

Factors that Leading the Schizophrenic Patient To Leave Psychotherapy

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Abstract

Aims of the study: The study aimed to identify the factors associated with non-compliance because reasons mean causality of schizophrenic patient to psychiatric treatment .

Methodology: A descriptive study was carried on (50) schizophrenic in- patients at Ibn Al- Rushed psychiatric hospital, who were have more than admission because of their relapse in the period of 1/12/2013 to 1/2/2014. The data was gathered by interviewed the patients and their relatives or comparisons by using questionnaire which interviewing to describe the family factors, economic factors and the factors related to the patient himself and it was developed according to the related literature and previous study , the rated score of it was yes or no.

Results: The results of the study revealed that the family had important roles in the non- compliance and insufficient of the drugs in addition to the high cost of drugs in the private pharmacy .

Recommendations: The researcher recommended that compliance is important and educated the patient regarding the benefits of treatment to prevent relapse also educate the family about the importance of adherence to treatment for their patients.

Key words: schizophrenia , psychotherapy , compliance , Iraq

الخلاصة

الهدف: تهدف الدراسة الى التعرف على العوامل المؤدية الى ترك مريض الفصام لعلاجه النفسي

المنهجية: دراسة وصفية اجريت على (50) مريض مصاب بالفصام الراقد في مستشفى ابن رشد للأمراض النفسية ولديهم اكثر من دخول بسبب انتكاستهم للفترة من 1/12/2013 ولغاية 1/2/2014 . ولقد تم جمع المعلومات عن طريق المقابلة الشخصية للمريض والمرافق له وفق استمارة خاصة اعدت لغرض الدراسة تبين فيها الاسباب العائلية والاقتصادية والاسباب المتعلقة بالمريض نفسه واعتمدت في اعدادها على البحوث والدراسات السابقة وتكونت من (15) فقرة وكانت بدائل الاجابة بنعم او لا . واستخدمت النسبة المئوية والتوزيع التكراري في تحليل البيانات .

النتائج: كشفت نتائج الدراسة أن العائلة كان لها دورا هاما من عدم الامتثال للعلاج وعدم كفاية الأدوية وارتفاع تكاليفها في الصيدليات الخاصة. **التوصيات:** أوصى الباحث أن الامتثال المهم تثقيف المريض حول فوائد العلاج لمنع الانتكاس كذلك تثقيف الأسرة حول أهمية الالتزام بالعلاج لمرضاهم

الكلمات المفتاحية: فصام الشخصية، علاج، معرفة، عراق.

Introduction

Schizophrenia is one of the most important psychiatric and more forms of psychosis widespread and most serious and fundamental nature is still so far is not clear is more a threat to the disintegration and deterioration . Fifty percentage of Schizophrenic patients admitted to the psychiatric Hospitals (Al Hamdan , 2007 ; Al Jubori, 2001)

In the first pay attention to schizophrenia in late last century in which he described Morrell symptoms of autism, withdrawal and deterioration associated with the disease and confirmed Krlin the concept of recklessness mental associated with a disease where fired on the disease (the name of dementia early) and pointed out that the most important distinguished

is to withdraw and inertia and atrophy of the will and the defect judgment on things and then blair pointed out that what distinguishes this disease is not a tendency to deteriorate, but is characterized by the core symptoms of thought disorder and the dismantling of the links and conscience and disorder followed by symptoms of hallucinations and delusions (Al Jubori, 2001; Fleisch & Marias, 2013).

The era of psychological medicine began in the early fifties and then rolled the emergence of modern vehicles other frequently reported in the treatment of large numbers of patients assisted some healing and life withstand pressure conditions and enabled many to leave the hospital and live in the community (Goldstein, 2004) .Since the disease was unknown reasons and multi-image and grades so requires remedies broader and much more than other diseases, therefore, the treated patients with schizophrenia have planning and comprehensive treatments intertwined and integrated within the limits of available opportunities to reduce setbacks that accompany the patient from time to time where it's expected result in most cases of schizophrenia .They cause a major problem for the patient and family and community because they remain in constant preoccupation with the continuing concern and exchange huge amounts of money, so the researcher felt investigate the leading to relapse the reasons for many times, particularly with regard to treatment (Jacoub, 2009; John & Kana,2002) .

Objectives

The study aimed to identify the factors associated with non-compliance of schizophrenic patients to psychiatric treatment.

Methodology

A descriptive study was carried on (50) schizophrenic in- patients at Ibn Al- Rushed psychiatric hospital, who were have more than admission because of their relapse in the period of 1/12/2013 to 1/2/2014. The data was gathered by interviewed the patients and their relatives.

The questionnaire was designed for the purpose of the study describing the family reasons, economic reasons and the reasons related to the patient himself and it was developed according to the related literature and previous study and the rated score of it was yes or no.

Results**Table (1) demographic characteristics of schizophrenic patient to leave psychotherapy**

Items	F	%
Gender		
Male	28	56%
Female	22	44%
Age		
15-29	17	34%
30-39	25	50%
40 and above	8	16%
Academic achievement		
Primary	10	20%
Intermediate	13	26%
Secondary	19	38%
University	8	16%
Marital Status		
Single	32	64%
Mirage	7	14%
Absolute	11	22%
Number of admission		
2-3	38	76%
4-5	7	14%
6 - +	5	10%

Table (2) Factors of family that lead to leaving the patient to cure

Family-related factor	Yes		No	
	F	%	F	%
1- lack accompanied by a person to receive treatment	36	72%	14	28%
2- Family is busy with other things	40	80%	10	20%
3- lack of interest in family time specified for receipt of treatment	38	76%	12	24%
4- Family lack of understanding of the nature of the disease and the need for treatment	22	44%	28	56%
5- lack of interest in the patient's family and continue to take the treatment	32	64%	18	36%

df (Degree of freedom) = 4 Sig. (Significant) = 00.7 Std. Deviation = .12741 P. Value \leq 0.01

Table (2) Shows that the factors of the family that lead to leaving the patient to cure it has emerged that the busy family with other things and 76% is the lack of interest in family time specified for receipt of treatment as well as 72% is the absence of a person accompanied to receive treatment and 64% of families to bother the patient and to continue taking the treatment as well as 64% of them had reason to leave treatment and lack of continuity as a result of lack of interest in the patient's family.

Table (3) Factors related to the economic status for leaving the treatment related to the patient

Factors related to the economic status	Yes		No	
	F	%	F	%
1- Not found the treatment in government hospitals	36	72%	14	28%
2- Access to the hospital is very expensive because the long distance between hospital and housing	40	80%	10	20%
3- Treatment is very expensive in the private pharmacies	42	84%	8	16%
4- Spending on treatment affect the family income	46	90%	5	10%
5 -No dates fixed by the hospital to get treatment, leading to unavailability	36	72%	14	28%

df (Degree of freedom) = 4 Sig. (Significant) = 0 .004 Std. Deviation =.24264 P. Value \leq 0.01

Table (3) shows the economic factors that lead to leave the treatment where the proportion of 90% of patients spending on treatment affect the family income and 80% of them assured us that their arrival to the hospital costly related to the family as well as the proportion of 84% was caused by leave a treatment reason for their inability to buy of private pharmacies when unavailability in hospitals , 72% suffer from lack of treatment in government hospitals as well as 72% of them also complain of not setting firm dates to receive treatment from government hospitals .

Table (4) Factors for leaving the treatment related to the patient

Factors related to the patient	Yes		No	
	F	%	F	%
1- Patient's failure to appreciate the necessity of taking the treatment	35	70%	15	30%
2- Not convinced the patient treatment	36	72%	14	28%
3- leave as a result of treatment side effects associated with the treatment	34	68%	16	32%
4-Taking treatment for a long time the cause of the boredom of treatment	40	80%	10	20%
5 -leaves treatment for fear of addiction	19	38%	31	62%

df (Degree of freedom) = 4 Sig. (Significant) = 0 .001 Std. Deviation = .04363 P. Value \leq 0.01

Table (4) Showed the factors for leaving the treatment as a result of the disease was 80% of them is the reason for taking the therapy for long period and this in turn cause boredom of the patient. And 72% of the patient's failure to appreciate the need to take the treatment.

Discussion

Results showed the analysis of information for patients (Table 1) that the percentage of 50% of the samples were aged between 30 - 39 years old and this certain on (Goldstein, 2004) the nature of the disease begins where the occurrence of disease among the 15 - 25 years of age, including that disease tends to the time and the sample are disease who have repeatedly as they reach the entry accounted for 76% of the patients.

As for the sex information turned out that 56% of respondents are male and 44% of females an equal proportion and this certain on (Johnson, 2005) that schizophrenia affects males and females alike.

As for changing the cultural level, the highest rate of the disease 38% are graduates high school and this is the cause of the disease, which starts from an early age and the fact that the injured tends to gradually decline and regression, so find schizophrenic patients to contact with the study because the setback patient after a cure is something many fall when these patients. (John & Kana,2002; Rizwan,2007)

As for the case of social, the proportion of 64% of patients unmarried because schizophrenia fire rights in the more attention and viability productivity leads to erratic personal deterioration and split from the outside world, and this in turn leads disintegration the family separated was confirmed by (Thomas, 2012) that patients with schizophrenia often be lonely isolated.

As for the number of times it is clear that 76% of the patients who have more than 2 - 3. This certain the relapse condition because of not taking the treatment and this is what he referred to (Goldstein,2004 ; Johnson, 2005).

Table 2 shows that more reason family is a busy family with other things (80%) as well as the lack of interest in family time specified for receipt of treatment (76%) and this support (John & Kana, 2002 ; Thompson,2005) that the family is the basic unit in the treatment of patients with schizophrenia and therefore provide aid Patient and constant communication with treatment and take responsibility for the care with health institutions.

Table 3 shows the economic causes leading to the left treatment where 90% of the disease was the reason the impact of spending on treatment on family income, and 84% understand do not their ability to buy treatment from pharmacies civil and 80% was the cause of leaving treatment result difficulty of access to the hospital and this support (Thomas, 2012) that the treatment of patients with schizophrenia have a heavy burden on the family budget because the medicine is not available in mental hospitals and their high prices in pharmacies and civil continuity of treatment depends on external factors play a role, such as family status, social and economic.

Table 4 shows the reasons for leaving treatment for the patient, 80% suffer from taking treatment for a long time and this support (Thompson,2005) that the treatment depends on factors specific to the patient, such as medical history and symptoms and require treatment longer relationship more effectively between the patient and his environment and strengthen the sense of security the confidence and conviction to treatment.

Conclusion

The study describing the family factors, economic factors and the factors for patients himself and it was developed according to the related literature and previous study and the rated score of it was agreement or not.

Recommendation

- 1 - Increased insight and understanding of the patient's treatment and education.
- 2 - Emphasis on the need to continue to take the treatment of Schizophrenia ago to stay at the level of compatibility and the feeling of safety and prevent relapse.
- 3 - Increase awareness of the families of patients need constant communication to take treatment by the patients by preparing educational programs and regular meetings with them.

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