Table 1: Socio-demographic and clinical characteristics of responders and non-responders to the questionnaires.

	Responders N = 493	Non-responders N = 496	P
Age (median (quartiles))	43.8 (33.3–53.4)	45.5 (33.5–55.8)	0.2
Men (%)	194 (45.2)	235 (54.8)	0.006
Women (%)	299 (53.4)	261 (46.6)	
Depressive disorder (%)	258 (50.0)	258 (50.0)	0.9
Bipolar disorder (%)	235 (49.7)	238 (50.3)	
Number of admissions (SD)	2.44 (2.24)	2.38 (1.42)	0.8

2.4. Statistical analysis

In univariate analyses, categorical data were analysed with chi-square test (2-sided) and continuous data were analysed with the Mann-Whitney test for two independent groups. In multiple regression analyses, component 1, 2, 3, 4 of the MSQC were included as outcome, respectively, and gender, age at first contact, number of admissions and type of disorder (depressive versus bipolar disorder) were included as predictive variables.

$P < 0.05$ was used to indicate statistical significance. SPSS software package for windows, version 11.0 was used [16].

3. Results

Among the 1005 patients who were identified in the register with a diagnosis of depressive disorder or mania/bipolar disorder, 16 patients were excluded (7 due to unknown address, 6 as the patients did not understand Danish, 2 as the patients according to relatives were to demented and 1 as the patient has died). Among the remaining 989 patients who were potentially able to respond to the questionnaires, 493 patients fulfilled the questionnaires, corresponding to a response rate of 49.9 %. Among the 493 patients who fulfilled the questionnaires, 256 (51.9 %) responded that they previously or currently were in treatment with a mood stabilizer. Totally, 108 patients indicated that they currently were taking lithium, 10 patients were taking carbamazepine, 14 patient valproate and 35 patients were currently taking lamotrigene. Among these patients, 7 patients got combinations of various kinds of mood stabilizers. We did not ask for the type of the prior mood stabilizers, as such data may be inaccurate. As can be seen from Table 1, significantly more women (53.4 %) than men (45.2 %) responded to the overall questionnaires ($p = 0.006$). No significant age differences at first discharge were seen between the patients with depressive and those with bipolar disorder or between the numbers of admissions in responders versus non-responders to the questionnaire.

The responses to the 33 items of the MSQC are presented in Table 2 for the 256 patients who reported that they previously or currently were in treatment with a mood stabilizer. Mean (SD) values for each item are presented for patients with depressive and bipolar disorder, separately (also for comparison with future studies). Mean values were calculated according to the scoring system from 1 to 4 by Demyttenaere [13]. The higher the score, the more positive the patients beliefs and attitudes toward compliance are. There were statistical differences in the scores between depressive and bipolar disorder in four items (items 4, 5, 18 and 24).

In general, the major proportion of patients agreed on the diagnosis and the choice and effect of pharmacological treatment and the majority felt content with their doctor and with information regarding diagnosis and treatment. Only minorities of patients had wrong ideas about dosing or the effect of mood stabilizers (You may take fewer tablets than prescribed on days when you feel better (8.1 %, item 8). If you forget to take the mood stabilizer on a certain day, it is better to take an additional dose the following day (10.6 %, item 23). You may take more tablets than prescribed on days when you feel more depressed (6.6 %, item 26). Skipping a day now and again prevents your body from becoming immune to the mood stabilizers (3.4 %, item 30)).

In contrast, a large proportion of the patients had non-correct views on the effect of mood stabilizers (Component2 (Preserved autonomy)). A total of 77.4 % of the sample of patients agreed on item 1 that as long as you are taking mood stabilizers you do not really know if they are actually necessary. Accordingly, 50.0 % agreed on item 3 that when you have taken mood stabilizers over a long period of time it is difficult to stop taking them and 37.3 % agreed on item 6 that when you take mood stabilizers you have less control over your thoughts and feelings. Further, 41.7 % agreed that mood stabilizers can alter your personality (item 9) and 49.8 % that your body can become addicted to mood stabilizers (item 13) and accordingly 36.1 % agreed that your body can become immune to mood stabilizers (item 24). A total of 61.0 % agreed that their depression and/or manic episodes are mainly due to factors associated with their personality (item 31).