Poor adherence to psychotropics undermines the possibility of effective drug treatment in psychiatric disorders. The reasons (Cooper, 2007) described for not taking drugs as prescribed were forgetting, losing, running out; thinking medication unnecessary; reluctance to take drugs and side effects. Rest other reasons for non-compliance could be violence, greater substance use, complexity of the prescription, patient's clinical features and relapses itself (Ascher-Svanum et al., 2006; Llorca et al., 2005).

I would like to highlight other issues for non-compliance relevant to populations of developing countries as the most of literature related with the Western population. Firstly, affordability of medications is an important issue for non-adherence of medications more particularly seen in poor patients of developing countries. For example, the poor patient with diagnosis of schizophrenia has to spend at least 150 Indian Rupees (3.47USD) (http://www.x-rates.com/calculator.html, accessed on 22.03.2007). monthly to continue risperidone 4mg/day which could be about one sixth to one tenth of their family income. At times, it becomes difficult for family members to decide which is more important- food or medicines. These poor strata usually look towards government for subsidies or free medications. Sometimes the cost of travels is much high to reach the nearest psychiatric facility than the medications provided free to them by the government.

Secondly, myths associated with medications also play important role for non-adherence. The common myths, which are prevalent in our culture as psychiatric medicines cause blood loss, dependence and mental sub-normality. These myths led people to move towards traditional methods including faith healing. However, this problem can be managed with contact strategy (Corrigan et al., 2001) (which challenges public attitudes about mental illness through direct interactions with persons having these disorders) but still need to be tried at the greater level. The other reasons could be mistrust of doctors or 'doctor shopping' as Western populations (Harju et al., 2006) also predicts low adherence to medications.

However, I feel that further studies are required to explore other causes for non-compliance more particularly in the developing World (German J Psychiatry 2007; 10: 103).

References


