An exploratory case study of medication (non)compliance of mental out-patients in Hong Kong

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Background
Discharge

Readmit

Readmit

Deteriorated mental state & functional performance

Poor prognosis
Poor quality of life
Increase health care cost

Relapse

Poor medication compliance

Research aims

1. To understand the phenomenon of medication (non)compliance among mental out-patients in Hong Kong

2. To inform development of OT interventions for enhancing patients’ medication compliance
Qualitative case study design

Qualitative Case study method (Yin, 2003)

Define & design
Jan ~ Feb 2010

Orienting perspective

Select cases

Design data collection protocol

Prepare, collect & analyze
Mid Feb ~ March 2010

Conduct 1st case study

Case study report (within-case analysis)

Cross-case analysis

Case study report (within-case analysis)

Conduct 2nd case study

Develop refine theory

Draw policy/intervention implication

Case study report (constant comparison)

Conduct further case studies (theoretical sampling)

Compose cross-case report

Analyze & conclude
April 2010

Research participants

- Recruited from and interviewed in community
- Psychiatric diagnosis by registered psychiatrist

1. Medication non-compliant case; Dx: Depression
   - Self-rated =70% compliance in past month
   - More robust measure of poor adherence was failure to take 30% or more medication in past month, specificity 100%, sensitivity 65% (Scott, 2002)

2. Medication compliant case; Dx: Depression
   - Self-rated = 100% compliance
Medication non-compliant case

“Medication is not a necessity; it is only first-aid medicine...”

Medication compliant case

“Care and support from family make me continue taking medication”
Cross case analysis – comparing and contrasting case study

Convergence

1. Personal theory of mental illness and treatment
   - Both patients believed that they could control themselves
   - Not merely depending on medication but also psychological treatment
   - Medication carries symbolic meaning which affirm “mentally ill” status

2. Knowledge of the effect of medication treatment
   - Both patients did not see the necessity of continuing medication treatment
   - Medication is used to control symptoms, they can stop once the symptoms subsided

Divergence

<table>
<thead>
<tr>
<th>1. Environmental support</th>
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<tbody>
<tr>
<td>Living alone &amp; not-so-substantial social support</td>
<td>Caring and supervised environment</td>
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<th>2. Patient care</th>
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<tr>
<td>Non-caring attitude of psychiatrist</td>
<td>Caring attitude of psychiatrist</td>
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<tr>
<td>Not voicing out adverse side effect to psychiatrist</td>
<td>Having voiced out adverse side effect to the psychiatrist</td>
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Discussion 1
Understanding of medication (non)compliance phenomenon

1. Environmental support
   • Quality of patient’s support structure is important to medication adherence (Julius et al., 2009)
   • Family beliefs about the nature of the patient’s illness and their belief about the role of medication may have significant impact on medication adherence (Sher at al., 2005)
   • Quality of the therapeutic alliance is a major factor that can affect compliance (Horvath & Bedi, 2002; Larco et al., 2002; Zeber et al., 2008)

Discussion 2
Understanding of medication (non)compliance phenomenon

2. Personal theory of illness and treatment
   • Patients’ adherence is more likely if they perceives the advice to take medication makes “common sense” to their experience of the illness and their personal beliefs about the cause of the illness (Leventhal et al., 1992)
   • Health belief model (Becker & Maimon, 1975)
     • When patient has low perceived threat of the illness
     • Perceived barriers of treatment > Perceived benefits of treatment
     • => patients will likely be low in medication compliance
3. Education of medication
   - Comprehension of the prescribed regimen is the first step toward successfully complying with the regimen (Buckley et al., 2009)
   - Should understand both the effect and side-effect of medication, as well as, discontinuous syndrome and benefit of maintaining medication

4. Symbolic meaning to mental patient of prolonged dependency on medication
   - In China, it is prevalent to believe that mental health problems are a result of weak character, having evil spirits, or punishment for not respecting ancestors (Lam, Tsang, Chan & Corrigan, 2006)
   - Mental illness carry stigma
   - Greater perceived stigma predicted antidepressant medication noncompliance and premature treatment discontinuation (Sirey et al., 2001)
Discussion

- “Generalizability” of case study method
  - Goal of case study are to expand and generalize theories (analytic generalization) and not to enumerate frequencies (statistical generalization) (Yin, 2003)
  - Develop theoretical framework and to theorize the phenomenon

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<tr>
<th>✅ Qualitative case study</th>
<th>✗ Quantitative study</th>
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<td>=&gt; Expand and Generalize theories</td>
<td>=&gt; Generalize to population</td>
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Limitation

- Time restriction
  - Can only have qualitative interview with participants
  - => Collect information from different sources (e.g. participant’s significant other)
- Number and kind of participants
  - Only two contrasting cases
  - => Collect information from more case studies and with 0 % medication compliant
  - Stronger support to theory
Practice implications in mental health setting

Different roles of Psychiatrist and OT in handling medication compliance
Practice implications in mental health setting

Treatment that HK OT are providing:

**In-patient setting**
- Ward/workshop OT
- Transforming Relapse and Instilling Prosperity (TRIP) program...

**Day-patient setting**
- Day hospital
- Clubhouse...

**Out-patient setting**
- Case manager
- Illness management and recovery model
- Occupational lifestyle redesign program...

- Develop a good alliance with patients, not only a positive, empathetic disposition on therapist, but also a collaborative framework could promote compliance (Horvath & Bedi, 2002)
- Promote concordance instead of compliance or adherence

- Explore and expand patient’s support system (significant other) and incorporate it into treatment
- Provide professional and scientific knowledge of medication
- Understand a patients’ perception of mental illness & medication effect
  - Broadbent et al.(2006) identified perception of illness included:
    1. the label the person uses to describe the illness
    2. the expected outcome of the disease
    3. personal belief about the cause of disease
    4. how long the person believes the illness will last
    5. extent to which the patient believes they can recover from or control the illness

HOW?
Practice implications in mental health setting

- **Embedded counselling**
  - Counselling role is embedded within other roles and relationships (i.e. patient-OT)
  - Advantages
    - OTs have access to background information of patient
      ➞ hence patients may be forthcoming to talk about their problems in living
    - OTs’ discipline of professional knowledge
      ➞ enhances OTs’ social influence to perform the “embedded” counsellor role

McLeod, 2007

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Practice implications in mental health setting

**Key concept of Embedded counselling**

1. Counseling is to deal with difficulties in clients’ social world and to locate the resources that they can use to enable a better life
   ~Solution focused therapy (O’Connell, 1998)

2. Counsellors work to establish and maintain a collaborative relationship and to create a conversational space within which genuine collaboration can take place
   ~Person centered therapy (Rogers, 1951)

3. Giving voice to what has been unsaid, first in the conversational space of counselling and thereafter in client’s life space
   ~Active Listening

McLeod, 2007
Thank You!

Reference