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Conceptual framework to support service intervention model on the outcome of drug compliance and psychological well-being among patients with mental disorders

Jakkulin Lilly Priya C [1], Dr. Malarvizhi S [2]
[1] Ph.D Scholar, Assistant Professor, College of Nursing, Pondicherry Institute of Medical Sciences, Pondicherry University, India
[2] Professor & Research Guide, CON, PIMS, Pondicherry University, India

Corresponding Author**: Jakkulin Lilly Priya C**

Abstract
Background: Treatment adherence is influenced by factors like mental illness and patient symptoms towards side effects, time taken to improve and the doctor-patient relationship. One of the important patient characteristic which has been reported to influence medication adherence is their attitudes and beliefs towards medication [1].
Methods: Medication non adherence need support intervention therapy. It includes, Family education, Psycho education on memory cues, Technology based intervention, and motivational interview.
Conclusion: the support service intervention model suggested that specific intervention may be used for a better outcome of non-compliance among patients with mental illnesses. The findings might be generalized following implementation of the support intervention to a larger sample.

Keywords: Support service Intervention, Drug Compliance, Psychological well-being, Mental Disorders

1. Introduction
A recent report by the World Health Organization revealed that 50% of patients with chronic disease do not take their prescribed medication [2] Literature review revealed that 41.2–49.5% persons with schizophrenia were mostly non-adherent to their prescribed treatment [3]. It is estimated that medication non-adherence for unipolar and bipolar disorders ranges from 10% to 60% with median 40% [4]. Chakraborty *et al*. [5] had found that 88% of the patients on antidepressant missed the medication within 25% of days of 3 months period in an Indian setting. The consequences of non-adherence can be devastating in persons with mental illnesses [6]. Medication non adherence may also occur because patients perceive it to be unnecessary or because of their fears and beliefs related to adverse effects of drugs [7].

Support Service Intervention Model includes
1. Family Support Education: To the Care Givers:
Calendar method: **Steps to use calendar:**
- Keep the calendar in a visible area.
- Encourage participants to place a tick mark against the space provided in the calendar following meals.
- Ensure that after medicine consumption patient have to respond in the whatsapp group.
- Help the patient to set alarm in the mobile as a reminder to take medication.

2. Psycho Education to the Patients
Demonstration about preparing and use of medication calendar along with distribution of information booklet were includes

Memory Cues
Memory cues are the prompts that help in recalling the medication taking.
- E.g., keeping an alarm on mobile,
- Keeping medicines on dining table,
- Marking in the calendar,
- Taking medication after some particular daily activities such as daily prayer, meals, etc.

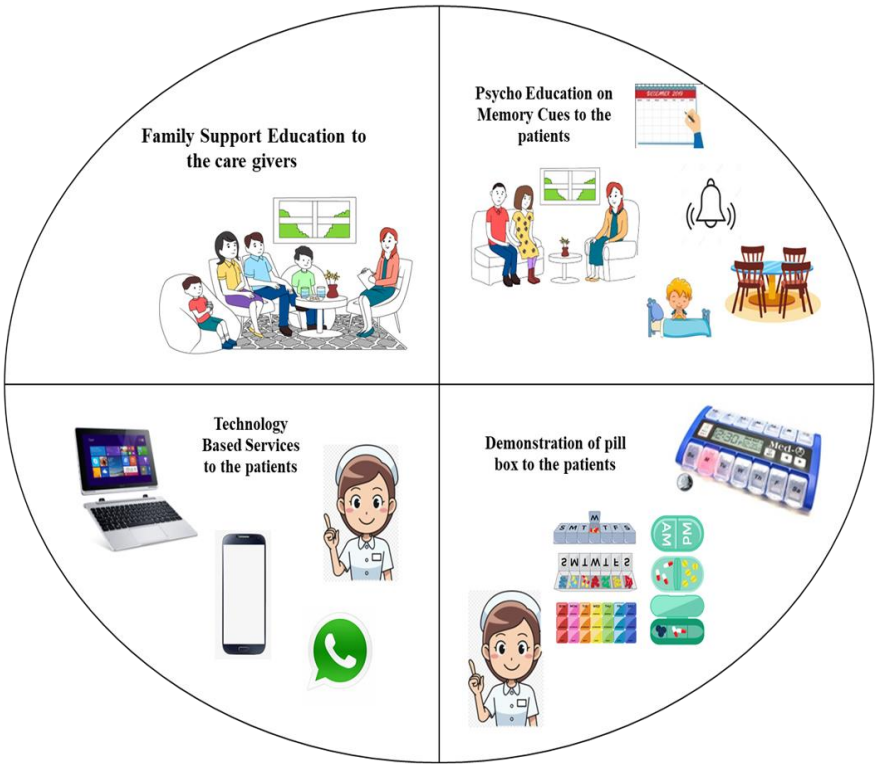
3. Technology-Based Services

- A variety of electronics-based strategies
  - Text messages,
  - Whatsapp Message / Group
  - Phone call reminders for a period of 1month

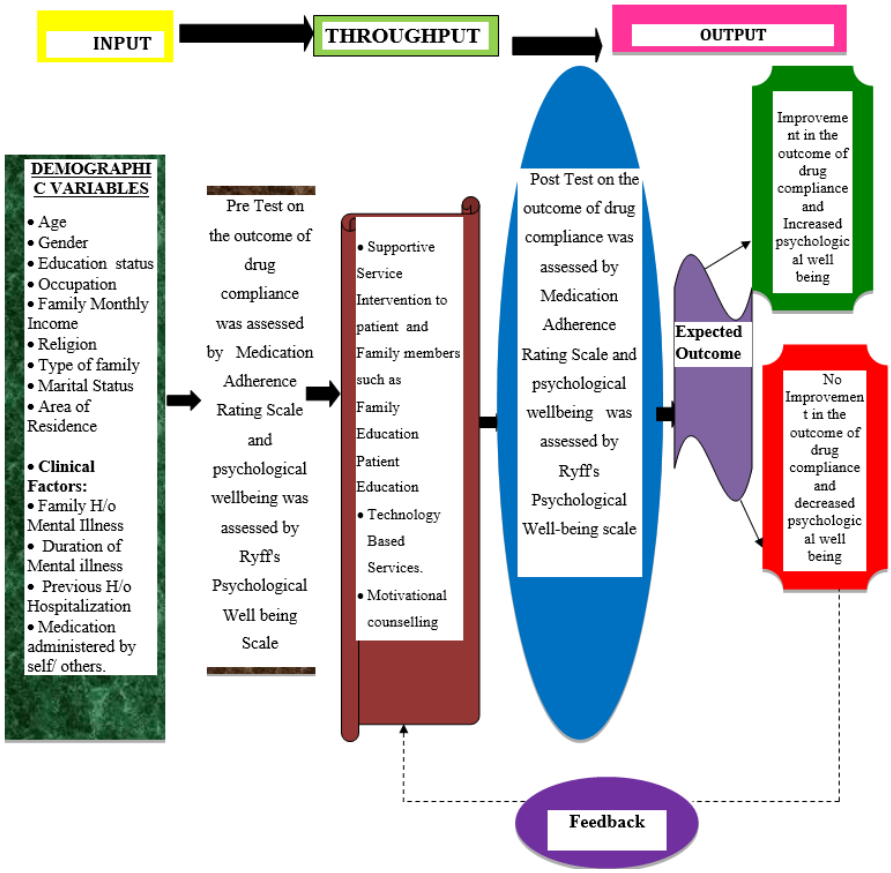
4. Adherence-Targeted Interactive Psychotherapy or Counseling

Motivational counseling which focuses on analyzing the reasons for not taking medications.

Support service intervention model



Conceptual Framework based on Ludwig Von Bertalanffy's 2011 General System Theory



Conceptual frame work Ludwig von bertalanffy's

Conceptual framework is an analogous to frame of a house. In this study the investigators has incorporated general system theory model Ludwig von Bertanianfy (2011).

The components of theory are:

1. Input
2. Throughput
3. Output
4. Feedback

Input

It is the information needed by the system. In this study input is patients with mental disorders those who are attending OPD and Inpatient of Psychiatry ward at PIMS. It also includes their Age, Gender, Education status, Occupation, Income, Religion, Type of family, Marital Status, Area of Residence, Family History of Mental Illness, Duration of Mental illness, Medication administered by. In pretest, Medication Adherence to be assessed by Medication Adherence rating scale and Psychological Well Being to be assessed by Ryffs psychological well-being scale.

Through Put

Through put is the activity phase. After the pretest In this study based on patient medication adherence, the pretest score shows poor adherence so support service intervention given to both patients and also family members. Family education was given to the family members for first ten minutes regarding how to use informational booklet to overcome medication adherence and medication calendar which helps to use to take medication continuously. Next twenty minutes psycho education was given on memory cues, technology based services, motivational counseling.

Output

In this study output refers to the change in the outcome. After the intervention, post-test was done to assess medication adherence was assessed by medication adherence rating scale and psychological well-being was assessed by Ryff's psychological well-being scale to find out the level improvement in the of drug compliance and psychological well-being among patients with mental disorders.

Feedback

In this study feedback refers if there is no improvement in the outcome of drug compliance and psychological well-being among patients with mental disorders need to reassess the cause and provide the support service intervention for next three month and again post-test will be done.

Conclusion

The study concludes that medication adherence needed support service intervention to overcome the outcome of drug compliance and it also helps to improve the psychological well-being of patients with mental disorders. The differential diagnosis of noncompliance should lead to specific interventions that target specific causal factors thought to be operative in the individual patient.[8] community intervention results at 2 years showed significant positive outcomes compared to services as usual, decreased positive and negative psychotic symptoms, reduced substance use, improved treatment adherence, lower antipsychotic medication dosage, higher treatment satisfaction, and reduced family burden.[9]However, even when evidence-based family programmes are applied, the stress associated with continued family care of chronic cases of mental disorders remains considerable and alternative supportive care giving arrangements are essential [10].

References

1. Chakraborty K, *et al*. Attitudes and beliefs of patients of first episode depression towards antidepressants and their adherence to treatment, Soc Psychiatry Psychiatr Epidemiol. 2009; 44(6):482-488. https://pubmed.ncbi.nlm.nih.gov/19011717/
2. Nurnaher Ahmed, *et al*. Effectiveness of specific intervention on treatment adherence of persons with mental illness Indian Journal of Psychiatry. 2015; 57(4):403-406. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4711243/
3. Jackson M Steinkemp, *et al*. Technological Interventions for Medication Adherence in Adult Mental Health and Substance Use Disorders: A Systematic Review, Journal of Medical Internet Research, 2019, 6(3). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6434404/
4. Semahegn A, Torpey K, Manu A. *et al*. Psychotropic medication non-adherence and its associated factors among patients with major psychiatric disorders: a systematic review and meta-analysis. *Syst Rev*. 2020; 9:17 https://doi.org/10.1186/s13643-020-1274-3.
5. Jonathan P Lacro, Laura B Dunn, *et al*. Prevalence of and Risk Factors for Medication Non adherence in Patients With Schizophrenia: A Comprehensive Review of Recent Literature, The Jounal of Clinical Psychiatry. 2002; 63(10):892-909. https://pubmed.ncbi.nlm.nih.gov/12416599/
6. Ravi Lingam et.al. Treatment non-adherence in affective disorders, Acta Psychiatrica Scandina vica. 2002; 105(3):164-72. https://pubmed.ncbi.nlm.nih.gov/11939969/
7. Beena Jimmy, *et al*. Patient Medication Adherence: Measures in Daily Practice, Oman Medical Journal, 2011; 26(3):155-159. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3191684/
8. Fenton WS, *et al*. Determinants of medication compliance in schizophrenia: Empirical and clinical findings. *Schizophr Bull.* 1997; 23:637-51. https://pubmed.ncbi.nlm.nih.gov/9366000/
9. Castillo EG, *et al*. Community Interventions to Promote Mental Health and Social Equity, 2019; 21(5):35. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6440941/
10. IAN RH Falloon. Family interventions for mental disorders: efficacy and effectiveness, Journal of World Psychiatry, 2003; 2(1):20-28. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525058/