A problem-solving based peer support program for enhancing adherence to oral antipsychotic medication in consumers with schizophrenia

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DEFINITION OF TERMS

Consumer is an individual who is a patient of a public mental health service. In Australia, an individual with a mental illness is commonly referred to as a mental health consumer.

Peer is an individual who has a history of mental illness and has experienced significant improvement in his or her psychiatric condition, and who then offers support to other individuals with a serious mental illness.

Non-adherence in this study refers to when the consumer has missed taking prescribed oral antipsychotic medication on five or more occasions in the past four weeks.

BACKGROUND

- Schizophrenia accounts for 80% of psychiatric admissions in Australia and 2.3% of the global burden of disease and disability (Jablensky, 2011).

- Non-adherence can range from 50% in first psychiatric admission to 74% as the illness progresses (Baldous-Kleinman et al., 2011).

- Poor adherence is associated with poor functional outcomes, including readmission to hospital, greater use of psychiatric emergency services, poorer life satisfaction and increase in substance use problems (Ascher-Svanum et al., 2006).
OBJECTIVE

• To assess if consumers with schizophrenia had improved adherence to their oral antipsychotic medication after participation in a problem-solving based peer support program

METHODS

• Design
  ◦ Mixed methods
    ▪ Quasi-experimental time series design (3 collection points)
    ▪ Qualitative semi-structured interviews
• Setting
  ◦ Large Area Mental Health Service in Melbourne
• Participants
  ◦ 28 Consumers and 6 Peers
• Study period
  ◦ Feb 2010 – April 2011
• Intervention
  ◦ Telephone-based
• Data Collection
  ◦ Demographic information, adherence and mental state
INCLUSION CRITERIA

**Consumer**
- Diagnosis of schizophrenia/ schizoaffective disorder
- Over 18 years
- Receiving public outpatient treatment
- Oral antipsychotics
- Self-reported partial or non-adherence past 4 weeks
- Access to telephone

**Peer**
- Diagnosis of schizophrenia/ schizoaffective disorder
- Over 18 years
- Discharged from public mental health service
- Oral antipsychotics
- Attending regular appointments with doctor or psychiatrist
- Self-reported adherence

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206 individuals were identified with a diagnosis of schizophrenia.

Exclusion (n=148)
- 102 – Adherent
- 37 – Depot medication only
- 9 – Non-English speaking

Eligible for study participation (n=58)
- Declined to participate (n=30)
  - No reason given (n=15)
  - Pending discharge (n=5)
  - Difficulty with telephone contact (n=4)
  - Too busy (n=2)
  - Unwell (n=2)
  - Full-time employment (n=1)
  - Pending birth (n=1)
- Agreed to participate (n=28)
  - Assessment time
    - Baseline  n=28
    - Week 8  n=21
    - Week 14  n=22

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CORE ELEMENTS OF PROGRAM

- Telephone-based intervention
- Peers contacted consumers weekly by telephone for a 20-minute conversation for eight weeks
- Used the problem solving approach to address adherence issues (ADAPT) (Nezu, Nezu & D'Zurilla, 2007)
  - A = ATTITUDE
  - D = DEFINE
  - A = ALTERNATIVE
  - P = PREDICT
  - T = TRYOUT
- Provided verbal support and social contact
RESULTS

Consumer participants
- Males 67%
- Age (median 35, range 21 to 53)
- No paid employment 86%
- Resided with others 82%
- Used recreational substances 82%
  - Alcohol (46%), Nicotine (75%), illicit drugs (14%)
- Duration of illness (mean 12 years, range 2–30)

Rates of medication adherence at all time-points.

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
<th>p¹</th>
<th>B-W8²</th>
<th>B-W14³</th>
<th>WB-14⁴</th>
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</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>28</td>
<td>7.8</td>
<td>5.5</td>
<td>5</td>
<td>30</td>
<td></td>
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</tr>
<tr>
<td>Week 8</td>
<td>21</td>
<td>1.3</td>
<td>1.4</td>
<td>0</td>
<td>4</td>
<td>&lt;0.001</td>
<td>.345</td>
<td></td>
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</tr>
<tr>
<td>Week 14</td>
<td>22</td>
<td>1.1</td>
<td>2.5</td>
<td>0</td>
<td>11</td>
<td>&lt;0.001</td>
<td></td>
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</tr>
</tbody>
</table>

Legend

¹p value is derived from Wilcoxon Signed Rank Test and pair-wise comparisons between Baseline and Week 8, Baseline and Week 14, Week 8 and Week 14.
BPRS-E symptoms, including positive, negative and depressive symptoms, measured over three time-points.

<table>
<thead>
<tr>
<th></th>
<th>Total score</th>
<th>Positive symptoms</th>
<th>Negative symptoms</th>
<th>Depressive symptoms</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Baseline</td>
<td>28</td>
<td>36.0</td>
<td>8.8</td>
<td>10.3</td>
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<tr>
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<td>21</td>
<td>32.0</td>
<td>7.7</td>
<td>9.3</td>
</tr>
<tr>
<td>Week 14</td>
<td>22</td>
<td>32.2</td>
<td>6.8</td>
<td>9.2</td>
</tr>
</tbody>
</table>

Legend
BPRS-E total scores range from 24 (not present) to 168 (extremely severe); positive symptoms (7 to 42); negative symptoms (5 to 35); depressive symptoms (6 to 42).

MAIN THEMES
- Motivation to participate in study
  - Previous life experience
  - Altruism
- Experience of peer support program
  - Preparation for the role
  - Operational experience
  - Research experience
- Rewards and Challenges of peer experience
  - Personal rewards
  - Personal challenges

PEER CHALLENGES
“I would make arrangements to ring on a certain time and they weren’t home.” (P3)
“Some of them I couldn’t get off the phone.” (P3)
“I might have been like that years ago and I don’t know, it’s hard to, look back at your life, but when you meet some people like that, you see where they are going.” (P5)
PEER REWARDS

“They eventually opened up to me whereas it can take a long time for people to do that.” (P5)

“When you start hearing good things coming back, you realise, they were taking it [what was discussed] in.’ (P2).

“Felt good, helping people that have gone through the same things that I have gone through over the years.” (P3)

LIMITATIONS & STRENGTHS

Limitations

- No control group or randomisation
- Self-reporting of adherence
- Attrition

Strengths

- Inclusion of non-adherence criteria
- Problem-solving program

CONCLUSION

- Peer support is an effective adjunct intervention for promoting medication adherence for patients with schizophrenia
- Provides insight into complex issue of medication adherence, Adherence does not exist in a vacuum, it can be influenced by a range of factors.
REFERENCES


