

## POOR COMPLIANCE AS A SIGN OF DEPRESSION. Why might an elderly man stop his medication?

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### SUMMARY

With only half of individuals prescribed medication actually taking it, the reasons behind non-compliance warrant a thorough understanding. This paper reviews the factors behind medication non-adherence with a special interest in the link between depression and non-compliance. Whilst this link has been evidenced, we propose that non-compliance could be a presenting sign of underlying depression. Implications of the role of depression as a cause of non-compliance - in particular, why a patient might suddenly stop taking their medication - are discussed; further, early intervention to circumvent a major depressive episode could be implemented if recognition of sudden non-compliance is used by clinicians as a diagnostic tool to alert them to screen the patient for depression.

**Key words:** depression - non-compliance - early intervention

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### INTRODUCTION

Non-compliance – namely, the inability to adhere to the recommended medication course – is a critical barrier for a patient's recovery. Unfortunately, this practice is pervasive: 50% of the prescription drugs for circumventing bronchial asthma were untouched (Sabaté 2003); antihypertensive therapy compliance averaged 50-70 % (Sabaté 2003); and adherence to cancer therapy for adolescent teenagers was reported to be only 41 % (Tebbi1986). The seriousness of these figures can be summarised in one short sentence: only half of those that are prescribed medication actually take it; and the consequences are potentially very serious.

### CONSEQUENCES OF NON-COMPLIANCE

Existing literature stresses the link between non-adherence, poor insight (Bollini 2004) and side effects caused by the medication (Awad 1993), with the limitation being that they are correlational in nature. However, the most obvious negative correlate of nonadherence would be the increase in symptoms (Verdoux 2000). Further, the interruption of anti-psychotic treatment resulted in an increased risk of hospitalisation in patients with schizophrenia (Weiden 2004), with medication non-adherence not only fuelling violence, arrests and an increased risk of suicide attempt; but also, poor social functioning and reduced quality of life (Ascher-Svanum 2006) - not to mention the significant economic burden on families and society (Leo 2005). For all these reasons, it is important to assess the reasons behind poor-compliance.

### FACTORS INFLUENCING NON-COMPLIANCE

A difficulty arises when we try to demarcate the reasons underlying non-compliance, due to the individualistic nature of treatment experience by the patient, therefore making it difficult to have a one-sized approach to addressing these issues. However, studies attribute non-adherence to one's personal (Voils 2005) and cultural (Fleck 2005) attitudes and explanatory models. An example of this is that the perception of antidepressants as addictive (Paykel 1998) and a cause of stigma (Sirey 2001) decreased the propensity to adhere to medication. Other studies highlight distressing side effects as a cause for non-adherence: experiencing greater side effects was significantly associated with worse adherence in Ethiopian patients with schizophrenia (Eticha 2015); and weight gain was cited as a side effect lowering adherence to medicinal treatment in bipolar patients (Baldessarini 2008). Note that the aforementioned can be classed as intentional nonadherence, whilst unintentional nonadherence include substance use and abuse; for example, cannabis use was a key variable associated with nonadherence in patients with schizophrenia (Miller 2009) and bipolar disorder (Gonzalez-Pinto 2010). A study exploring the subjective experience of taking medication elicited the necessity of shared-decision making in the doctor-patient relationship to allow patients the opportunity of informed involvement in their treatment decision; indeed, external pressures by clinicians, and lack of opportunity by patients to discuss the need for treatment, was a driving factor of non-compliance (Adams 2006).

## DEPRESSION AND NON-COMPLIANCE

Depression is a complex condition characterised by a negative mood and loss of interest in activities once enjoyed. It is worthy of exploration due to the striking finding that people who are depressed are less likely to adhere to medications for their chronic health problems than patients who are not depressed, putting them at increased risk of poor health (Jerry 2011). More specifically, depressed patients across a wide array of chronic illnesses such as diabetes and heart disease had 76 percent greater odds of being non-adherent with their medications compared to patients who were not depressed (DiMatteo 2002). In CVD patients, a study involving a depression diagnosis assigned by diagnostic interview and objective adherence to 81 mg aspirin measured by an electronic monitor, highlighted that non depressed patients adhered to their medications 69% of the days when they were monitored, but depressed patients adhered to their medication only 41% of the days they were monitored (Carney 1995). The poignant disparity in adherence to treatment between depressed and non depressed patients is one that cannot be ignored, for depression impedes ideal adherence behaviour, and thus contributes to increased mortality. Crucially, a vicious cycle is created as medication nonadherence means the symptoms of a disease are less likely to be alleviated, resulting in the patient being less likely to return to normality and partake in activities prior to the onset of a disease, thus exacerbating depression.

## NON COMPLIANCE – A SIGN OF DEPRESSION?

Literature has established the link between depression and non-compliance; however, why depressed patients are non-compliant remains inconclusive. This could be due to the fact that the very symptoms that depression encompasses, including apathy and anhedonia, will militate against actively taking treatment, and, indeed, could be so severe that the patient does not even feel the need for recovery, and hence the need for persevering with treatment. Thus it follows that if a patient suddenly stops taking their medication, then it is possible that depression could be a possible contribution to this.

## CONCLUSION

Depression is a condition which commonly occurs in elderly patients who suffer from multiple physical conditions and are prescribed several medications. In order to increase compliance with complex regimes, these patients are often dispensed medication in 'Dosset Boxes' or similar appliances. We wish to suggest that, if it is apparent from these appliances that the patient has stopped taking his medication, then depression should be considered as a cause of the non-compliance.

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Tanvi Acharya - Literature Search.

Mark Agius - Supervisor.

Both contributed to the text.

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