

Knowledge and Beliefs of Psychiatric Patients About Psychotropic Drugs

S. Rashed, S. Abdel Aziz, M. Naguib and M. Gueneidy

ABSTRACT

This study is an attempt to identify the psychiatric patient's knowledge and beliefs about their medication.

One hundred patients attending psychiatric outpatient clinics in Alexandria were studied. Results showed that patients identify their medications by shape and colour. They knew the frequency of intake and route of administration. Patients were less able to recognize the dose of the drug, the reason for intake and the side effects.

Certain misconceptions were prevalent. Patients believed that drugs would affect their normal life and initiate a negative attitude from people.

Certain factors namely age, level of education and previous hospitalization did not seem to affect significantly a patient's knowledge and beliefs.

INTRODUCTION

The widespread use of psychotropic drugs has made possible the maintenance of a large number of psychiatric patients in the community. If rehospitalization of such patients is to be avoided, continuing medication for indefinite periods of time is necessary (McClellan and Cowan, 1970). In fact, the efficacy and safety of a drug cannot be assessed unless taken as prescribed (Pearson, 1982). This entails that patients should be properly informed to assure compliance to treatment regimen, and reporting of signs of toxicity and/or side effects.

Moreover Durel and Mungas (1982) suggested that patients should assume a specific role in psychotropic drug management. In order to assume such roles, psychiatric patients need specific knowledge about

the drug, its use, dosage, expected side effects (*Whiteside, 1983*). In this respect *Blackwell (1982)* stated that if time is taken to appropriately explain to the patient his drug therapy and understand his beliefs about it, patients should be more co-operative and comply to treatment until they obtain maximum benefit from it.

This study was conducted to identify psychiatric patients' knowledge and beliefs about psychotropic drugs and the factors affecting them.

METHODOLOGY

The subjects were one hundred psychiatric patients, randomly selected from two psychiatric outpatient clinics in Alexandria, namely Alexandria University Hospital Clinic and Ras El Tin General Hospital. All subjects were taking psychotropic drugs for at least six months.

An interview schedule was used, and it comprised items pertinent to the general characteristics of the respondents and the history of illness, questions to elicit patients' knowledge and beliefs about their medications.

Data were collected via individual interview.

Chi square and probability occurrence (t test) were used.

RESULTS

The total sample consisted of 54 males and 46 females. The age of 82 patients was below 40 years, while 18 patients were aged 40 years or more. 47 patients received primary or preparatory education, while 7 patients were having a university degree.

The diagnostic categories were schizophrenia (69%), depression (9%), epilepsy (18%), anxiety (3%) and psychopathy (1%).

The patients' knowledge about their psychotropic medications is shown in Table (1). The majority of the sample were able to identify their drugs by shape (94%) and colour (99%), while 18% stated, that

the drug is given for symptomatic relief. Only 54% knew some side effects of the drug. A minority identified their drugs by name or dose (30% and 18% respectively).

Fifty six patients were using antiparkinsonian drugs and only three patients (5.4%) knew why they are taking it.

Only 25% of the subjects stated that they received instructions by their psychiatrists and only related to the frequency and route of administration of the drugs.

The relation between patient's sex and knowledge about their drugs showed that males were more knowledgeable than females and the only significant difference was concerning the name of the drugs ($X^2 = 6.87$, $P < 0.01$) (Table 2).

Table 1: Patients' knowledge about the drug and side effects

Knowledge related to drug	Know		Don't know		Total
	No	%	No	%	
Name of drug	30	30	70	70	100
Shape of the drug	94	94	6	6	100
Colour of the drug	99	99	1	1	100
Frequency of taking the drug	98	98	2	2	100
Way of taking the drug	95	95	5	5	100
Dose of the drug	18	18	82	82	100
Therapeutic effect of drug	81	81	19	19	100
Side effect of drug	54	54	46	46	100

Table 2: The relation between patient's sex, age, level of education and previous hospitalization and their knowledge about drugs

Sex	Hospital admission		Age		Side effect		Level of education	
	No.	%	No.	%	No.	%	No.	%
Male: (N-54)								
	Previous (N-73)		<30Y (N-47)				Illiterate read & write (N-47)	
Knows	28	51.85	55	75.3	22	46.8	9	19.1
Does not know	26	48.15	18	24.7	25	53.2	38	80.9
Female: (N-46)								
	no admission (N-27)		30-40 (N-35)				Primary Preparatory (N-46)	
Knows	12	26.1	5	18.5	26	74.3	16	34.8
Does not know	34	73.9	22	81.5	9	25.7	30	65.2
Knows Does not know								
			40-50 (N-18)				Sec./Univ-ersity (N-7)	
			6	33.3	5	71.4	2	28.6
X ²								
	6.87	Sig.	9.87	Sig.	26.52	Sig.	8.86	Sig.

The patient's age as related to the knowledge about their drugs is shown in Table (3). A highly significant relation was shown between patient's age and their knowledge about side effects of drugs. Those between 30 and 40 years of age were more knowledgeable than those below 30 and above 40 years of age ($X^2 = 9.87$, $P < 0.01$).

Table 3: Patients opinion and beliefs about psychotropic drugs

Opinion	Yes	No	Do not know
Affect work	30%	68%	2%
Affect sex	22%	36%	42%
Affect normal life	72%	24%	4%
Habituation	18%	40%	42%
Agitation	83%	15%	2%
Negative attitude of people	70%	26%	4%

Educated patients were more able to recognize the dose of the drug (66.6% of the University educated patients) and the name of it (71, 42% of the same group) than illiterates or those with primary/preparatory level of education. A statistically significant relation was found only between knowledge of the name of the drug and the level of patients' education ($X^2 = 8.86$, $P < 0.05$).

The relation of previous hospitalization and knowledge about drugs showed a highly significant association with knowing the name of the drug, 75.3% of those previously hospitalized recognized their drugs by name compared to 18.5% of those who had no previous hospitalization ($x^2 = 26.52$, $P < 0.01$).

There was no significant relationship between diagnosis and knowledge about drugs.

The percent distribution of patient's opinion and beliefs about psychotropic drugs is shown in table (3).

Further analyses comparing patient's belief with the starting date of treatment, the duration of hospitalization and the diagnosis, were not statistically significant.

DISCUSSION

The previous findings revealed that regardless of age, sex, treatment and hospitalization periods, patients' knowledge about the drugs they use is inadequate.

The lack of knowledge among our studied subjects could be attributed to several factors. Thus, it is usually believed by health professionals, that patients should only be informed about the schedule of medication intake. Any additional information, particularly in relation to reason for drug therapy and side effects, are not given to patients. This is particularly true for mental illness due to the stigma attached to it.

Most of the treating team may presume that patients are not competent enough to receive information in respect to their treatment. In addition, no one really finds the time to explain to the patient the name of the drug, the anticipated side effects and/or the expected prognosis.

The findings of the study coincide with those of *Olin and Olin (1975)*, *Durel and Munjas (1982)* and *Geller (1982)*.

It was apparent, that patients identify their medicines by shape and colour rather than by name, as these are concrete elements, that do not need learning or education. The same finding was reported by *Geller (1982)*.

It is worth noting that the only knowledge exhibited by the studied subjects is the number of pills, the frequency of intake and the route of administration of the drug. This is understandable, as these are the only instructions emphasized by the physician as well as the pharmacist.

The percentage patients who knew the name of their drug was slightly higher than Geller's findings. This could be due to the fact, that most of Geller's studied population were illiterate.

The only source of information in relation to drug therapy was the psychiatrist. This points out the responsibility the physician must assume in relation to patient's education.

Several studies have stressed the pivotal role of the nurse in drug therapy (*Forrest et al.*, 1964).

Among patients receiving antiparkinsonian drugs, a negligible percent knew that it is to counteract the side effects of other drugs. This has even led some patients to discontinue the major tranquilizers and only take "the small white pill".

Patients knew very little about side effects of drugs and signs of toxicity. This may be due to the fact that they either did not experience toxicity or that they did not attribute it to the medications.

Patients were also unaware of the period of drug treatment. One would think that such information is of paramount importance to help avoid serious side effects as soon as they appear.

Age, sex, level of education, previous admission and diagnosis had no apparent influence on the overall knowledge of patients about their medication. Thus level of education seemed to affect only the patient's knowledge of the name of the drug. The educated patient may be interested to know, read and retain the name of the drug.

Also sex had significant influence on patient's knowledge (males > females), yet this may also be attributed to the fact that males in the studied sample were better educated than females. The fact that younger patients knew better the side effects of drugs suggests that side effects experienced for the first time might be better recalled and might be also more intense in these young patients.

In addition, chronicity of the illness might lead to general deterioration of perception.

The finding that the studied subjects did not have adequate knowledge of drug effects suggests the need to look at the quantity and quality of information provided by health professionals and irrespective of other factors.

Previous findings suggest that certain misconceptions and misunderstandings about psychotropic medications prevail among the studied subjects. The most important implication of such findings is that the safety of the patient might be in peril.

They believed that drugs caused more agitation, distorted their thinking and affected adversely their behaviour. These might be a projection of patients' feelings on the medication.

This might also be a logical excuse for refusing the medications later on.

The studied subjects seemed to believe that drug therapy would affect their life in general, their work and their sexual life. This may be the result of disturbed ego functions. Patients might be displacing the effect of their illness and attributing it to their drugs. It might also be a means of communicating feelings (*Richards, 1964*).

The obtained findings suggest that, in general, health professionals need to re-evaluate their role in psychotropic therapy. They need to look at their own attitude in relation to patients' involvement. Without the perceived expectation that patients' contribution in drug therapy is important, little can be done to assure compliance and follow up.

REFERENCES

1. Blackwell, B. (1982): Antidepressant drugs: Side effects and compliance. *J. Clin. Psychiat.*, 43: 14-18.
2. Durel, S.H. and Munjas, B.A. (1982): Client perception of role in psychotropic drug management. *Issues in mental health nursing*, 4: 65-76.
3. Forrest, F.M.; Geiter, C.W.; Snow, H.L. and Steinbach, M. (1964): Drug maintenance problems of rehabilitated mental patients. The current drug dosage "Merry Go Round" *Am. J. Psychiat.*, 121: 33-41.

4. Geller, J.L. (1982): State hospital patients and their medication: Do they know what they take? *Am. J. Psychiat.*, 139: 611-615.
5. McClellan, J.A. and Cowan, G. (1970): Use of anti-psychotic and antidepressant drugs by chronically ill patients. *Am. J. Psychiat.*, 126: 113-115.
6. Olin, G.B. and Olin, H.S. (1975): Informed consent in voluntary mental hospital. *Am. J. Psychiat.*, 132: 938-941.
7. Pearson, R.M. (1982): Who is taking their tablets? *Brit. Med. J.*, 285: 757-758.
8. Richards, A. (1964): Attitude and drug acceptance. *Brit. J. Psychiat.*, 110: 46-52.
9. Whiteside, S.E. (1983): Effectiveness of medication programs for psychiatric patients. *Journal of Psychosocial Nursing and Mental Health Services*, 21: 10.

AUTHORS

S. Rashied

S. Abdel Aziz

M. Naguib

M. Gueneidy

Authors from Faculty of Medicine and Higher Institute of Nursing, Alexandria University.

LES CONNAISSANCES ET LES CROYANCES DES MALADES PSYCHIATRIQUES AU SUJET DES MEDICAMENTS PSCHYOTROPIQUES

ABSTRAIT

Cette étude est une tentative d'identifier les connaissances et les croyances des malades au sujet de leur médicament.

100 patients, fréquentant des cliniques psychiatriques à Alexandrie, ont été mis à l'étude. Les résultats ont montré que les patients identifiaient leurs médicaments par leurs formes et leurs couleurs. Ils connaissaient le nombre de fois qu'il fallait prendre leurs médicaments ainsi que la voie d'administration. Les patients étaient moins capables de reconnaître la dose de leur médicaments, la raison pour laquelle ils le prenaient, ainsi que les effets secondaires.

Quelques idées fausses étaient répandues. Les malades croyaient que les médicaments affecteraient leur vie normale, et pourraient initier une attitude négative de la part des gens.

Certains facteurs, notamment, l'âge, le niveau d'éducation, l'hospitalisation précédente, n'ont pas significativement affecté les connaissances et les croyances des malades.

الموجز معلومات واعتقادات المرضى النفسيين عن أدويتهم

هدفت هذه الدراسة الى التعرف علي معلومات واعتقادات المرضى النفسيين عن دوائهم وقد شملت الدراسة مائة مريضا من المترددين على عيادات خارجية طب نفسية في الاسكندرية وأشارت النتائج الى أن المرضى غالبا مايتعرفون على ما يتعرفون على أدويتهم بأشكالها والوانها، وكذلك عدد وطريقة الاستعمال، ولكنهم أقل معرفة لجرعة الدواء وسبب التعاطى والآثار الجانبية. وقد سادت بعض سوء المفاهيم والتي تمثلت في اعتقاد المرضى بأن أدويتهم يمكن أن تؤثر على حياتهم الطبيعية وتؤدي لاتخاذ الآخرين لمواقف سلبية تجاههم. وقد ظهر أن بعض العوامل مثل العمر ومستوى التعليم والدخول السابق للمستشفى لا تؤثر في معلومات واعتقادات المرضى.