

HOW TO HELP SOMEONE WHO STOPS TAKING THEIR MEDICATION

While many advances have been made in the treatment of schizophrenia, it is difficult to assess the real contribution made by these developments, because of persistently large percentage of people who fail to take their medications.

According to information presented at the American Medical Association Annual Science Reporters Conference, an estimated 74 percent of outpatients with schizophrenia stop taking their medications within two years of leaving a hospital or program. Non-compliance also accounts for a significant percentage of schizophrenia relapse and subsequent re-hospitalisation.

The following editorial is taken from the work of Dr Peter Weiden, Director of Schizophrenia Program, St Luke's Roosevelt Hospital (USA) and Assistant Clinical Professor at Columbia University, sourced from the Internet.

5 Reasons to Suspect Non-compliance

Following are five factors which may indicate non-compliance:

1. The consumer claims to have stopped medication because of a professional's recommendation. While this may be true in some cases, frequently the report is distorted. Double-check with the doctor.
2. The consumer is not going to the chemist to fill prescriptions.
3. The consumer has little or no knowledge of the details of the drug regimen such as colour or shape of pills, frequency or scheduling, etc.
4. There is a sudden worsening of dyskinesic (writhing) movements of the mouth or hands without a known change in the medication regimen.
5. There is an unexpected improvement in the Parkinson's side effects of muscle stiffness, rigidity, tremor or slowness of movements without any known change in the medication regimen.

Prevent Non-compliance through Dialogue

Early detection of non-compliance is vital. One approach is to directly ask the person in a non-judgmental and non-threatening way, whether or not they are taking their medication. Here are some other things to consider:

Influence

When you try to talk someone into taking medication, remember that not all family members are equally influential. Usually the person's spouse or boy/girlfriend is most influential, followed by friends, siblings and parents. Consider asking the most influential person to do the talking. Focus on possible day-to-day benefits of the medication which may include important activities such as sleep and anti-anxiety effects.

Sensitivity

Be sensitive to the consumer's expression of feelings of embarrassment (if any) regarding their illness or their fear that "taking medication reflects weakness." Be alert and ready to the signs of relapse as they may have a characteristic pattern. Often a person's realisation about the need for medications will fade when acute symptoms return. Sometimes, no amount of convincing will work and the family should be prepared to immediately contact the doctor, treatment service or crisis team.

Link to Life Goals

Try to match the notion of taking medication with achieving one's life goals like securing work, finishing school or having a romantic involvement. The relationship between medication compliance and achieving these kinds of goals often is not apparent to the person asked to take the medication. Find out what they want to accomplish, no matter how unreasonable it may seem, and try not to deny them the pleasure of having that goal. Explain how medications might help them achieve it.

Universal Family Agreement

Try to have a universal agreement about the need for medication within the greater family. Otherwise, the person requiring medication will naturally seek out the opinion of the family member he or she is most in agreement with; usually the family member most opposed to or least informed about medications. Try not to get into a direct confrontation about medication, especially if the person is unwell. Not only will it be counter productive, but also a confrontational approach often has dire consequences.

Preventing Non-compliance

Be honest about side effects - doctors and families sometimes believe they are "protecting" the consumer by not fully disclosing possible side effects. This is often counterproductive because when side effects do occur, the consumer is needlessly scared about experiences they were not anticipating (eg dry mouth, excessive salivation or akinesia (feeling less spontaneous than usual)). Be open and honest about side effects and if they become severe or intolerable, consult your doctor.

Believe in compliance - about one-third of people with schizophrenia say that they stay on medicine primarily because other people think it's important. For them, the influence of other people, rather than believing the medication is needed, is the key factor that promotes compliance.

Simplify the drug regimen - complex drug regimens have been consistently shown to be a strong risk factor for non-compliance. Psychotic symptoms and/or problems in thinking may interfere with the person's ability to follow a prescribed regimen. The regimen may have to be simplified and reviewed in detail, often in the presence of a family member.

Consistent messages - organise the family to present consistent and coherent messages about families' expectations about compliance. Try to get as many family members as possible to go to educational sessions or Schizophrenia Fellowship meetings so that everyone has the same knowledge base.

Acceptance - non-compliance is socially undesirable, but remember that not taking medications (being well) is normal and some amount of non-compliance is expected. It is imperative that we maintain hope as people can change.

Taken from an editorial provided from Janssen Cilag Pty Ltd