

Norfolk and Suffolk NHS

UEA Pharmacy

Research Day

May 2020

The patient's perspective of modifiable determinants of medication adherence for Bipolar Disorder: a systematic review



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Background

- Medication non-adherence, reported to be approximately 40% in Bipolar disorder¹, leads to negative health and financial outcomes.
- Lack of understanding of modifiable determinants of adherence in bipolar disorder may partly explain limited progress made to improve adherence. In the healthcare context, determinants need to be modifiable to effect the change by an individual themselves or in partnership with their carer or healthcare team.

Aim

To synthesise patient reported modifiable determinants of medication adherence for bipolar disorder according to the TDF.

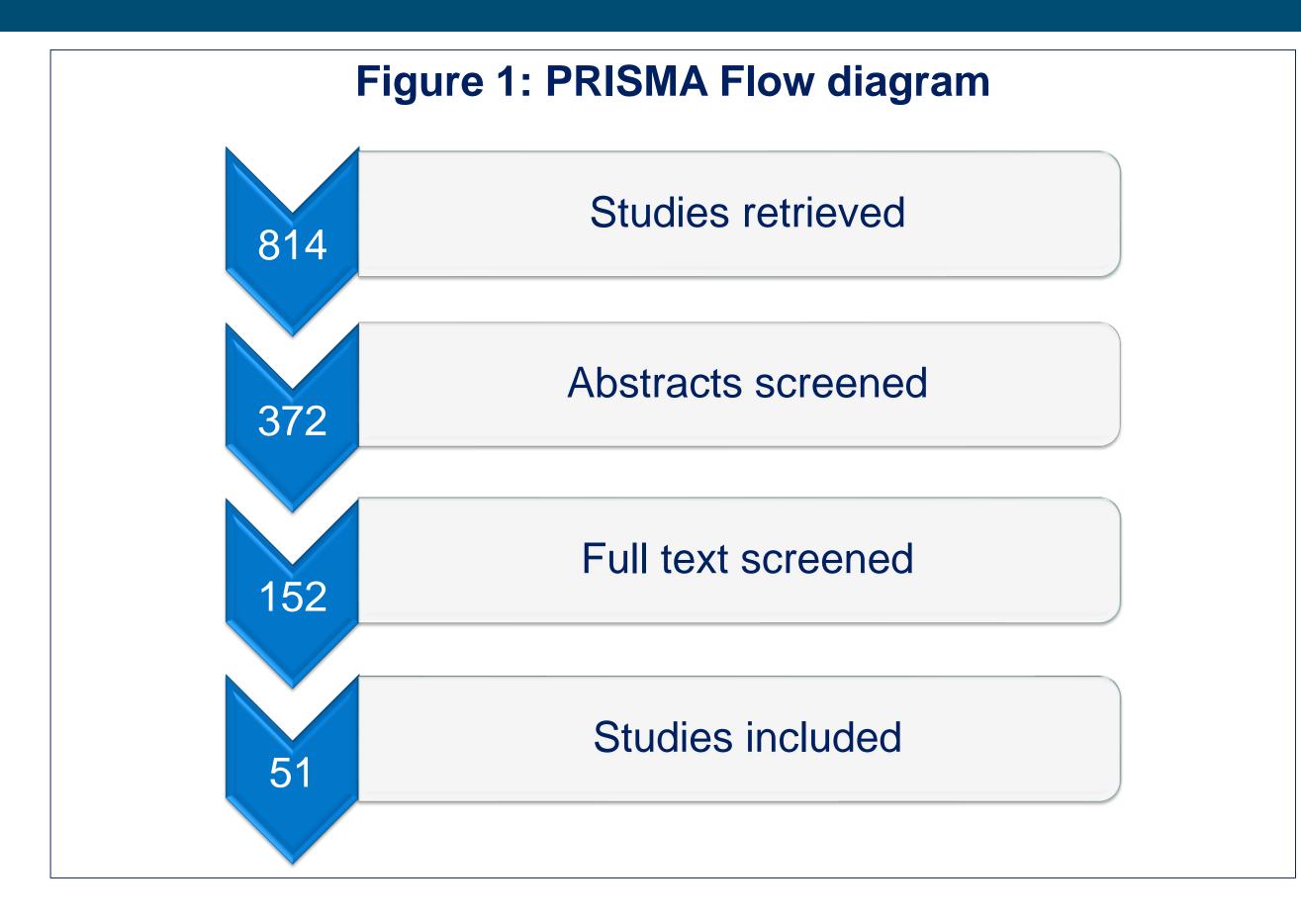
Methods

- Database searched: CINAHL,
 Cochrane Library, Embase, LiLACS,
 Medline, PsychINFO and Pubmed
 up to Oct 2018.
- Search terms: 'Treatment Adherence and Compliance', 'Bipolar Disorder' and 'Psychotropic Drugs'.
- Inclusion criteria: Primary studies, both qualitative and quantitative, reporting one or more modifiable determinants of medication adherence in bipolar disorder.
- Two independent reviewers
 screened the abstracts and full texts.
- We used the TDF² as an a priori
 framework to organize literature
 identified determinants. Two
 reviewers extracted the modifiable
 determinants of adherence and
 mapped to the TDF independently.
- The study registration number is PROSPERO: CRD42018096306 and protocol published in the BMJ Open.

BMJ Open Mapping of modifiable barriers and facilitators of medication adherence in bipolar disorder to the Theoretical Domains Framework: a systematic review protocol

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Results



- Figure 1 shows stages of screening. Most studies were surveys (n=26) and interviews (n=22). Rest were observational studies.
- Table 2 presents 11 TDF domains and examples of modifiable determinants of medication adherence mapped to those determinants.
- No determinants were mapped to 3 TDF domains: Reinforcement,
 Optimism and Behavioural Regulation
- Three most frequently reported modifiable determinants (reported in > 33% of studies) were:
 - 1. Experience of adverse effects of medication
 - 2. Belief about the positive or negative effects of medication
 - 3. Knowledge about bipolar disorder or its treatment

Table 2: Example of medication adherence determinante manned to TDE	
Table 2: Example of medication adherence determinants mapped to TDF domain	
TDF domain	Adherence determinants included in TDF domain
Environmental context & resources	 Experiencing adverse effects Cost of medication and lack of efficacy Pill burden, complexity of regimen
Beliefs about consequences	 Belief that medication will be harmful or addictive Mistrust in medicines or lack of belief in their efficacy Belief that medication reduced creativity/productivity
Knowledge	 Lack of knowledge about bipolar disorder Unawareness of the need of long-term medication Misunderstanding of dose / regime prescribed
Intentions	 Denial of illness Not wishing to take medications for the rest of life
Emotions	 Bothered that mood was controlled by medication Afraid to become dependent Fear of adverse effects
Social influences	 Fear of discrimination or stigma & cultural opposition Presence or lack of social support Relationship with healthcare team
Memory, attention & decision processes	 Forgetfulness, carelessness and laziness Difficulties in maintaining pill taking routines
Skills	 Provision of training to care for bipolar disorder
Social / Professional Role and Identity	Better patient-physician relationship
Beliefs about capabilities	Autonomy to service users
Goals	Desire to experience manic symptoms

Discussion and Conclusion

Comprehensive list of modifiable determinants of medication adherence are identified but determinants are likely to be unique to individual patient. As each TDF domain has been linked to behaviour change techniques (BCTs), this study provides a foundation for the development of an adherence tool for clinicians to provide tailored BCTs to support adherence. The frequent reporting of above three determinants indicate that interventions comprising information provision and patient engagement to tailor prescribing decisions according to acceptability and tolerability may be appropriate.

Funding statement and disclaimer

"Asta Ratna Prajapati is funded by Health Education England (HEE) / National Institute for Health Research (NIHR), (Clinical Doctoral Research Fellowship) (NIHR reference number: ICA-CDRF-2017-03-054) for this research project."

"This poster presents independent research funded by the National Institute for Health Research (NIHR). The views expressed are those of the author(s) and not necessarily those of the NHS, the HEE / NIHR or the Department of Health and Social Care."





References:

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- 2. Cane J, O'Connor D, Michie S. Validation of the theoretical domains framework for use in behaviour change and implementation research. Implement Sci 2012;7:37.