

Abstract

Background

Antidepressants are effective treatment for depression, but adherence is low among the elderly. Beliefs about antidepressants have been shown to be related to antidepressant adherence but research in this area in Hong Kong has been impeded by the lack of a standardised instrument. This study evaluated the psychometric properties of the Chinese version of the Beliefs about Medicines Questionnaire (C-BMQ), its cultural appropriateness and clinical correlates in a group of elderly patients with depression.

Methods

The C-BMQ was first translated into Chinese, then back-translated into English. The face validity was evaluated by focus groups and content validity established by expert panel review. The C-BMQ was administered to 134 elderly patients with depressive disorders who attended follow-up in the Psychogeriatric Specialist Out-patient Department of the Tuen Mun Mental Health Centre. The factor structure and reliability of the C-BMQ were evaluated. The criterion-related validity of the C-BMQ was examined by correlating C-BMQ scales with items in the Chinese version of the Brief Illness Perception Questionnaire (C-BIPQ) and patient's antidepressant adherence scores. The pattern of beliefs and its clinical correlates were explored.

Results

The C-BMQ demonstrated good face and content validity. Internal consistency (Cronbach's α ranged from 0.61 to 0.72) and test-retest reliability (Intraclass correlation coefficient ranged from 0.69 to 0.89) of the C-BMQ scales were acceptable. The factor structure of the C-BMQ Specific scales corresponded to the English version while that of the General scales showed

some discrepancies. For the criterion-related validity of the C-BMQ, as hypothesised, the Specific-Necessity scale correlated positively with antidepressant adherence score, the Consequence, Timeline, Treatment-Control and Identity items in the C-BIPQ. The Specific-Concerns scale correlated negatively with antidepressant adherence score and the Treatment-Control item in the C-BIPQ. In the regression analysis, the Necessity-Concerns differential calculated from the C-BMQ Specific scales was found to be a statistically significant predictor of antidepressant adherence in our study. We also found that patient's age, duration of their depression, history of hospitalisation due to depression, insight towards depression and side effects experienced were influential factors on their beliefs about antidepressants.

Conclusion

The C-BMQ Specific is a psychometrically sound and valid measure of beliefs about antidepressants in our study. It could be easily applied in routine clinical consultation to identify erroneous beliefs towards antidepressants that might contribute to poor adherence. The Necessity-Concerns framework could be useful in predicting antidepressant adherence in the clinical setting. Further studies in other populations are needed to explore and confirm the factor structure of the C-BMQ General.

Keywords: Beliefs about Medicines Questionnaire, elderly depression, antidepressant adherence, beliefs about antidepressants