

Otterbein University

## Digital Commons @ Otterbein

---

Nursing Student Class Projects (Formerly MSN)

Student Research & Creative Work

---

Summer 2020

### Medication Adherence and The Schizophrenic Patient

Venessa Downs

Otterbein University, downs1@otterbein.edu

Follow this and additional works at: [https://digitalcommons.otterbein.edu/stu\\_msn](https://digitalcommons.otterbein.edu/stu_msn)



Part of the [Nursing Commons](#)

---

#### Recommended Citation

Downs, Venessa, "Medication Adherence and The Schizophrenic Patient" (2020). *Nursing Student Class Projects (Formerly MSN)*. 411.

[https://digitalcommons.otterbein.edu/stu\\_msn/411](https://digitalcommons.otterbein.edu/stu_msn/411)

This Project is brought to you for free and open access by the Student Research & Creative Work at Digital Commons @ Otterbein. It has been accepted for inclusion in Nursing Student Class Projects (Formerly MSN) by an authorized administrator of Digital Commons @ Otterbein. For more information, please contact [digitalcommons07@otterbein.edu](mailto:digitalcommons07@otterbein.edu).

# Medication Adherence and The Schizophrenic Patient

Vennessa A. Downs, RN, BSN

Otterbein University, Westerville, Ohio

## Introduction

Medication adherence has been a long standing and daunting issue for both patients with mental health disorders and health care providers. According to (Brown & Gray, 2015) there is much need to address the problem of medication adherence in patients with mental illnesses and the role of health care providers. This issue calls for a thorough evaluation of how psychiatric medication therapy and treatment are prescribed. (McNary, 2015) has discussed that if we as health care providers, are able to get to the root of the problem, to decipher the cause of noncompliance we can do more for patients with mental illnesses.

In some instances, health care providers believe that they are not able to make a difference in whether patients take their psychiatric medications or not. However, (McNary, 2015) argues that it is the approach to the patients that helps to make a difference by communicating therapeutically and identifying the patients at risk for medication noncompliance early in the treatment process. Evidently, there are barriers present on both sides of the spectrum. For the patients diagnosed with Schizophrenia, antipsychotic medication are usually prescribed to help improve their symptoms but induce negative side effects which results in nonadherence.

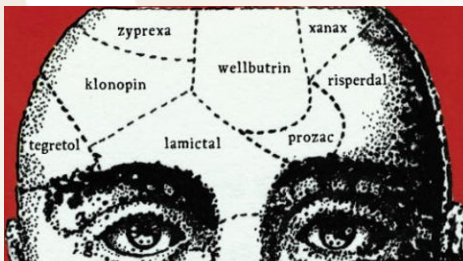
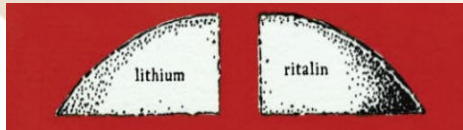
## Reason For Study

- Mental illnesses affect so many individuals and yet, there is still much understanding and work to do to “explore how the quality of life, perceived stigma, and medication adherence differ” among patients with psychiatric disorders (Xiao-Qin Wang et al., 2016, p. 41).
- To evaluate medication adherence in patients with schizophrenia and possible interventions to alleviate the problem. (Yalamova, 2015) documents that 32.5% of patients with schizophrenia would adhere to prescribed treatment in the first month, that significantly lessens to 16.7% within 6 months.

## Presentation of Case

A 25-year-old male was found wandering in a city park by police officers. The man was talking to himself and became belligerent as officials approached him. The man was unable to state his name or his address. He was taken to the nearest emergency room where he was seen by a general physician. The patient is observed by emergency room nurse, to be confused and with suicidal ideation. His vital signs 180/70 blood pressure, pulse 156, temperature 39 degrees Celsius and respirations 36. During this time, a consult was placed to the on-call psychiatrist, the patient is being treated with Haldol 5mg and Ativan 2mg intermittently. The patient is now having both visual and auditory hallucinations and threatening to hurt himself and staff members. An electrocardiogram, blood samples, drug screen are ordered. Two hours later, the patient is getting more aggressive and his vitals remain abnormal. The result of the electrocardiogram is sinus tachycardia, the laboratory results were normal and his drug screen positive for benzodiazepines and cocaine. The psychiatrist sees the patient after four hours. The now restrained patient is diagnosed with schizophrenia with acute psychosis related to noncompliance of psychiatric medication therapy and illicit drug use.

After day three of admitted to a medical surgical unit, the patient received supportive care. The psychiatrist reordered his psychiatric medications he was taking at home, the patient is calmer now and coherent. The patient states he was not able to afford his psychiatric medications and he was having terrible side effects, so he stopped taking the medicine. The nurse educated the patient on illicit drug use and its interference with psychiatric medication therapy and the outcomes. The patient was given a compassionate care package of free medications provided by the hospitals outreach program. The next day, the patient opted to go to a psychiatric facility to access the resources he needs to help him with his mental health disorder and better manage his lifestyle.

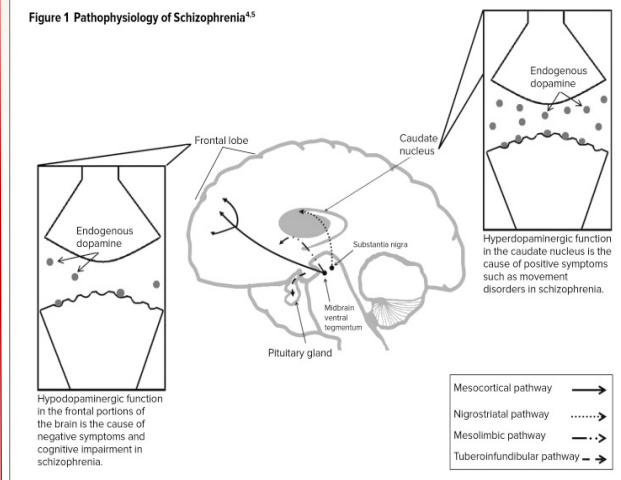


Copyright: Anatomy of an Epidemic, 2010

## Underlying Pathophysiology

The following outlines the ways in which patients with Schizophrenia become nonadherent to psychiatric medication therapy, the barriers present and results:

- Lack of insight: This will result in nonadherence. It is important for patients with schizophrenia to understand not only why they are taking antipsychotic medications but also the basic function of the brain. For example; the abnormalities linked with neurotransmitters, the increase of dopamine levels induced schizophrenic symptoms (Howes et al., 2015).
- Side effects: This is one of the most prevalent reasons for noncompliance. The patients diagnosed with schizophrenia, usually in their twenties has reached the prime of their lives. The use of newly prescribed antipsychotics can cause mood instability, lack of sexual functionality or drive, fatigue which at that age interrupts the quality of life for these individuals which may add to relapse (Endriyani et al., 2017).
- Lack of support: most patients with schizophrenia will need a support system to help guide their care. Including family members are and effective way to promote medication adherence and improve quality of life (Caqueo-Urizar et al., 2017).
- Socio-economic status: Some patients lack the financial resources to pay for their medications. Implementation of an assistance program within the hospital setting or clinics can help reduce risk for patients with schizophrenia relapsing and experiencing adverse reactions from psychiatric medication withdrawal (Randall et al., 2017).



Copyright: Patel et al., 2014

## Signs and Symptoms

- Psychosis from nonadherence to psychiatric medication (Randall et al., 2017). The development of alterations in perception that affects hearing and vision (National Institute of Mental Health, 2020).
- Negative Symptoms that include fatigue, lack of interest (depression), social withdrawal and flat affect (National Institute of Mental Health, 2020).
- Cognitive impairment such as difficulty concentrating, staying focused and recalling important information (National Institute of Mental Health, 2020).

## Nursing Implications

The use of therapeutic communication and appropriate nursing education may help provide better outcomes for patients with schizophrenia. Open communication allows patients to express themselves and realize that they can become empowered with knowledge of how to manage their disorder (Virgolesi et al., 2017). According to (McNary, 2015) she advises health care providers to communicate effectively with patients that are noncompliant with psychiatric medications, provide referrals and resources, follow up after discharge from hospital. Some patients may have difficulty with vision or cognitive impairments; find out how they are taking their medications and when, include proper labeling that makes it easier for them to see what they are taking (McNary, 2015).

## Conclusion

Patients with diagnosed with schizophrenia are at risk for noncompliance or Nonadherence to psychiatric medication therapy. The earlier this attitude is identified; the sooner health care providers can help reintegrate them with appropriate treatment modalities. Health care providers share only half of the burden relating to medication adherence in patients with mental health disorders. It's understood that the is responsible for themselves and complying with treatment. Human behavior creates a boundary to how much health care providers can do for patients. However, there are ways in which health care providers can follow through and increase medication adherence, promoting healthier outcomes and diametrically influencing the quality of life of the schizophrenic patient in a positive way (McNary, 2015).

## References

- Brown, E., & Gray, R. (2015). Tackling medication non-adherence in severe mental illness: where are we going wrong? *Journal of Psychiatric and Mental Health Nursing*, 22(3), 192–198. <https://doi.org/10.1111/jpm.12186>
- Caqueo-Urizar, A., Rus-Calahorra, M., Urzúa, A., Escudero, J., & Gutiérrez-Maldonado, J. (2015). The role of family therapy in the management of schizophrenia: challenges and solutions. *Neuropsychiatric disease and treatment*, 11, 145–151. <https://doi.org/10.2147/NDT.S51331>
- Endriyani, L., Chien, C. H., Huang, X. Y., & Chieh-Yu, L. (2019). The influence of adherence to antipsychotics medication on the quality of life among patients with schizophrenia in Indonesia. *Perspectives in psychiatric care*, 55(2), 147–152. <https://doi.org/10.1111/ppc.12276>
- Howes, O., McCutcheon, R., & Stone, J. (2015). Glutamate and dopamine in schizophrenia: an update for the 21st century. *Journal of psychopharmacology (Oxford, England)*, 29(2), 97–115. <https://doi.org/10.1177/026988114563634>
- McNary, A. (2015). Avoiding risk with nonadherent patients. *Innovations in Clinical Neuroscience*, 12(3/4), 37–40. <https://doi.org/10.1111/jpm.12186>
- National Institute of Mental Health. (2020). Transforming the understanding and treatment of mental illnesses. Retrieved from <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>
- Randall, J., Chateau, D., Bolton, J. M., Smith, M., Katz, L., Burland, E., Taylor, C., Nickel, N. C., Emms, J., Katz, A., Brownell, M., & PATHS Equity Team (2017). Increasing medication adherence and income assistance access for first-episode psychosis patients. *PLoS one*, 12(6), e0179089. <https://doi.org/10.1371/journal.pone.0179089>
- Virgolesi, M., Puccinelli, G., Colantoni, A. M., D'Andrea, F., Di Donato, B., Giorgi, F., Landi, L., Salustri, E., Turci, C., & Proietti, M. G. (2017). The effectiveness of a nursing discharge programme to improve medication adherence and patient satisfaction in the psychiatric intensive care unit. *Journal of Clinical Nursing*, 26(23–24), 4456–4466. <https://doi.org/10.1111/jocn.13776>
- Xiao-Qin Wang, Petimi, M., & Morisky, D. E. (2016). Comparison of the quality of life, perceived stigma and medication adherence of Chinese with schizophrenia: A follow-up study. *Archives of Psychiatric Nursing*, 30(1), 41–46. <https://doi.org/10.1016/j.apnu.2015.10.006>
- Yalamova, I. V. (2015). Post-discharge medication adherence in schizophrenia. *Archives of Psychiatry & Psychotherapy*, 17(4), 39–47. <https://doi.org/10.12740/APP/60513>



OTTERBEIN  
UNIVERSITY