

The Adherence to Talking Medication for Schizophrenia Patients

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Abstract:- Schizophrenia is a chronic, severe, and disabling disease, a brain disorder characterized by chaotic thoughts, delusions, hallucinations, and strange or catatonic behavior. Adherence to taking medication in schizophrenic patients can be detected using the Medication Adherence Rating Scale (MARS). This study aims to determine the description of compliance in taking medicine of schizophrenic clients in the Regional Mental Hospital of Jambi Province. This research uses descriptive design. The results showed that 112 (100%) had never been careless about the time to take medication when they felt it was better not to stop taking medication and not to take medication only when they were sick. A total of 110 (98.2%), if they felt worse when taking drugs did not stop taking medication, 81 (72.3%) could not for the mind and body to be controlled by medication, 99 (88.4%) his mind was not clear after taking medicine, 98 (87.5%) felt strange like zombies on medication, 71 (63.4%) never forgot to take medication and 64 (57.1%) drugs did not make respondents feeling tired and sluggish . Nurses should motivate schizophrenia clients to comply with taking medication.

Keywords:- Schizophrenia, Adherence.

I. INTRODUCTION

Schizophrenia is a severe and persistent neurobiological disorder of the brain, which can lead to disruption in the lives of individuals, families and communities (Stuart, 2016). Schizophrenia attacks more than 21 million people worldwide (WHO, 2016). the prevalence of schizophrenia is about 1.7% of the total population or about 1,027,753 million people. The prevalence of the Indonesian population with mental emotional problems is depression and anxiety as much as 6% of the total population or around 37,728 people (Riskseddas, 2013).

The cause of schizophrenia is unknown, but it has been agreed that schizophrenia is caused by the interaction of several factors, namely biological factors, psychosocial factors and environmental factors. Biological factors include genetic predisposition, neurodevelopmental abnormalities, brain structure abnormalities and imbalance in neurological development, abnormalities in brain structure and neurochemical imbalances. Psychosocial factors include the existence of a hereditary who is getting stronger and stronger, the presence of psychiatric trauma, the relationship of parents - children who are pathogenic, and pathogenic interactions in the family (Isaacs, 2005)

Schizophrenia consists of two categories, which can be positive symptoms and negative symptoms. Positive symptoms include delusions and hallucinations. Negative symptoms include blunt and flat affect, apathy, withdrawal from society and no eye contact. Positive symptoms can be controlled by doing treatment therapy, and negative symptoms are persistent all the time (Townsend, 2009).

People who have schizophrenia will not be able to communicate normally, one of them is because they think that others want to harm them (Sadock, 2010). Schizophrenia clients will be very difficult to communicate and be in a lot of people. Besides that they also experience hallucinations and illusions so that they seem to see things that are not real (Amalia & Anwar, 2013).

To overcome the problems that arise in schizophrenic patients, psychopharmaceutical therapy, psychotherapy, psychosocial therapy and psycho religious therapy are needed. In psychopharmaceutical therapy, there are various types of drugs used, but until now there is no ideal drug, each drug has advantages and disadvantages and side effects (Keliat, et al, 2013). To prevent the recurrence of symptoms of psychosis (illusion, delusion, and hallucinations) antipsychotic treatment in schizophrenic patients must be done at least within a year (Videbeck, 2008). In addition, on regular treatment patients can return to their social environment in a faster time. Patients who undergo treatment regularly for one year are less likely to experience relapse (Zygmunt etc all., 2002). For this reason, it requires adherence of schizophrenia patients to take medicine.

Adherence to treatment describes how patients follow the instructions and recommendations given by nurses or doctors (Gajski & Karlovic, 2008). Patients must know about principle 6 correctly in taking medicine, where compliance occurs when the rules of use in prescribed drugs and their administration at the hospital are followed correctly (Keliat 2013). Obedient behavior of taking medication can be measured by the collaboration of family and patients in drug administration, self-awareness of drug needs, self-medication independence, medication discipline and routine control after being treated in hospital (Wardani, 2009). Non-compliance towards treatment has a negative impact on the course of the disease resulting in relapse, re-treatment, longer time to heal, and suicide attempts (Higashi et all, 2013).

II. MATERIALS AND METHODS

This study used a descriptive method that is to determine the adherence to taking schizophrenic patient medication with a sample (n = 112).

III. RESULTS

	Category	F	%
Age	Late teenager (17-25 years old)	19	17
	Early adulthood (26-35 years old)	37	33,0
	Late Adulthood (36-45 years old)	41	36,6
	Elderly (46-55 year)	15	13,4
	Amount	112	100
Sex	Male	88	78,6
	Female	24	21,4
	Amount	112	100
Occupation	Work	17	15,2
	Does not work	95	84,8
	Amount	112	100
Education	No school	27	24,1
	Elementary school	21	18,8
	Middle school	29	25,9
	High school	35	31,2
	Amount	112	100
Marital Status	Marry	22	19,6
	Widow widower	5	4,5
	Not married	85	75,9
	Amount	112	100
The frequency of withdrawal from drugs	One to three months	94	83,9
	More than three months	18	16,1
	Amount	112	100
The frequency of being hospitalized	Less than six times	100	89,3
	Bigger than six times	12	10,7
	Amount	112	100

Table 5.1 Frequency Distribution of Respondent Characteristics at District Psychiatric Hospital in Jambi Province year 2018 (N=112)

Based on table 5.1 it was found that the final adult respondents aged (36-45 years) were 41 respondents (36.6%), respondents who were male were 88 respondents (78.6%), respondents who did not work were 95 respondents (84.8%), respondents with high school education were 35 respondents (31.2%), respondents who were not married were 85 respondents (75.9%), respondents who dropped out for 1-3 months were 94 respondents (83, 9%) and respondents who were re-treated<6 times were 100 respondents (89.3%).

NO	INTERVENTION GROUP	YES	%	NO	%
	QUESTION				
1	Do you ever forget to take your medicine	41	36,6	71	63,4
2	Are you careless at times about taking your medicine.	0	0	112	100
3	When you feel better, do you sometimes stop taking your medicine	0	0	112	100
4	Sometimes if you feel worse when you take your medicine, do you stop taking it	2	1,8	110	98,2
5	I take my medication when I am sick	0	0	112	100
6	It is unnatural for my mind and body to be controlled by medication	81	72,3	31	27,7
7	My thoughts are clearer on medication	18	16,1	94	83,9
8	By staying on medication I can prevent getting sick 0	13	11,6	99	88,4
9	I feel weird, like a 'zombie', on medication	98	87,5	14	12,5
10	Medication makes me feel tired and sluggish	48	42,9	64	57,1

Table 5.2 Frequency Distribution of Respondents' Compliance in Taking Drugs at the Regional Mental Hospital of Jambi Province in 2018 (n = 112)

Based on table 5.2 it was found that 112 (100%) respondents who had never been careless about the time to take medication when they felt better did not stop taking

medication and who did not take medication only when they were sick. 110 (98.2%) respondents if they feel worse when taking drugs do not stop taking medication. 81 (72.3%)

respondents who could not control their mind and body to be controlled by drugs, 99 (88.4%) respondents whose minds were not clear after taking medication, 98 (87.5%) respondents who felt strange like zombi after taking medicine, 71 (63.4%) respondents never forgot to take medication 64 (57.1%) medicines, did not make respondents feel tired and slow.

IV. DISCUSSION

The results showed that 112 (100%) had never been careless about the time to take medication when they felt it was better not to stop taking medication and not to take medication only when they were sick. A total of 110 (98.2%), if they felt worse when taking drugs did not stop taking medication, 81 (72.3%) could not for the mind and body to be controlled by medication, 99 (88.4%) his mind was not clear after taking medicine, 98 (87.5%) felt strange like zombies on medication, 71 (63.4%) never forgot to take medication and 64 (57.1%) drugs did not make respondents feeling tired and sluggish.

Compliance with schizophrenic patients in taking medicine is due to schizophrenic patients having self-awareness of drug needs. Schizophrenic patients are aware of the importance of medicine for the health of their body.

The results of Wardani's research (2009) state that medication-taking behavior can be measured by self-awareness of drug needs, medication independence, and discipline in taking medication. Obedient behavior taking medication must also be followed by routine control after being hospitalized.

Discipline measurement or adherence in treatment using MARS describes the behavior and attitudes of schizophrenic patients towards treatment using 1 question with a total score of 0-10. The higher the score shows the better compliance (Thompson, 2000).

V. CONCLUSION

The results showed that 112 (100%) had never been careless about the time to take medication when they felt it was better not to stop taking medication and not to take medication only when they were sick. A total of 110 (98.2%), if they felt worse when taking drugs did not stop taking medication, 81 (72.3%) could not for the mind and body to be controlled by medication, 99 (88.4%) his mind was not clear after taking medicine, 98 (87.5%) felt strange like zombies on medication, 71 (63.4%) never forgot to take medication and 64 (57.1%) drugs did not make respondents feeling tired and sluggish

REFERENCES

- [1]. Amalia & Anwar. (2013). Relaps Pada Pasien Skizofrenia. *Jurnal Ilmiah Psikologi Terapan*, 01(01), 53–65.
- [2]. Gajski & Karlovic. (2008). Assesment Of Nuhrse Attitudes On Psychiatric Patien Compliance With Pharmacotherapy. *Acta Clin Croat*: 47:149-153.

- [3]. Higashi, et all. (2013). Medication Adherence In Schizophrenia: Factors Influencing Adherence And Consequences Of Nonadherence, A Systematic Literature Review.
- [4]. Isaacs. (2005). *Keperawatan Kesehatan Jiwa & Psikiatri* (3 th Ed). Jakarta: EGC
- [5]. Keliat, dkk.(2013). *Manajemen Kasus Gangguan Jiwa*. Jakarta: EGC.
- [6]. RIKESDAS. (2013).*Laporan Hasil Riset Kesehatan Dasar Indonesia Tahun 2013*
- [7]. Stuart. (2016). *Prinsip Dan Praktek Keperawatan Kesehatan Jiwa* Stuart. Fakultas Keperawatan Universitas Indonesia
- [8]. Thompson, K.J. Kulkarni, A.A. Sergejew. (2000). Reliability and validity of a new Medication Adherence Rating Scale (MARS) for the psychoses. *Schizophrenia Research* 42 (2000) 241-247
- [9]. Townsend, Mary C. (2009). *Psychiatric Mental Health Nursing: Concepts Of Care InEvidence-Based Practice*. Philadelphia: F.A Davis Company
- [10]. Videbeck,S.L. (2008). *Buku Ajar Keperawatan Jiwa*.Jakarta: EGC
- [11]. Wardani. (2009). *Pengalaman Keluarga Menghadapi Ketidapatuhan Anggota Keluarga Dengan SkizofreniaDalam Mengikuti Regimen Terapeutik: Pengobatan*. Depok: FKUI
- [12]. WHO. (2016). Health Topic: Mental Disorders. Diaksesdari www.who.int/padatanggal 6 June 2017
- [13]. Zygmunt et al. (2002).Intervention To Improve Education Adherence In Chizophrenia. *Am J Psychiatry*, 78 (5):1653-1664