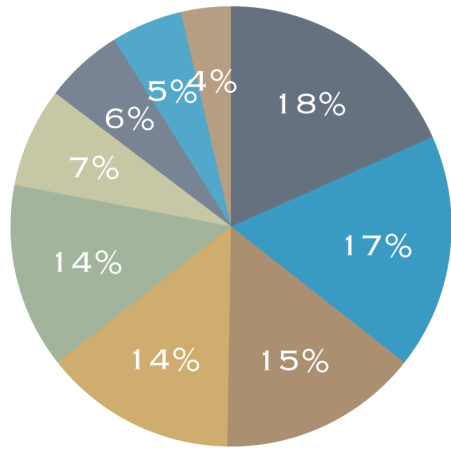
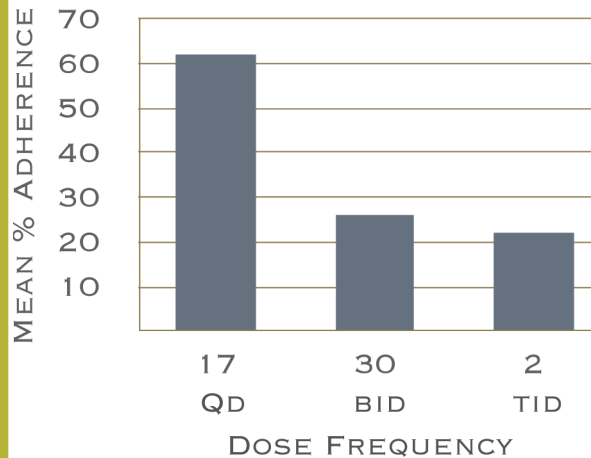


Patient-reported barriers to adherence with antipsychotic medications

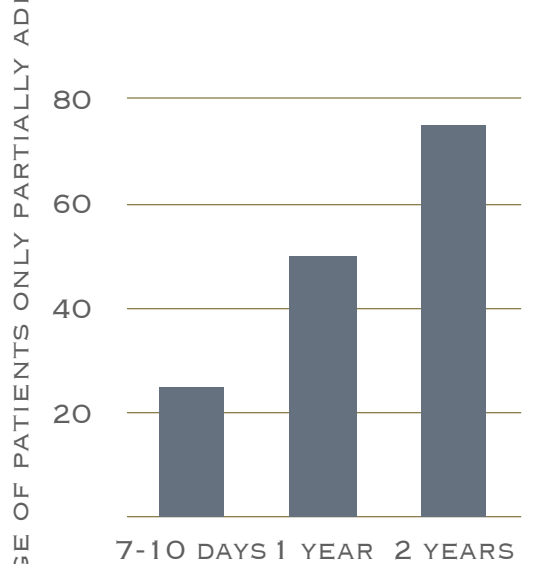


- STIGMA
- ADVERSE DRUG REACTIONS
- HOMELESSNESS/SUBSTANCE ABUSE
- MEMORY PROBLEMS
- LACK OF SOCIAL SUPPORT
- FEAR OF MEDICATION
- DENIAL OF ILLNESS
- LACK OF TRUST IN PROVIDER
- DIFFICULTY WITH REGIMEN

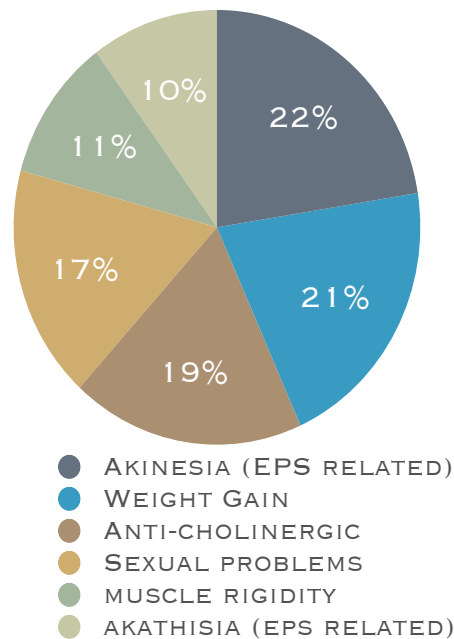
Antipsychotic Dose Frequency Influences Adherence to Antipsychotic Medication



Partial adherence often begins within days of medication initiation and increases over time



Adverse drug reactions eliciting moderate-to-severe distress



Resources

NAMI National
<http://www.nami.org/>
 (800) 950-NAMI
 Tel: (703) 524-7600

NAMI Florida
<http://www.namifl.org/>
 (877) 626-4352
 Tel: (850) 671-4445

Florida Psychiatric Society
<http://www.floridapsych.org/>
 Tel: (850) 222-8404

Minds on the Edge - Facing Mental Illness
<http://www.mindsontheedge.org/>
 Tel: (212) 854-8995

National Consumer Supporter Technical Assistance Center
<http://www.ncstac.org/>
 Tel: (800) 969-6642

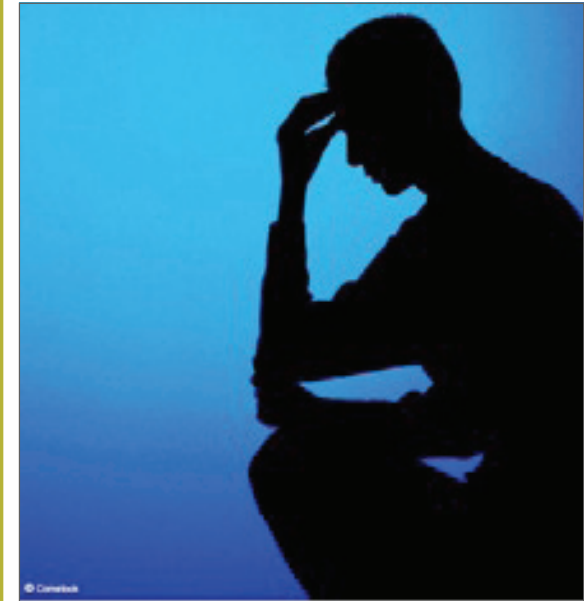
National Empowerment Center
<http://www.power2u.org/>
 Tel: (800) power2u (800-769-3728)

SAMHSA
<http://www.samhsa.gov/>
 24-Hour Helpline at (800) 662-HELP

Suicide Prevention
<http://www.suicidepreventionlife.org/>
 Tel: (800) 273-TALK

The American Academy of Child & Adolescent Psychiatry
<http://www.aacap.org/>
 Tel: (202) 966-7300

Patient Adherence to Medications



NAMI FLORIDA
 The State's Voice on Mental Illness

316 East Park
 Tallahassee, FL 32301
Tel: 850.671.4445
Toll Free: 877.626.4352
 Visit our web site at
www.namifl.org

FMHI: Florida Medicaid Drug Therapy Management Project for Behavioral Health

Nonadherence

A common problem:

- Average rate of nonadherence is approx. 50% within first year of discharge. *
- Postdischarge nonadherence rate estimated at 7.6% per month.
- Monthly relapse rates - 3.5% per month for patients on maintenance therapy. 11.0% per month for patients who have discontinued antipsychotic therapy.
- Nonadherence is a major contributing factor to the annual cost of hospital admissions for relapsing schizophrenia which exceeded \$2 billion in 1986.

Factors Influencing Non Adherence*

- Patient attitudes towards medications (stigma)
- Poor insight
- Forgetfulness
- Adverse drug reactions
- Dose frequency (>1/day)
- Previous nonadherence to antipsychotic medications
- Inadequate discharge planning
- Lack of social and family support
- Homeless and substance abuse.

Adherence

Patient attitude:

- Plays a major role in adherence to antipsychotic medications. *
- Stigma of taking medications has been found to be a major patient reported barrier to adherence.
- Adverse effects of antipsychotic medications contribute to the stigma of schizophrenia.

Poor Insight:

- Influences adherence to antipsychotic medication. *
- Positive symptoms of schizophrenia may distort insight and thereby contribute to nonadherence.
- Patients may decide they no longer require medication. Either by denial or illness or if they believe they are "cured" during remission of an acute episode.

Social Factors:

- Influences nonadherence to antipsychotic medication. *
- Inadequate discharge planning. Patients may be unprepared for extending treatment
- Lack of social and family support. Supportiveness correlates with adherence. Lack of social support is one of the most common patient-reported barriers to adherence.
- Homelessness and substance abuse.

Improvement

Forgetfulness:

- Contribute to nonadherence to antipsychotic medications. *
- Forgetfulness is among the most common patient-reported barriers to medication adherence.
- Cognitive functioning is severely impaired in patients with schizophrenia, and the most severe cognitive deficits include verbal memory and vigilance.
- Cognitive impairments can contribute to the typical patterns of medication mismanagement associated with poor adherence, including forgetting to take doses of medication.

Strategies toward improvement:

- Educational - Provide information regarding disease state. Inform the patient about the purpose and potential side effects of medications.
- Behavioral - Simplify regimens and use adherence aids. Enable cognitive restructuring of attitudes toward medication and disease state. Empower patients and caregivers to take an active role in managing their disease.
- Affective - Facilitate a supportive environment. Encourage counseling and family reporting of adherence to antipsychotic therapy.

* In patients with schizophrenia

Acknowledgements

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