health Locus of Control scale, and the Hong Psychological Reactance Scale. Moreover, the MMAS-8 was able to differentiate between various mental disorder diagnosis groups. The findings of this study suggest that the Spanish version of the MMAS-8 is a reliable and valid measure of medication adherence that can be used in a psychiatric outpatient setting. © 2014 Asociación Española de Psicología Conductual. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

PALABRAS CLAVE

Escala de Adherencia a la Medicación de Morisky-8 ítems; propiedades psicométricas; pacientes psiquiátricos; estudio instrumental

Propiedades psicométricas de la Escala Morisky de Adherencia a los Medicamentos (MMAS-8-ítems) en pacientes psiquiátricos ambulatorios

Resumen La Escala de Adherencia a la Medicación de Morisky-8 ítems (MMAS-8) es una medida auto-informada estructurada de la conducta de toma de la medicación ampliamente utilizada en diferentes culturas. No existen estudios en España que analicen sus propiedades psicométricas en población psiquiátrica. El objetivo de este estudio es determinar las propiedades psicométricas de la versión española de la MMAS-8 en una muestra de 967 pacientes psiquiátricos en régimen ambulatorio. Los resultados mostraron una adecuada validez de constructo, con una

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clara tendencia a una solución monofactorial, donde todos los ítems colaboraron en el índice final de adherencia. MMAS-8 alcanzó correlaciones significativas con el Inventario de Actitudes hacia la Medicación-10 ítems, con la forma C de la Escala Multidimensional de Locus de Control sobre la Salud y la Escala de Reactancia Psicológica. También la MMAS-8 permitió diferenciar el nivel de adherencia entre diferentes trastornos psicopatológicos. Los hallazgos de este estudio indican que la MMAS-8 es una medida fiable y válida para evaluar la adherencia a la medicación y que puede ser utilizada con muestras de pacientes psiquiátricos.

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Non-adherence to well-prescribed psychiatric medications compromises the effectiveness of available treatments and has been associated with poor treatment outcomes such as increased risk of relapse and recurrence as well as higher health-care costs (Geddes, Carney, & Davies, 2003; Velligan et al., 2009, 2010). At present, the extent to which patients follow psychiatric advice is a major concern and an important challenge to the practice of psychiatry. In fact, rates of non-adherence to medication in psychiatric patients range between 28 and 52% in patients with major depressive disorder, 20 and 50% in patients with bipolar disorder, and 20 and 72% in patients with schizophrenia (Julius, Novitsky, & Dubin, 2009).

Currently, there is no 'gold standard' measure of medication adherence, given that all the measures available have their limitations (Osterberg & Blaschke, 2005). Non-adherence can be measured directly or indirectly. Direct methods of assessing medication non-adherence detect the presence of the drug in a patient's body using assays for the drug, drug metabolites, or other markers in urine, blood, or other bodily fluids. However, such methods are rarely used because of their high cost and inability to provide feedback at the point of care (Voils, Hoyle, Thorpe, Maciejewski, & Yancy, 2011). Moreover, their results can be influenced by factors other than adherence such as drug or food interactions, physiological variability, dosing schedules, and the half-life of drugs (Roberts & Turner, 1988; Smith, Psaty, Heckbert, Tracy, & Cornell, 1999). Indirect methods measure medication non-adherence by analyzing behavior. They include electronic drug monitoring, pill counts, pharmacy refills, medical record review, directly observed therapy, clinician assessment, and self-reports. The poor availability and high cost of electronic monitoring of dosing schedules limit the feasibility of this method (Choo et al., 1999). As regards pill counts, prescriptions may be filled some time before needed and patients may not accurately recall the date medications were started; drugs may not be stored in their original containers and/or tablets from other bottles may be added to the new container (Shelly, Vik, & Maxwell, 2005). Although self-reports carry a potential risk of misstatements or response biases, they provide a reasonably accurate estimate of adherence (Osterberg & Blaschke, 2005). Self-reports have the following advantages: they are brief, inexpensive, and applicable in various settings. In addition, they can provide immediate feedback at the point of care and reveal underlying issues that contribute to non-adherence (Voils et al., 2011).

The eight-item Morisky Medication Adherence Scale (MMAS-8) (Morisky, Ang, Krousel-Wood, & Ward, 2008) is a structured self-report measure of medication-taking behavior. It was developed from a previously validated four-item scale (Morisky, Green, & Levine, 1986) and supplemented with additional items addressing the circumstances surrounding adherence behavior. This measure was designed to facilitate the recognition of barriers to and behaviors associated with adherence to chronic medications such as psychiatric drugs. The scale provides information on behaviors related to medication use that may be unintentional (e.g., forgetfulness) or intentional (e.g., not taking medications because of side effects). Besides its authors, other researchers (e.g., Gupta & Goren, 2013) have provided evidence of good psychometric properties of the scale. The MMAS-8 is currently available in 33 languages and is widely used in various types of studies (i.e., Al-Qazaz et al., 2010; Kim et al., 2014; Yan et al., 2014).

The purpose of this study was to explore the psychometric properties of the Spanish version of the eight-item Morisky Medication Adherence Scale (MMAS-8) in a psychiatric outpatient setting. We are aware of the debate about the appropriateness of certain diagnostic labels (Pemberton & Wainwright, 2014; Robles et al., 2014), including proposals for eliminating such labels (Timimi, 2014). In this study, however, we used the major psychiatric diagnosis labels mainly for communication purposes. Specifically, we will examine the internal structure of MMAS-8 (with both exploratory and confirmatory factor analyses). For external evidences, MMAS-8 will be related or contrasted with (i) socio-demographic and contextual variables, usually associated with adherence to treatment (gender, age, educational level, treatment duration, treatment complexity, and psychiatric diagnosis); and (ii) psychological processes (self-efficacy, health locus of control, and psychological reactance). Attitude toward drugs was used a criterion for adherence.

Method

Participants

A final sample of 967 psychiatric patients accepted to participate in this study. Table 1 shows the sample distribution according to the socio-demographic and clinical variables included in the research.

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