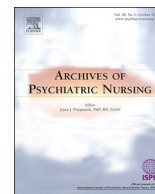




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The Effect of Mindfulness-based Psychoeducation on Insight and Medication Adherence of Schizophrenia Patients

Nurdan Çetin^{a,*}, Rukuye Aylaz^b

^a Department of Mental Health Nursing, 2. Army Altay Military Barracks, Malatya 44280, Turkey

^b Department of Public Health Nursing, School of Health, Inonu University, Malatya 44280, Turkey

ABSTRACT

Purpose: This research was conducted to determine the effect of mindfulness based psychoeducation program on insight and medication adherence of schizophrenia patients.

Materials and methods: The study was conducted in a true experiment design with pre-test and post-test control groups. The study population consisted of 369 schizophrenic patients enrolled in Community Mental Health Centers located in Balıkesir and Eskişehir province centers. The sample consisted of 135 patients, 55 from experimental and 80 from control groups selected by randomized sampling. The data was collected between February and May 2016. The Descriptive Information Form, Beck Cognitive Insight Scale (BCIS) and Medication Adherence Rating Scale (MARS) were used. In the experimental group, the psychoeducation program was applied. Number, percentage, mean, standard deviation, chi-square, t-test in both dependent and independent groups, were used in the analysis of the data.

Results: The mean post-test score of the Beck Cognitive Insight Scale was 4.89 ± 6.05 in the experimental group, 1.68 ± 5.67 in the control group and the difference between the mean scores was statistically significant ($p < 0.05$). The mean post-test score of Medication Adherence Rating Scale was 1.76 ± 0.42 in the experimental group, 1.50 ± 0.50 in the control group and the difference between the mean scores was statistically significant ($p < 0.05$).

Conclusion: It was determined that psychoeducation program was effective in increasing cognitive insight level and medication adherence of patients and can be used by nurses in addition to medication.

Schizophrenia, which varies in clinical symptoms, its limits and course, is the most common psychiatric disorder in all societies and socio-economic settings (Öztürk & Uluşahin, 2008). In the treatment of schizophrenia, medication is necessary but not enough. Psychosocial treatment approaches are used to complement pharmacological treatment (Öztürk & Uluşahin, 2008; Zapata Ospina, Rangel Martinez-Vilalba, & Garcia Valencia, 2015). Today, the main forms of psychosocial treatment approaches used in schizophrenia are cognitive behavioral therapy, psychoeducation, family interventions, social skills training, case management, harmonization programs (Uzun & Battal, 2005; Addington, Piskulic, & Marshall, 2010). One of the psychosocial approaches that have emerged in the treatment of psychotic disorders in recent years is mindfulness-based therapies (Çatak & Ögel, 2010). In terms of schools of psychotherapy, mindfulness-based therapies are considered in the context of cognitive and behavioral therapies and these therapies can be used for many psychological problems such as depression, psychosis, eating disorders and anxiety disorders (Çatak & Ögel, 2010).

Mindfulness was first used by John Kabat-Zinn as a method in psychotherapy practice. Mindfulness is a mental practice based on the observation of emotions and thoughts, focusing on the present moment. In its simplest form, attention is focused on the present without any judgment (Kabat-Zinn, 2003; Ögel, 2015). Kabat-Zinn has listed seven basic attitudes about mindfulness. These are, not to be judgmental, to be patient, to trust, to be willing to see everything as if it is the first time (beginner mind), not to be greedy, to accept as if it were and letting go. These attitudes form the basis of meditation techniques used in mindfulness-based therapies (Kabat-Zinn, 2009; Özyeşil, 2011). The most popular method of mindfulness-based therapies is the Mindfulness Based Stress Reduction program. This program was developed by Kabat-Zinn. The program is held for 8–10 weeks. During this time, clients are taught various meditation techniques such as body scan meditation, sitting meditation, respiration and breath meditation. It is also expected that students will be able to practice what they have learned in their everyday life by giving them homework (CD, audio recorders and booklets) throughout the entire program. In all mindfulness

* Corresponding author.

E-mail addresses: nrdnctn3066@hotmail.com (N. Çetin), rukuye.aylaz@inonu.edu.tr (R. Aylaz).

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exercises, participants are asked to give their attention to the present moment, to observe all the thoughts, emotions and sensations that are happening in their minds from outside, to recognize them but not to get lost in those thoughts and feelings (Ögel, 2015).

Psychosocial interventions in addition to medication in the treatment of mental disorders increase the efficacy of treatment (Yıldız et al., 2002). Psychoeducation is a process used in the treatment of mental disorder and is an integral part of medication in schizophrenia. It can be structured as an individual or group, and can be applied as a continuous training according to the needs of patients and their relatives. In psychoeducation, it is generally aimed at improving the internal vision by informing about the disease, changing the false beliefs and attitudes, recognizing early symptoms, improving medication adherence, preparing individuals and families against stressful life events, improving coping skills and increasing social functioning (Alataş, Kurt, Tüzün Alataş, Bilgiç, & Karatepe, 2007; Wiedemann, Klingberg, Pitschel-Walz, & Psychoedukation, 2003). When the literature has been examined, it has been observed that psychoeducation practices given to schizophrenic patients have positive effects on increasing insight and medication adherence (Xia, Merinder, & Belgamwar, 2011; Chien & Lee, 2013; Chien & Thompson, 2014; VonMaffei, Görge, Kissling, Schreiber, & Rummel-Kluge, 2015).

Although insight is a multi-faceted concept, it can be described in the simplest form as the ability to understand one's own problems and inner world. In literature, insight is defined as clinical and cognitive insight. While clinical insight is defined as the mindfulness of individuals about their diseases and its symptoms and the capacity to understand their problems (Aslan & Altınöz, 2010), cognitive insight is the ability to evaluate distorted thoughts and interpretations and to carry out cognitive reasoning about their consequences (Beck, Baruch, Balter, Steer, & Warman, 2004; Burton, Vella, & Twamley, 2011). When the literature is examined, it is observed in many study that the lack of insight in schizophrenia is very common (Amador, Strauss, Yale, & Gorman, 1991; Amador et al., 1994; Dickerson, Boronow, Ringel, & Parente, 1997; Bayard, Capdevielle, Boulenger, & Raffard, 2009; Umut, Altun, Danişmant, Küçükparlak, & Karamustafaloğlu, 2012; Dikeç & Kutlu, 2014) and more prominent than other mental disorders (Pini, Cassano, Dell'Osso, & Amador, 2001). This situation is an important symptom of schizophrenia, and at the same time is significant measure in the diagnosis of the disease, in evaluation of its course and treatment (Akdoğan & Türküm, 2014; Dankı, Dilbaz, Okay, & Telci, 2007). Moreover, while the relationship between lack of insight and medication adherence has drawn attention in the studies, it was emphasized that lack of insight is one of the main reasons for treatment non-compliance (Ahmad, Khalily, & Hallahan, 2017; Cuffel, Alford, Fischer, & Owen, 1996; Fenton, Blyler, & Heinssen, 1997; Lacro, Dunn, Dolder, Leckband, & Jeste, 2002; Novick et al., 2015; Ramachandran, Ramanathan, Praharaj, Kanradi, & Sharma, 2016). When the literature is examined in this context, it has been reported that there is a close relationship between insight and medication adherence, that medication adherence of patients with good insight is better, and that the relationship between these two concepts affects the treatment outcomes. (Chan et al., 2014; Na et al., 2015; Novick et al., 2015).

Although treatment with medication is a key element in the treatment of schizophrenia, treatment noncompliance is common in schizophrenia. In a study conducted by Chan et al. (2014) on patients in schizophrenia spectrum, treatment noncompliance rate was found as 43.8%. Similarly, studies indicating that approximately 50% of patients with schizophrenia do not regularly use the prescribed medication, are exist (Perkins, 2002; Stephenson et al., 2012; Tel, Doğan, Özkan, & Çoban, 2010; Velligan et al., 2009). There are many factors that affect medication adherence in psychiatric disorders. In particular, the lack of insight of mental disorder and drug side effects considerably impairs medication adherence in mental disorders (Dilbaz, Karamustafaloğlu, Oral, Önder, & Çetin, 2006; Jo'nsdo'ttir et al., 2013; Drake et al., 2015; Novick et al., 2015).

Schizophrenia causes many difficulties in the lives of patients because of the fact that it is a chronic disease that reduces the mindfulness, causes disability, disrupts social harmony by leading the disability and continues with relapses. In general, difficulties experienced by schizophrenic patients are distributed to a wide range of subjects such as low insight, medication adherence problems, substance abuse, self-destructive attempts, stigmatize, loss of social and vocational skills (Babacan, 2006). It is extremely important that psychiatric nurses directly take part in the spiritual and social support of the patient at all these difficulties. According to the European Psychiatric Nurses Turkey Declaration, Health and Psychiatric Nurses are responsible for implementing patient education that improves mental health and well-being and psychoeducational activities associated with illness and healing not just in the clinical setting but in every possible patient setting and within the whole community with the aim of ensure continuity of care. In addition, removal of barriers to medication adherence is one of the most fundamental tasks of psychiatric nurses in order to maximize benefit from drug treatment and prevent recurrence of the disease. At the same time, the American Nurses Association emphasized that psychiatric nurses can use psychoeducation to prevent and treat the mental disorders and to improve mental health (Horatio, 2011; Kneisl, 2004). In this context, psychiatric nurses should take an active role in the elimination of lack of insight and treatment noncompliance which currently pose obstacle in the treatment of schizophrenia. Depending on the needs of the individuals, with the psychoeducation programs which are continuous in the patient environment and everywhere possible, more independent and unhindered lives can be provided to schizophrenic patients by increasing the medication adherence (Babacan, 2006). In addition, it is also important to apply psychoeducation which is one of the advanced roles of psychiatric nursing in the society regularly, in order to make the independent aspect of nursing more visible (Şengün, Altuok, & Üstün, 2011).

As mentioned above, lack of insight and treatment noncompliance in schizophrenia, are the major problems that are common and disrupt the functionality of the individual. For this reason, our main purpose in the study is to increase mindfulness and medication adherence of schizophrenia patients with mindfulness-based psychoeducation program.

H1. As a result of mindfulness-based psychoeducation, the insight is higher in the experimental group than in the control group.

H2. As a result of mindfulness-based psychoeducation, the medication adherence is higher in the experimental group than the control group.

Material and method

Design

The study was conducted in a true experiment model with pre-test and post-test control groups.

Sample

The population of the study consisted of schizophrenia patients enrolled in Community Mental Health Centers (CMHC) located in Balıkesir and Eskişehir provincial centers. Balıkesir and Eskişehir CMHCs are similar in terms of working methods. At least 1 doctor, 1 social service specialist, 1 psychologist and 2 nurses work in both CMHCs. There are various workshops of CMHCs such as cooking, glass painting, marbling, painting, and common use areas such as kitchen, dining room, TV hall, computer room and library.

According to the data of 2015, there are 369 schizophrenic patients, 191 of which are enrolled in Balıkesir CMHC and 178 of which are enrolled in Eskişehir CMHC. The study sample size was 188 with 0.95 of ability to represent the population, with an effect size of 0.3 and a

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