Medication adherence in patients with schizophrenia: a means to an end
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Summary

Schizophrenia is a severe mental disorder. In general patients have to use medication long term. Studies showed, however, that approximately half of all patients do not use their medication according to their prescription. As a consequence, these patients have an increased risk for relapse and psychiatric admission. This thesis explores three aspects of medication adherence in schizophrenia patients: an adherence improving intervention, determinants of medication adherence, and finally, assessment instruments will be studied.

Chapter 2 presents the results of the QUATRO study. This randomized controlled trial studies the effectiveness of ‘adherence therapy’. Adherence therapy is based on motivational interviewing techniques and aims to improve medication adherence. Equally divided over four European cities, 409 patients with schizophrenia were included. In the experimental condition, an average of seven sessions of adherence therapy were administered in addition to the regular psychiatric treatment. Compared with the control condition one year after the start of the intervention, there were no effects of the adherence therapy on any of the outcome variables.

Chapter 3 described a study exploring factors that may influence decision-making related to the use of antipsychotic medication. ‘Concept mapping’, a structured qualitative method, was used to assess patients, carers and professionals views on this topic, which could be reduced to ten factors. Next, these factors were clustered in five clinically relevant themes: medication efficacy, external factors, insight, side effects, and attitudes toward medication. We explored how these factors relate to one another, and their relative importance according to the different stakeholder groups. Results showed that patients rated the efficacy of medication as most important factor for medication adherence.

Chapter 4 explores to what extent three adherence measures, the Medication Adherence Questionnaire (MAQ), the Drug Attitude Inventory (DAI), and the Compliance Rating Scale (CRS) correspond with each other. Results indicated that the correlation between these instruments, although all three were designed to measure medication adherence, was low. There was little agreement among the instruments in labelling patients non-adherent. Finally, none of the instruments showed a clear relationship with established risk factors of non-adherence. It was concluded that there was little agreement among the instruments, and that they do not measure the same concept.

Despite the results from chapter 4, the validity of each of the three instruments remains unknown. Therefore, in chapter 5, the validity of the instruments is further
explored using clinical outcome data during the 12-month follow-up period for patients who participated in the QUATRO study. The results showed that the predictive validity of all three adherence instruments was poor. None of the instruments predicted the risk of, or time to relapse or admission.

Based on literature and the results described above, we constructed a new adherence instrument, the Inventory of Medication Intake (IMI). Chapter 6 presents the validation study for this new instrument. Medication adherence was assessed in patients with schizophrenia over a period of three weeks using an electronic monitoring system. This is considered one of the most valid methods to assess medication adherence. A comparison with the results from the IMI showed that the IMI was not a valid instrument to measure medication adherence.

Chapter 7 summarizes the results from the previous chapters and the most important methodological aspects of the studies. Furthermore, results from other studies who explored adherence improving interventions are discussed. Among these are not only studies who focus on adherence therapy, but also studies who explore other interventions among patients with psychotic disorders or other conditions. It is apparent that several types of interventions can be effective but results are not yet conclusive. Interventions which are recurrent and prolonged, as well as interventions who fit in with patients' needs and circumstances are more likely to be effective.

Based on literature and the results from chapter 3 we propose a decision-making model for medication adherence. In this model medication is a means to achieve the best possible outcome for patients, not an end. Patient's decisions will be based on the short-term or long-term anticipated effects. Understanding patient's considerations will help clinicians in dealing with medication adherence in their daily clinical practice.

Finally, we discuss defining and measuring medication adherence. Different assessment methods are available and it is important that researchers are aware of the limitations of each adherence instruments.