ORIGINAL RESEARCH

Nonadherence in bipolar affective disorder patient

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ABSTRACT

Background: Bipolar affective disorder, often referred to simply as bipolar disorder, is a mental health condition characterized by extreme mood swings that include emotional highs (mania or hypomania) and lows (depression). The present study was conducted to assess nonadherence in bipolar affective disorder (BPAD) patient. **Materials & Methods:**82 patients who were diagnosed with bipolar affective disorder (BPAD) were selected. Parameters such as types of psychotropics, predominant episode, duration of hospital stay, frequency of follow-up, adherence to nonpsychiatry medications, percentage of adherence, etc. was recorded. **Results:** Out of 82 patients, males were 50 and females were 32. Types of psychotropics was antipsychotics in 22, mood stabilizers in 11, antidepressants in 15 and AP + MS and 34 patients. Predominant episode was depression in 18, mania in 52, mixed in 12 cases. Duration of hospital stay was < 2 weeks in 36, 2 weeks - 1 month in 32, and >1 month in 14 cases. Frequency of follow-up was 2 weeks in 7, once a month in 21, once in 2 months in 18 and not for the past 3 months in 36. Adherence to non-psychiatry medications was seen in 26, not in 20 and nil in 36. Percentage of adherence was <49 in 38, 50-79 in 22, 80-100 in 7 and 100 in 5 cases. **Conclusion:** The most of the patients had non- adherence to medication. The follow up was also poor among patients.

Keywords: bipolar disorder, mania, depression

INTRODUCTION

Bipolar affective disorder, often referred to simply as bipolar disorder, is a mental health condition characterized by extreme mood swings that include emotional highs (mania or hypomania) and lows (depression).[1] These mood swings can affect a person's energy levels, ability to function, and overall behavior.Bipolar I disorderinvolves manic episodes that last at least seven days or are severe enough to require immediate hospital care. Depressive episodes may also occur, typically lasting at least two weeks.Bipolar II disorderinvolves a pattern of depressive episodes alternating with hypomanic episodes, which are less severe than full-blown manic episodes.[2,3]

The exact cause of bipolar disorder is not fully understood, but it is believed to involve a combination of genetic, environmental, and neurobiological factors.[4] Some factors that may contribute to the development of bipolar disorder include genetics (having a family history of the disorder), brain structure and functioning, and life events such as trauma or significant stress.Pharmacotherapy is the first-line treatment for BPAD; nevertheless, 60% to 80% of patients report a comparatively normal and productive life after receiving both medication and psychotherapies. Adherence to a drug regimen is directly connected to its effectiveness.[5] Treatment adherence is "the degree to which a person's behavior taking medication, adhering to a diet, and/or executing lifestyle changes, corresponds with agreed-upon recommendations from a health care provider," according to the World Health Organization.Nonadherence in BPAD is a complex phenomenon determined by multiple variables but its critical determinants are yet to be identified with certainty.[6,7]The present study was conducted to assess nonadherence in bipolar affective disorder (BPAD)patient.

MATERIALS & METHODS

The present study consisted of 82 patients who were diagnosed with bipolar affective disorder (BPAD)according to International Classification of Diseases 10of both genders. All gave their written consent to participate in the study.Nonadherent patients were described as patients completely not

taking the medications or the patients not taking at prescribed dose or frequency.

Data such as name, age, gender etc. was recorded. Parameters such as types of psychotropics, predominant episode, duration of hospital stay, frequency of follow-up, adherence to nonpsychiatry medications, percentage of adherence, etc. was recorded. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 82		
Gender	**Male**	**Female**
Number	50	32

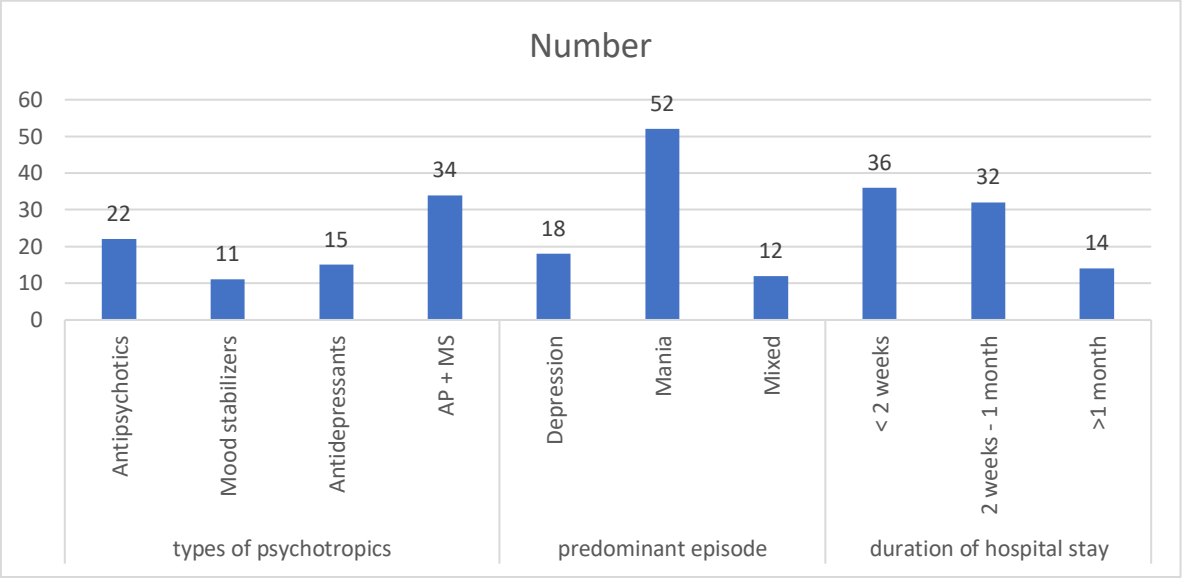
Table I shows that out of 82 patients, males were 50 and females were 32.

Table II Assessment of parameters

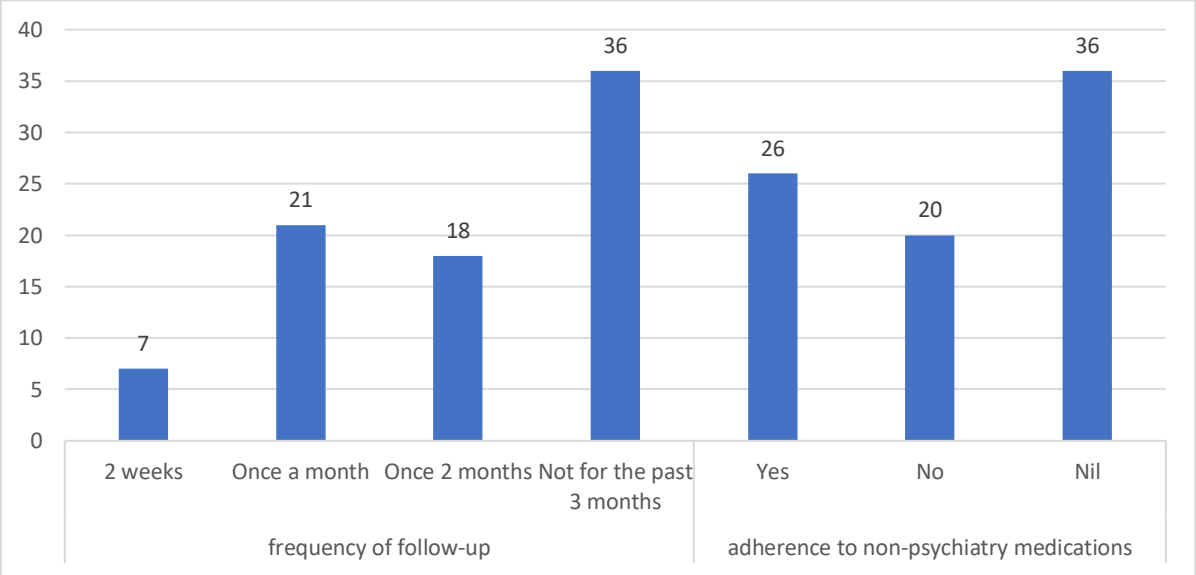
Parameters	Variables	Number	P value
types of psychotropics	Antipsychotics	22	0.05
	Mood stabilizers	11	
	Antidepressants	15	
	AP + MS	34	
predominant episode	Depression	18	0.04
	Mania	52	
	Mixed	12	
duration of hospital stay	< 2 weeks	36	0.17
	2 weeks - 1 month	32	
	>1 month	14	
frequency of follow-up	2 weeks	7	0.75
	Once a month	21	
	Once 2 months	18	
	Not for the past 3 months	36	
adherence to non-psychiatry medications	Yes	26	0.52
	No	20	
	Nil	36	
Percentage of adherence	<49%	38	0.05
	50-79%	22	
	80-100%	7	
	100%	5	

Table II, graph I, II shows that types of psychotropics was antipsychotics in 22, mood stabilizers in 11, antidepressants in 15 and AP + MS and 34 patients. Predominant episode was depression in 18, mania in 52, mixed in 12 cases. Duration of hospital stay was < 2 weeks in 36, 2 weeks - 1 month in 32, and >1 month in 14 cases. Frequency of follow-up was 2 weeks in 7, once a month in 21, once in 2 months in 18 and not for the past 3 months in 36. Adherence to non-psychiatry medications was seen in 26, not in 20 and nil in 36. Percentage of adherence was <49 in 38, 50-79 in 22, 80-100 in 7 and 100 in 5 cases. The difference was significant (P< 0.05).

Graph I Assessment of parameters



Graph II Assessment of parameters



DISCUSSION

Treatment for bipolar disorder often involves a combination of medication, psychotherapy, and lifestyle changes.[8,9] Mood stabilizers, antipsychotic medications, and antidepressants are commonly used to manage symptoms. Psychotherapy, such as cognitive-behavioral therapy (CBT) or interpersonal and social rhythm therapy (IPSRT), can help individuals understand their illness, manage stress, and develop coping strategies.[10,11] In addition, maintaining a healthy lifestyle, including regular exercise, a balanced diet, and adequate sleep, can also be beneficial in managing symptoms.[12,13]The present study was conducted to assess nonadherence in bipolar affective disorder (BPAD) patient.

We found that out of 82 patients, males were 50 and females were 32. Narayanan et al[14]assessed the prevalence of nonadherence in BPAD and to delineate the factors associated with it. They included 150 participants in our study. In the sample, 82.7% had at least 1 week of history of noncompliance in the past. The most common reason was poor understanding of illness by the family (56%) followed by a negative aspect of the patient toward the drug (20%).

We found that types of psychotropics was antipsychotics in 22, mood stabilizers in 11, antidepressants in 15 and AP + MS and 34 patients. Predominant episode was depression in 18, mania in 52, mixed in 12 cases. Duration of hospital stay was < 2 weeks in 36, 2 weeks - 1 month in 32, and >1 month in 14 cases. Frequency of follow-up was 2 weeks in 7, once a month in 21, once in 2 months in 18 and not for the past 3 months in 36. Adherence to non-psychiatry medications was seen in 26, not in 20 and nil in 36. Percentage of adherence was <49 in 38, 50-79 in 22, 80-100 in 7 and 100 in 5 cases. Gutiérrez-Rojas et al[15]analyzed the association of previous course-of-illness and other variables of

clinical interest with a high frequency of both depressive or (hypo)manic episodes controlling for the effect of socio-demographic characteristics.A total of 108 outpatients with a DSM-IV diagnosis of bipolar disorder (BD) were recruited. A retrospective and naturalistic study was conducted to examine the number of affective episodes and their relationship with socio-demographic, clinical and course-of-illness variables, including adherence to medication, type of medication used and the use of addictive substances. A high episode frequency (nine or more episodes) was associated with age (36-55years), delay in diagnosis, poor adherence to medication and current use of antipsychotic medication. In addition, a high frequency of manic episodes (four or more) was associated with female sex, age (>36years) and a manic onset of the illness, whereas a high frequency of depressive episodes (five or more) was associated with delay in diagnosis and poor adherence to medication.

The limitation of the study is the small sample size.

CONCLUSION

Authors found that most of the patients had non-adherence to medication. The follow up was also poor among patients.

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