Abstract

Introduction: Antipsychotic medications revolutionized the treatment of Schizophrenia. However, treatment non-adherence remained a significant problem, which in turn contributed to other unfavourable outcomes, including rehospitalization, suicide and violence. While many had explored the reasons for treatment non-adherence, inconsistent findings emerged in the literature. Also, few studies had explored the issue of treatment non-adherence in our local population of patients with Schizophrenia Spectrum Disorders in Hong Kong.

Objectives: (1) To determine the prevalence of treatment non-adherence in recently discharged patients who suffer from Schizophrenia Spectrum Disorders; (2) To explore the predictors related to treatment non-adherence after discharge

Methods: A consecutive sample of 78 Chinese patients, who suffered from Schizophrenia Spectrum Disorders, was recruited prior to discharge from Kwai Chung Hospital, Hong Kong. Information on their demographic data, clinical characteristics and medication regime was collected. Subjects were also administered instruments to assess their cognitive functioning, psychopathology, insight, drug attitude and medication side effects. They were then re-assessed at one month and

three months after discharge on their treatment adherence, by self-reporting and pill

counts, when available. Statistical analyses were performed to explore the relationship

between these baseline characteristics and treatment adherence after discharge.

Results: The mean adherent rates for compliance at 1-month post-discharge by

self-reporting and pill count were 98.2% and 95.4% respectively. Pill counts were

available for 56 of the sample (71.7%). Being separated, divorced or widowed

predicted poorer treatment adherence by self-reporting. For pill counts, older age,

living in hostel, higher educational level and higher dosage of antipsychotic

medications predicted better adherence by pill counts. On the other hand, being a

male, being a local citizen, longer duration of mental illness, greater numbers of

non-psychiatric and psychiatric medications, and more serious side effects predicted a

poorer adherence. At 3-month post-discharge, the mean adherent rates by

self-reporting and pill count were 95.0% and 95.2% respectively. Pill counts were

available for 59 of the subjects (78.7%). For self-reporting, a history of violence,

higher chlorpromazine equivalent dosage of antipsychotic medications and more

serious positive psychotic symptoms predicted a better treatment adherence. But

being a male, a history of smoking, longer duration of hospitalization, better memory

and more serious side effects predicted a poorer treatment adherence. On the contrary,

living in hostel predicted a better treatment adherence by pill counts at this time point.

There was no statistically significant difference in the rates of treatment adherence at

the two time points by either method.

Conclusion: The medication adherence in the current sample of patients was

satisfactory. To optimize patients' medication compliance, clinicians should aim at

simplification of their drug regime and manage treatment-emergent side effects

accordingly. Patients should be given appropriate dosages of antipsychotic

medications to treat their mental illness effectively. Due care should be given to those

who were socially deprived, as they were as a group that was more likely to have

erratic treatment adherence soon after discharge.

Keywords: Schizophrenia Spectrum Disorders, antipsychotic medications, adherence