Antipsychotic Medication Adherence and Satisfaction Among Palestinian People with Schizophrenia

Waleed M. Sweileh1, Manal S. Ihbesheh2, Ikhlas S. Jarar3, Ansam F. Sawalha4,*, Adham S. Abu Taha5, Sa’ed H. Zyoud6 and Donald E. Morisky7

1Department of Pharmacology and Toxicology, School of Pharmacy, An-Najah National University, Nablus, Palestine; 2MS. Biochemistry, School of Pharmacy, Department of Biochemistry, An-Najah National University, Nablus, Palestine; 3MS. Pharmacology, Department of Pharmacology and Toxicology, School of Pharmacy, An-Najah National University, Nablus, Palestine; 4Department of Pharmacology and Toxicology, School of Pharmacy, An-Najah National University, Nablus, Palestine; 5Department of Pharmacology and Toxicology, School of Pharmacy, An-Najah National University, Nablus, Palestine; 6MS Clinical Pharmacy, WHO Collaborating Centre for Drug Information, National Poison Centre, Universiti Sains Malaysia (USM), 11800 Penang, Malaysia; 7Doctoral Training in the Social and Behavioral Determinants of Infectious and Chronic Disease Prevention, Department of Community Health Sciences UCLA School of Public Health, 650 Charles E. Young Drive South, Los Angeles, CA 90095-1772, USA

Abstract: Background: In Arab and Muslim-dominated countries, spirituality and religiosity shape the belief and practices toward chronic illnesses. No previous studies were published to assess adherence to and satisfaction with antipsychotic medications in persons with schizophrenia in the Arab world.

Objective: To assess medication adherence and treatment satisfaction with antipsychotics in a sample of Palestinian people with schizophrenia.

Methodology: Medication adherence was assessed using the 8-item Morisky Medication Adherence Scale (MMAS-8). Treatment satisfaction was assessed using the Treatment Satisfaction Questionnaire for Medication (TSQM 1.4). Psychiatric symptoms were assessed using the expanded Brief Psychiatric Rating Scale (BPRS-E). Data were entered and statistically analyzed using SPSS 16 for windows.

Results: A convenience sample of 131 persons with schizophrenia was studied. Based on MMAS-8, 44 persons (33.6%) had a low rate, 58 (44.3%) had a medium rate and 29 (22.1%) had a high rate of adherence. Age was significantly correlated (P=0.028) with adherence score. However, variables like use of monotherapy or atypical or depot antipsychotics were not significantly associated with higher adherence. The means of satisfaction with regard to effectiveness, side effects, convenience and global satisfaction were 72.6 ± 20.5, 67.9 ± 31.47, 63.2 ± 14.3 and 63.1 ± 18.8 respectively. There was a significant difference in the means of effective (P<0.01), convenience (P<0.01), global satisfaction (P<0.01), but not side effects domains (P=0.1) among persons with different levels of adherence. Furthermore, there was a significant difference in the means of positive symptom score (P<0.01), manic (P<0.01) and depression (P<0.01) but not negative symptom score (P=0.4) among persons with different levels of adherence.

Conclusions: Medication nonadherence was common and was associated with low treatment satisfaction scores and poor psychiatric scores. Medication related factors had insignificant effects on adherence scores.

Keywords: Medication nonadherence, palestine, schizophrenia, treatment satisfaction.

INTRODUCTION

Schizophrenia is a chronic psychiatric disorder that impairs the quality of patients' lives [1-3]. Antipsychotic drug therapy has been reported to successfully minimize the frequency of acute schizophrenic episodes and hospitalization [4]. Adherence is a necessary element to achieve such success [4, 5]. Furthermore, adherence has been reported to lead to considerable cost savings for the health system [6]. However, nonadherence to antipsychotic medications is common and is considered as an integral barrier to the successful treatment of schizophrenia [7-9]. Several factors can contribute to medication nonadherence in patients with schizophrenia [10-13]. Such factors include race, culture and religion. For example, a review article about psychotropic medications found that rates of nonadherence were higher among Latinos than Euro-Americans and clinical and research interventions to improve adherence should be culturally appropriate and incorporate identified factors [14]. Another study examined how religious beliefs and practices can affect medication and illness representations in chronic