

Physicians May Significantly Overestimate How Reliably Patients Take Medication For Schizophrenia; Even Occasional Failure to Take Medication May Significantly Worsen Symptoms

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TITUSVILLE, N.J. -- Physicians may be significantly overestimating the extent to which patients with schizophrenia consistently take their prescribed medication, according to new research presented today at a major U.S. psychiatry meeting. Likewise, other data presented at the meeting document for the first time a direct correlation between symptom improvement and regular use of medication.

"We know that helping patients with schizophrenia stay on medication consistently over the long term is key to their ability to achieve and maintain maximum recovery," said Matthew Byerly, MD, assistant professor at the University of Texas Southwestern Medical Center in Dallas. "These data highlight the pressing need for clinicians to help patients find ways to take their medication more consistently."

In a three-month study of 21 individuals with schizophrenia, adherence to the prescribed medication regimen was measured in two different ways: clinicians perception and electronic monitoring of the actual opening of the medication bottle by the patient. The result: While electronic monitoring found that more than half of patients (13 of 21) were significantly non-adherent, physicians identified just 1 out of 21 patients as not taking their medication regularly.

In separate research conducted to document the relationship between treatment adherence and patient outcome, data were analyzed from a one-year, multi-center study of 565 individuals with schizophrenia who had experienced an acute episode of their illness just prior to enrolling. Patients were randomly assigned to receive treatment with either an atypical (newer-generation) antipsychotic or whichever conventional (typical) antipsychotic the treating physician considered to be best in their case. After the start of the assigned treatment, patients and physicians were allowed to proceed as they would normally -- stopping or switching treatments as necessary. The assessment of patients' adherence to treatment was based on whether a prescription drug had been prescribed or dispensed.

Patients' schizophrenic symptoms were assessed at the start of the research and at regular intervals using the PANSS (Positive and Negative Syndrome Scale). This is a commonly used scale that measures the severity of both "negative" symptoms (such as social withdrawal and apathy) and "positive" symptoms (including hallucinations and delusions).

The research found that 94 percent of patients received no antipsychotic therapy for some portion of the year, and for half of them, adherence to treatment was 70 percent or less. Although individuals assigned to begin treatment with the atypical antipsychotic experienced significantly greater symptom improvement than those who took a conventional drug, patients in both treatment groups demonstrated a highly statistically significant relationship between adherence with the prescribed medication

regimen and symptom severity. Investigators found that a 20 percent drop in treatment adherence led to a 3.1 decrease in the PANSS score, indicating worsening symptoms. Overall, improvement in PANSS scores was significantly greater among patients with high rates of treatment adherence than those with lower levels.

"Common sense and the reports from our own patients tell us that stopping medication leads to poorer outcomes," said John Docherty, MD, lead investigator and president and CEO of Comprehensive NeuroSciences, Inc., a neuroscience research-management organization. "But this study clearly demonstrates in a very concrete way that there is a direct, measurable correlation between symptom severity and even occasional failure to adhere to a medication regimen."

Source: PRNewswire