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Attitudes and beliefs among patients treated with mood stabilizers

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Abstract

Background: There is increasing evidence that attitudes and beliefs are important in predicting adherence in depressive and bipolar disorders. However, such attitudes and beliefs on mood stabilizers have not been analysed by socio-demographic and clinical variables.

Methods: The Mood Stabilizer Compliance Questionnaire (MSQC) was mailed to a large population of patients with depressive or bipolar disorder representative of patients treated at their first contacts to hospital settings in Denmark.

Results: Of the 1005 recipients, 49.9 % responded to the letter and among these 256 indicated that they previously had been or currently were in treatment with a mood stabilizer. A large proportion of the patients (40 to 80 %) had non-correct views on the effect of mood stabilizers. Older patients consistently had a more negative view on the doctor-patient relationship, more non-correct views on the effect of mood stabilizers and a more negative view on mood stabilizers. There was no difference in the attitudes and beliefs according to the type of disorder (depressive or bipolar), the number of psychiatric hospitalisations or according to the type of the current doctor (general practitioner, private psychiatrist, community psychiatry doctor, hospital doctor, other doctor).

Conclusion: There is a need of improving knowledge and attitudes toward diagnosis and treatment especially among elder patients as this may add to improve the prognosis of depressive and bipolar disorders.

1. Introduction

Medication non-adherence for depressive and bipolar disorders range from 10 to 60 % (median 40 %). It has recently been concluded in a review [1] that it seems as attitudes and beliefs are at least as important as side-effects in predicting adherence in depressive and bipolar disorders [2-4]. Beliefs and expectations has in several studies been found to be associated with non-adherence to lithium [1,5,6] and a recent study similarly concluded that attitudes and behaviours are better predictors of non-

adherence to mood stabilizers than side effects of medication [7]. Nevertheless, most of the studies have included a rather small number of patients [5,8-11] which might explain the very few attempts that have been made to correlate attitudes and beliefs with gender and age or with diagnostic subtypes (unipolar versus bipolar disorder) [12].

Demyttenaere et al [13] have recently developed a questionnaire (The Antidepressants Compliance Question-