PREDICTORS OF ADHERENCE IN PATIENTS WITH PSYCHOTIC DISORDER TREATED IN A HOME CARE SERVICE

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INTRODUCTION

Schizophrenia is a disease with high prevalence in the population that creates a huge impact on the quality of life of the individual. The importance of adherence to treatment is widely described. Known predictors are a good overall performance, the therapeutic alliance and insight[1,2]. The majority of the studies focus on taking medication and few of them analyze the adherence to ambulatory services.
EMSE (Multidisciplinary team of support specialized in Mental Health, *Equipo Multidisciplinar de Soporte Especializado en Salud Mental* in Spanish) is a resource that makes home visits to patients without treatment in order to promote their adherence to the Mental Health Center (MHC).

OBJECTIVES

The main objective is to examine the factors that predict the adherence to the MHC of the patients with psychotic disorder treated by EMSE.

METHODS

A total of 480 patients (54.2% male, mean age 46.29 years, standard deviation 16.80) with psychotic disorder were treated by EMSE in the Barcelona area and subsequently referred to MHC, checking attendance and adherence after 4 months.
Clinical and sociodemographic variables and several scales were collected (World Health Organization Disability Assessment Schedule; WHO-DAS, *Gravedad de Enfermedad Psiquiátrica*; GEP, *Escala de Evaluación de la Actividad Global*; EEAG, *Impresión Clínica Global*; ICG, Scale to Assess Unawareness of Mental Disorder; SUMD, Positive and Negative Syndrome Scale; PANSS).
The sample was divided into 2 groups, one in which patients were referred to MHC and another in which the referral was not possible. Data was compared using Chi-square and Student's t.

RESULTS

132 patients (36.4%) were referred to the MHC and attended the first visit. Three variables were found to predict adherence to the MHC: having psychiatric history (p<0.001), not living alone (p= 0.004) and to have previous hospital admissions (p<0.001).
There were no significant differences regarding gender, drug and alcohol consumption or educational level. There were significant differences at all the scales (see Table 1).

Table 1. Results considering adherence to Mental Health Center (MHC).

	MHC NO (N, %)	MHC YES (N, %)	p
Gender (male)	183 (52,9%)	75 (56,8%)	0,473
Age (sd)	47,48 (17,2)	43,4 (15,4)	**0,017**
Basic education	148 (46,1%)	69 (55,2%)	0,092
Personal psychiatric history	264 (77,9%)	117 (91,4%)	**<0,001**
Family psychiatric history	147 (48,7%)	68 (58,6%)	0,08
Antipsychotic treatment:			**<0,001**
- Oral	113 (33,1%)	51 (39,8%)	
- Depot	25 (7,3%)	37 (28,9%)	
- Does not take treatment	203 (59,5%)	40 (31,2%)	
Lives alone	105 (30,4%)	23 (17,4%)	**0,004**
Drug abuse	77 (22,6%)	30 (23,1%)	0,903
Previous adherence to medical center	35 (10,5%)	15 (11,5%)	0,741
First psychotic episode	55 (15,9%)	10 (7,6%)	**0,017**
Hospitalization history	64 (52,7%)	90 (72%)	**<0,001**
Insight (SUMD) (sd)	12,40 (3,0)	10,43 (3,4)	**<0,001**
WHO-DAS (sd)	12,95 (4,061)	11,41 (4,1)	**<0,001**
GEP (sd)	16,10 (4,5)	12,17 (4,1)	**<0,001**
CGI (sd)	5,23 (0,8)	4,50 (0,9)	**<0,001**
EEAG (sd)	32,37 (11,7)	42,72 (14,7)	**<0,001**
PANSS P (sd)	28,32 (6,9)	22,43 (8,3)	**<0,001**
PANSS N (sd)	21,88 (7,3)	24,03 (8,0)	**0,009**
PANSS PG (sd)	46,72 (9,4)	41,58 (9,8)	**<0,001**

CONCLUSIONS

The results highlight as factors associated with higher retention: global functioning, severity of symptoms, insight, psychiatric history and hospital admissions.
Regarding the sociodemographic variables we found that younger age and not living alone are significantly associated with the assistance to the MHC.
Prospective studies are needed to assess long-term persistence of these predictor factors.

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