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PERCEIVED INSIGHT AND ATTITUDE TOWARDS ANTIPSYCHOTIC MEDICATION AMONG PERSONS WITH SCHIZOPHRENIA

G. Majhi [1] | A.R Singh [2]

[1] Department of Psychiatric Social Work, Dr. VM Govindaswamy Building, Hosur Road, Bengaluru, Karnataka. India, Pin-560029.

ABSTRACT

Background: Generally, among persons with schizophrenia, insight into the illness and attitudes towards medication, along with severity of illness, and social functioning, are known to be important in determining outcomes. **Aim:** The present study aims was to assess the level of insight of persons with schizophrenia and also their attitude towards adherence to antipsychotic medication. **Methodology:** Male in-patients with schizophrenia numbering 100 met the inclusion criteriawere selected for the study. **Tools:** Tools administered were socio-demographic datasheet, Brief Psychiatric Rating Scale (BPRS), Insight and treatment attitude questionnaire. (ITAQ), Drug Attitude Inventory (DAI) **Result:** Overall findings of this study suggest that, insight towards mental illness also poorly associated with adherence to treatment and drug compliance. **Conclusion:** Subjective acceptance of antipsychotic medications is higher for inpatients, but average number of subjects have shown negative attitude towards antipsychotic medicine because confounding factors over shadowed the real problem they encountered.

KEYWORDS: Attitude toward medication, Schizophrenia, perceived Insight and antipsychotic medication.

Background: Generally, among person with schizophrenia, insight into the illness and positive attitudes towards medication, pre-morbid social functioning, are known to begood determiningfactors of outcomes. For some patients with schizophrenia, the use of antipsychotic may be associated with reduced side effect, better compliance, and lower rate of relapse. However, it is not entirely clear how the antipsychotic medications affect insight.

Research finding suggests that non adherence of medication has been associated with increased rate of involuntary detention, longer hospitalizations and slower recovery from psychotic symptom (MacEnveoy et al 1984). It has been described as the single most important cause of relapse and readmissions to hospital (Pool and Elder, 1986) Relapse rates have been shown to be up to 5 times higher in people who choose not to take medication compared with people who adhere to neuroleptic regimens.

It is also important to acknowledge that non -adherence is a common behaviour : as about 50% of people with any long term medication condition choose not to take medication, (Lay ,1992) which is similar to the proportion of people with schizophrenia. (Kane 1985, Kampman and Lthinen, 1999) . Poor adherence may consist of giving prescriptions that are above the maximum recommended dose, polyprescribing. Kessing(1994) has suggested that inadequate prescribing may not meet patient's needs and this in turn, may contribute to negative attitudes towards treatment and the service provider. Several factors have consistently been found to correlate with measures of adherence to medication as lack of insight has been found to predict non-adherence.

The relationship between adverse effects and adherence to medication is even more complex; many studies have focused on extra pyramidal adverse effects and neglected hormonal, adverse effects such as weight gain that may have a major impact on the patient quality of life, while some studies have shown a significant relationship between various adverse effects and adherence. (Van Puttan 1974, Fleischhacker, et al 1994)These conflicting findings may be a result of the fact that adherence is dynamic, rather than a dichotomous, behaviour that is influenced by the complex interaction of many factors. Adams and Hawe, (1993) found that recognized benefits of medication have more influence on adherence than adverse effects

Individuals with schizophrenia and related disorders often experience repeated periods of hospitalization resulting in impaired social functioning, cognitive impairments and reduced level of quality of life (Liberman et al 2002, Malla et al 2004). The most powerful predictors of good outcome are early interventions. A number of clinical trials have demonstrated the superiority of atypical (First generation) antipsychotic over typical (second generation) antipsychotic in term of symptomatic improvement (especially negative symptom) , cognitive improvement , reduced rate of rehospitalization and improved social functioning. (Procyshyn&Zerjav, 1998, Rabinowitz et al 2001, Train et al 1997). Psychosocial treatments such as stress reduction programme and education for families have contributed to improved treatment outcomes. But these treatments have not been specifically evaluated in this perspective.

Aim- The aim of the presentstudy was to assess the level of insight of patients with schizophrenia and also their attitude towards adherence toantipsychotic medication.

Materials and Methods:
This cross-sectional study was conducted at a psychiatric institute.The sample comprised of 100 male patients of schizophrenia in the age range of 20- 60 years who were recruited after provision of consent.

Inclusion criteria:
Patients who were male, with an age range from 20-60 years, with a diagnosis of schizophrenia (ICD-10) having a medicine intake period of 2 months, were selected for the study.

Exclusion criteria
Patient with mental retardation, epilepsy head injury, and any patient not giving consent were excluded from the study.

Tools:
(1) Socio-demographic data sheet

(2) Socio-demographic data sheet was used for collecting details like age, sex, education, marital status, religion, caste, and occupation, and habitation, type of family, monthly income, age of onset and duration of illness was taken.

(ii) Brief Psychiatric Rating Scale (BPRS)
Symptoms were measured using the Brief Psychiatric Rating Scale (BPRS). This scale consists of 18-symptom constructs, each was rated on a 7-point scale of severity, ranging from “not present” to “extremely severe”. The 18-item instrument unmarked symptom had “0” rating is a validated tool for assessing symptomatology.

(iii) Insight and treatment attitude questionnaire. (ITAQ) (McEnvoy et al 1989a,)
The ITAQ was developed by McEnvoy et al 1989 andconsistsof 11 items, witheach item scored from 0 (no insight) 1 partial insight and 2 (good insight) and the total score is used as an insight measure. This questionnaire encompasses recognition of mental disorder (first five items) and attitudes to medication, hospitalization and follow-up evaluation (six items)

(v) Drug Attitude Inventory (DAI)(Hogen et al 1983)
The DAI is 30 item attitudinal scales on which respondent's rate statements as true or false and is scored from -30 to +30. In addition, the scale has good internal consistency (KR20, Kunder Richardson formula- 20) = 0.82, andhas good validity and reliability. In this study the scale was translated into Hindi and content validity of the transcript was taken from the field export. The subject have rated the scale true/false whichever they feel applicable for their own attitude. The DAI scale provides ratings of the participant's attitude at the time of assessment; no time frame is specified in the scale, which is a potential limitation of the measure.

Procedure
After taking the informed consent, only those patients were included in the study who met the criteria of schizophrenia (ICD-10 DCR) as well as the inclusion and exclusion criteria made for the study. BPRS was administered to assess the clinical symptoms. To know the Insight and attitude towards medication, ITAQ and

DAI scale were used.

Further, data were analyzed using descriptive statistics and correlation.

Result

Table- no. 1 Socio-demographic characteristic of the sample.

Variable	N=100(%)	
Education	Primary	12(12)
	Upper primary	52(52)
	High School	32(32)
	Graduation & above	4(4)
Marital Status	Married	29(29)
	Unmarried/separated	61(61)
Caste	Tribal	10(10)
	Non-tribal	90(90)
Religion	Hinduism	92(92)
	Islam	4(4)
	Christianity	4(4)
Domicile	Rural	82(82)
	Urban	18(18)
Occupation	Employed	55(55)
	Unemployed	45(45)
Family Type	Nuclear	68(68)
	Joint	32(32)
Monthly Income in Rs.	>5000	85(85)
	5000-10000	8(8)
	<10000	7(7)

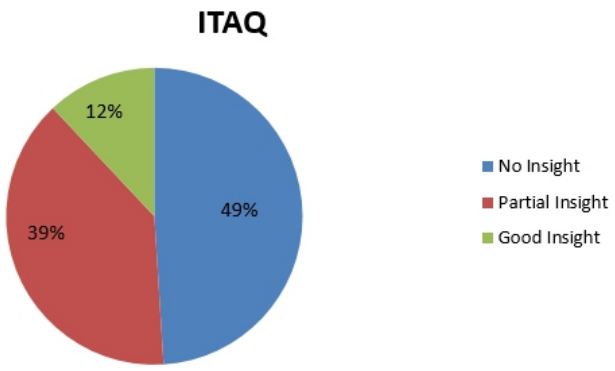
Table No.1 shows that 52% of the respondents were educated up to upper primary standard and 61% were seen to be unmarried. Majority (90%) belongs to non-tribal population,Majority of the subjects are from Hindu religion ((92%) most of the respondents (82%) were of rural origin with 55% of them being engaged in private or government employment. Most belonged to (68%)to nuclear set-up with (85%) of them having an income of below Rs.5000.

Table-2Clinical variable of the sample

Variable	Mean	SD
Age	30.70	7.59
Age of onset	27.68	7.73
Duration of illness	1.35	.73

In table No 2, age distribution shows that mean andSD of the subject were 30.70 and 7.59, whereas in distribution of age of onset among the sample mean and SD were 27.68 and 7.73 and duration of illness distribution mean and SD were 1.35 and .73respectively.

3. Score on Insight and Treatment Attitude Questionnaire



Insight and treatment attitude questionnaire was administered the finding suggests that 49% sample have no insight where as 39 % subjects have partial insight only 12% have good insight.

Table no 4. BPRS, ITAQ, LUNSERS and DAI scores

Variable	M	SD	t
BPRS	13.050	4.00	32.556
ITAQ	8.430	5.037	32.556
DAI	16.150	2.495	64.705

Measurement scale BPRS, ITAQ, and DAI were administered, mean and SD of each category was calculated and value of such care for BPRS 13.050 and 4.00, for ITAQ mean and SD 8.430 and 5.037 and for DAI 16.150 and 2.495 respectively.

Table -5. Correlation between treatment attitude, Insight, and Psychopathology

Variable	Psychopathology	Insight
compliant	.047	.179
Non-compliant	.120	-.203*
Total score of DAI	.008	-.038

***P>.05**

Pearson correlation coefficient was computed with the total score of BPRS and ITAQ with DAI total score as well as subdomain of DAI compliant and non-compliant score. The findings suggestive of negative correlation with regards to insight and non-compliant groups which is significant at .05 (p>.05) level.

Discussion

The present study was conducted on 100 male patients diagnosed with schizophrenia, to know the relationship between clinical symptom, awareness of insight and attitude towards treatment and adherence of drug compliance.

Overall findings of this study suggestedthat, insight is negatively association with adherence of treatment and drug compliance.

Findings of the present study (Table no.5) also showed that insight, recognition of mental illness is significantly associated with negative attitude towards adherence of treatment. This finding is contrast with earlier finding conductedby (Amador et al 1994, Coursy et al 1995 and Awad 1993)reported that among person with schizophrenia, insight into the illness and attitudes towards medication, along with the better recognized domains of symptoms, severity of illness, and functioning, are known to be important in determining outcomes.In contrast several research finding suggested that adherence to medication as lack of insight has been found to predict non-adherence. (Kissing ,1994)

The present finding reasons for negative attitude toward medication adherence may be the following lack of scientific information about the course of treatment among the subject selected in the study, further they might feel medication compliance is not required once they got over from the illness as like general physical illness or stigma attached with mental illness, side effects of medicine. dissatisfaction with services or language problem. Present findings are supported by Kessler et al 2001 study.

Findings of the present study also showed that psychopathology is not significantly associated with adherence of drug compliance. However, in previous findings Weiden et al (1991) reported that distress due to side effects was not necessarily associated with non-adherence among persons with schizophrenia who were on follow-up as outpatients.

Kuroda et al (2008) have conducted a cross-sectional comparative study at China and Japan with the collaboration of University of Tsukuba andBeijing Huilongguan Hospital. These findings suggest that subjective responses or attitudes toward medication are not simply determined by characteristics of prescribed medicine per se, but also by psychosocial or environmental factors. Subjective response to psychotropic medication can be associated with previous experience with medications, attitudes toward health and illness (Awad,1996), or culturally based cognitive styles (Lee, 1993).

This research has several limitations that should be considered. Subjects were recruited from a single hospital. Thus, the sample may not be representative. Subjects were inpatients with relatively poor socio-economic background and from rural and remote background of Jharkhand therefore, patients were having difficulties to access and approach the medical facilities. Further research is needed with larger sample sizes. Nevertheless, these findings should help clinicians to understand patients' drug-taking behavior.

Conclusion

Subjective acceptance of antipsychotic medications is greater for inpatients, but average number of subjects have shown negative attitude towards antipsychotic medicine. Many patients remain poorly adherent and do not enjoy the full benefit of these expensive medications. Some other factors which are aggravating such problems are distance to access tertiary service, lack of adequate support system from caregiver, stigma attached with mental illness and sole head of the family there by they don't want to lose single day work to run the family. More intensive multicomponent interventions may be needed to improve adherence and reduce excess morbidity among these vulnerable patients.

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