

Abstract

Background: Medication compliance is the key to the treatment of psychotic disorder. Different factors associated with medication compliance have been investigated in previous studies. However, its association with dissatisfaction with body weight, which is related to the weight gaining side effect of antipsychotics, has not been properly looked into. Dissatisfaction with body weight, as well as the wish to do something about it, is more related to how the individual perceives his weight than how heavy he actually is. This study aims at looking into the relationship between the actual and perceived weight status and finding out their relationship with medication compliance in a group of patients with first episode psychotic disorder who have taken antipsychotics for one year.

Methods: This study recruited 160 participants with one-year history of first episode psychotic disorder and found out their actual and perceived weight status, amount of weight gain in the past year, body size satisfaction and medication compliance level. The perceived weight status was compared with the actual weight status and the magnitude of weight gain in the past year. The correlation between the actual and perceived weight and the wish to do something about weight was calculated. Consequently, the association between medication compliance and both the actual and perceived weight status was analyzed controlling for other confounding factors including insight, drug attitude, illness severity and other medication side effects.

Results: About half of the participants have gained more than 7% of weight and 40% of the female and 47.1% of the male participants were found to be overweight after one year of treatment with antipsychotics. A significantly higher percentage of the female (33.3%) overestimated their weight than the male participants (11.4%). An important

finding was that the perceived weight status was found to deviate considerably from the actual weight status of the participants (correlation between the actual weight status and the perceived weight status was $r_s=.55$, $p<.001$ for female and $r_s=.68$, $p<.001$ for male). The wish to do something about their weight status correlated highly with their perceived weight status ($r_s=.98$, $p<.001$ for female and $r_s=.93$, $p<.001$ for male) rather than with their actual weight status ($r_s=.54$, $p<.001$ for female and $r_s=.64$, $p<.001$ for male). Two factors were revealed to associate with a higher magnitude of weight gain within the first year of treatment. Firstly, those who perceived themselves overweight gained more weight than those who did not. Secondly, those who were taking second generation antipsychotics at the time of interview had more severe weight gain than those who were taking first generation antipsychotics. 86% of the participants who perceived themselves overweight believed that psychotropics were responsible for their overweight status. Among those who had such belief, 72% of them had reduced the psychotropics on their own to ameliorate their weight. Stepwise multiple regression analysis found that perceived overweight status, poor drug attitude and insight were the major factors associated with poor medication compliance.

Conclusions: The results of this study indicate that medication compliance is associated with perceived weight status instead of actual weight status. Health care professionals should be aware of this phenomenon and address this issue early in the management of patients. Apart from weight management programme implemented in the early stage of psychotic disorder, assessment and psychoeducation on weight perception should be done hand in hand with the promotion of proper drug attitude and better insight towards mental illness for the improvement of medication compliance.

Keywords: antipsychotics, compliance, first episode psychotic disorder, weight dissatisfaction, weight perception