

Article: 0559

Topic: EPW15 - e-Poster Walk Session 15: Bipolar Disorders

Several Factors Affecting Level of Treatment Adherence After Hospital Discharge Among Patients with Bipolar Disorder

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Introduction

Treatment adherence is important to enable the effectiveness of maintenance treatment for bipolar disease, which is an episodic disorder.

Objective

To determine clinical and sociodemographic factors related to the treatment adherence.

Methods

Firstly, 117 patients and their relatives were interviewed via telephone. Morisky Medication Adherence Scale-4 and McEvoy Treatment Observation Form were applied after 12 months from the discharge. Secondly, a face to face interview was conducted with 86 of 117 patients and Medication Adherence Rating Scale (MARS), Mood Stabilizer Compliance Questionnaire (MSCQ), Drug Attitude Inventory-10 (DAI-10), Hamilton Depression Rating Scale (HDRS), Young Mania Rating Scale (YMRS), Beliefs Toward Mental Illness Scale (BMI), The Schedule for the Assessment of Insight (SAI), Bipolar Disorder Functioning Questionnaire (BDFQ) and UKU Side Effect Rating Scale (UKU) were applied. Patients were divided into low, medium, and high compliant groups.

Results

In the group with low adherence, it was found that BDFQ, SAI and DAI-10 scores were lower and existence of psychiatric comorbidity, living alone, preserved autonomy in dosing of mood stabilizers dimension of MSCQ, YMRS score, galactorrhea and ejaculatory dysfunction, number of hospitalization, longer duration of illness were higher. Female gender, lower scores at incurability subscale of BMI, cognitive dimension of BDFQ and SAI score, existence of psychiatric comorbidity, higher scores at preserved autonomy in dosing of mood stabilizers dimension of MSCQ's, were found as risk factors in prediction model of non-adherence performed with regression analysis.

Conclusions

Treatment adherence is associated with many factors that should be considered carefully during a treatment management.