

Medication Adherence Amongst People with Schizophrenia: A Qualitative Study of Barriers in Ballarat, Australia

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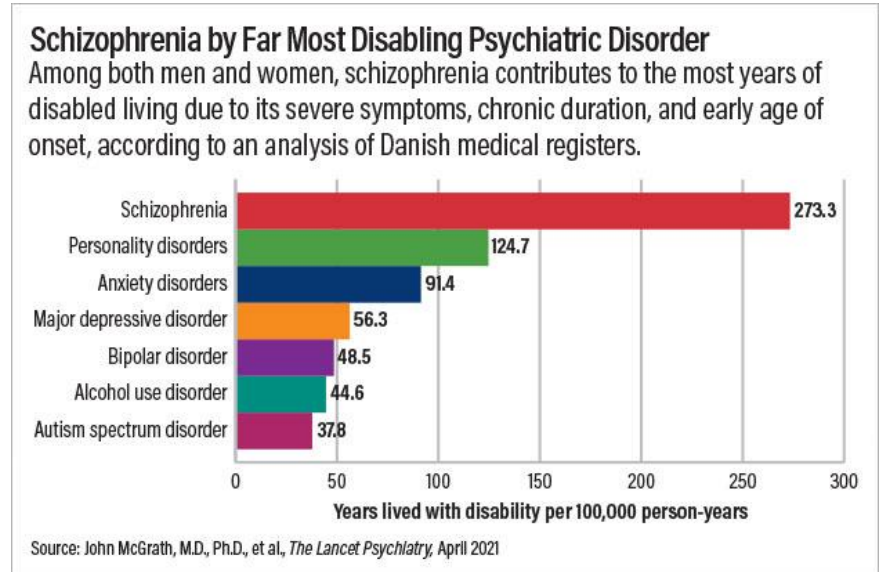
We would like to acknowledge the Wotjobaluk, Jaadwa, Jadwadjaili, Wergaia and Jupagalk people, Traditional Custodians of the land on which we are gathered today. We wish to pay respect to all of the Traditional Custodians of the countries that our health services operate across the Central Highlands and throughout the Gariwerd/Grampians region and their connections to land, waterways and community.

We would like to acknowledge our deep respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today. Grampians Health recognises and values the contributions that Aboriginal and Torres Strait Islander people make in our society.

Sovereignty has never been ceded. It always was and always will be, Aboriginal land.

Research background

- ❑ **Global Prevalence:** Schizophrenia affects 1 in 222 people (WHO, 2022)
- ❑ **Australia:** 150,000-200,000 affected; 3rd leading cause of disability among mental disorders (Healthdirect, 2023); Thompson et al., 2023).
- ❑ **NDIS Data (June 2023):** Of total 610,502 total, 62,011 participants with psychosocial disability; 50.9% had schizophrenia.
- ❑ Antipsychotic medications are prescribed for schizophrenia, and adherence is key to symptom management. Only 30-35% of patients adhere to treatment in the first two years (Ngui et al., 2015; Amr et al., 2013; Adelufosi et al., 2012).
- ❑ **Ballarat Data - Adult Acute Community Mental Health at GHAMHWS (July 2024):** 24.41% of 340 patients use long-acting injectables due to poor adherence with oral meds.



Research background (Continue..)

- ❑ Study by Tham et al., (2016) found that the medication **adherence rate was only 50% globally** affecting social functioning, worsens psychiatric symptoms, deteriorates cognitive functioning, and mostly leading to rehospitalization, and only in 2005, it's annual financial cost due to rehospitalisation, only in the US, was between USD 1392–1826 million.
- ❑ Individuals with non-adherence are over five times more likely to relapse and 12.5 times more likely to complete suicide (Forsman et al., 2019; Guo et al. 2023). This usually leads to poor prognosis, frequent rehospitalisation, longer inpatient stay, and poor well-being.

❖ Research Gap

- ❑ There is a need for more localized qualitative research in Australia on schizophrenia and medication adherence, as existing studies largely come from other countries with different socio-cultural contexts, limiting their applicability to Australian patients' experiences and barriers.
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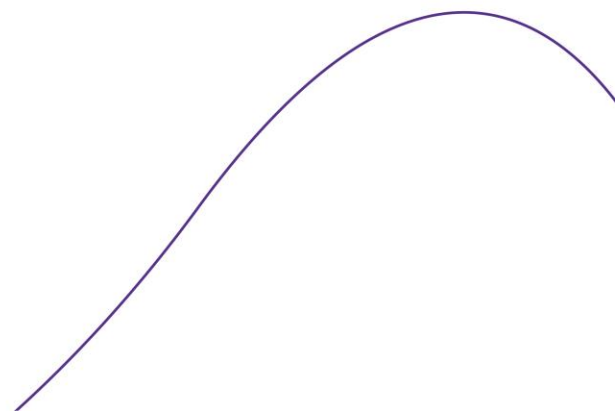
Objective:

To explore the barriers individuals with schizophrenia encounters to adhere with prescribed antipsychotics in Ballarat
Australia





Methodology



Research Protocol and ethical considerations



ICH GCP Guidelines

International Council for Harmonization of Technical Requirements for Pharmaceuticals for Human Use (ICH)
Good Clinical Practice (GCP) (ICH, 2016)

National Ethical Standards

National Statement on Ethical Conduct in Human Research (2023)



Ethics Approval

Approval ID: 105324
Saint John of God Hospital and Grampians Health Human Research Ethics Committee
Date: 12th March 2024

Research Governance/SSA Authorization

Authorization to conduct research at Grampians Health
Date: 15th April 2024
Project ID: 105324



Inclusion and Exclusion

❖ Inclusion Criteria

Age and Diagnosis

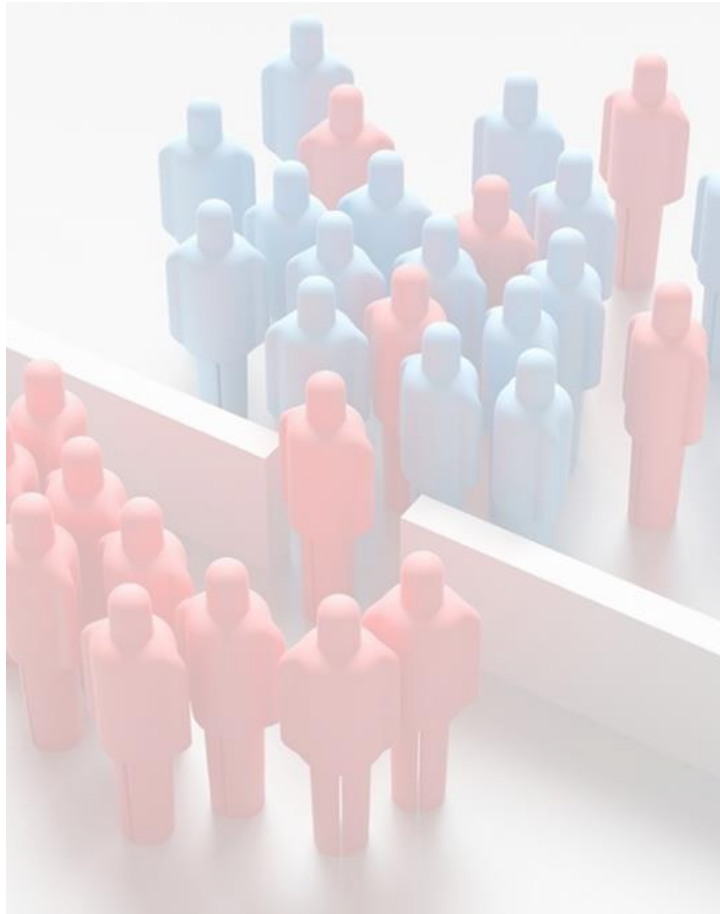
- 20 to 65 years
- Diagnosis of schizophrenia

Medication and Treatment History

- medications for at least 1 year
- Recorded incident of medication non-adherence
- Receiving depot injections
- History of involuntary treatment without 24/7 residential support

Case Management

- By GHAMHWS
- Catchment of Grampians Health Ballarat



❖ Exclusion Criteria

Cognitive Impairment

- MMSE score lower than 21
- Consistently impaired cognition, insight, and judgment for the past two months

Non-Adherence Documentation

- No documented non-adherence issues reported at least once

Decision-Making Capacity

- Deemed by a consultant psychiatrist to lack decision-making capacity to participate

Neurological Impairments

- Diagnosed with Acquired Brain Injury (ABI), Intellectual Disability (ID), or other neurological impairments disabling informed decision-making

Participants information and consent

❑ Initial Training and Consent

- Mental health clinicians trained
- Obtained verbal consent from clients
- Provided detailed study information

❑ Suitability Assessment

- Clinicians assessed client suitability
- Consulted with a consultant psychiatrist

❑ Direct Contact and Discussion

- Contacted interested and competent clients
- Discussed the project in detail

❑ Information Provision

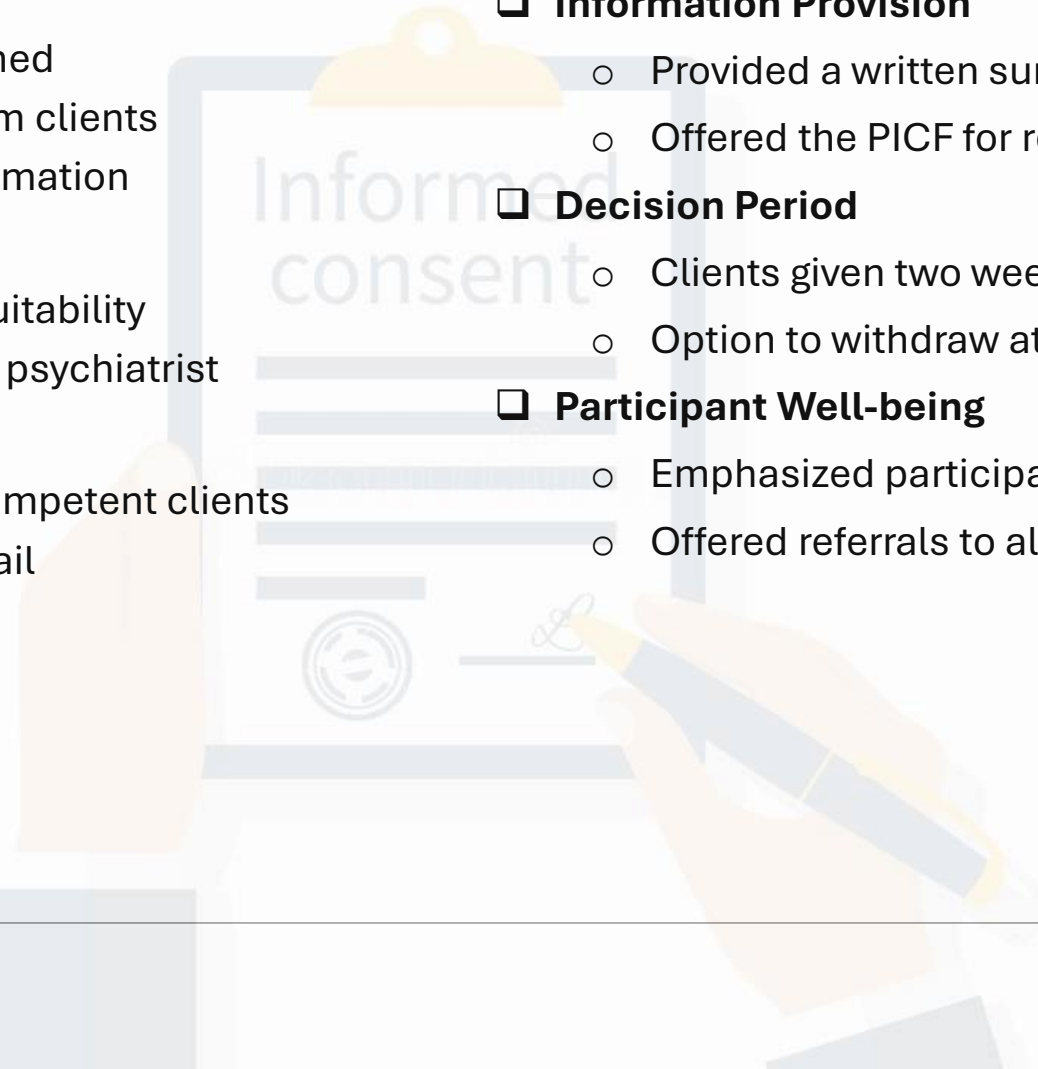
- Provided a written summary of the study
- Offered the PICF for review

❑ Decision Period

- Clients given two weeks to decide
- Option to withdraw at any time without consequence

❑ Participant Well-being

- Emphasized participants' well-being
- Offered referrals to allied health services if needed



Data Collection

❖ Semi-structured interviews

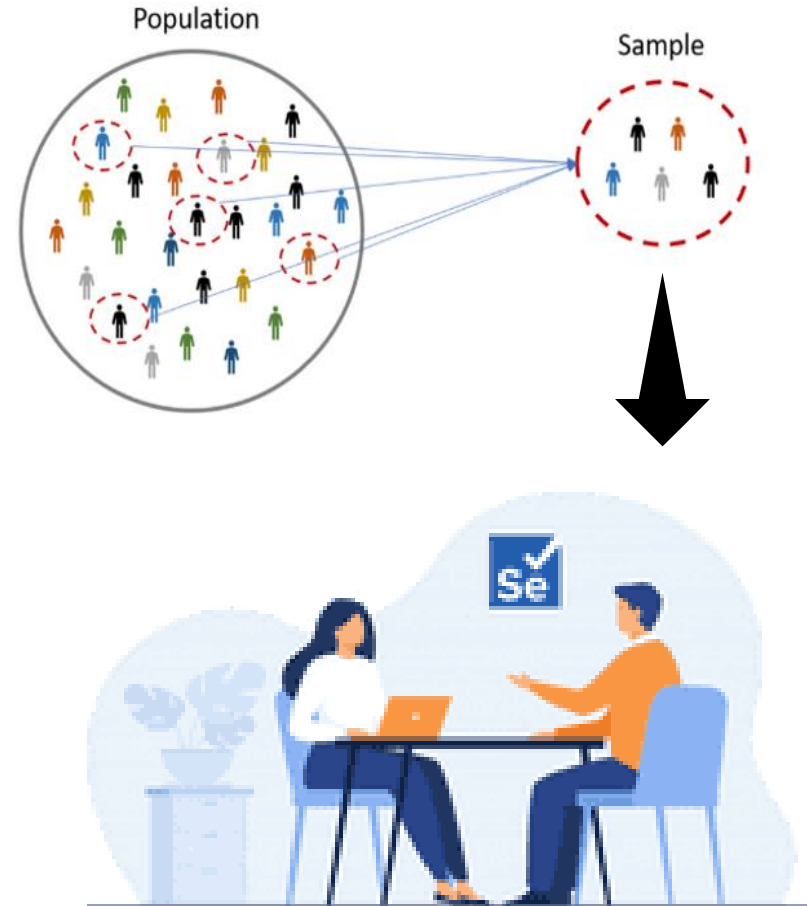
Duration: ~1 hours

Location: QVB Office, Residence, & Community Centre

Recorded and Transcribed: Microsoft Teams

❖ Questionnaire theme

- ✓ experience of taking prescribed medications
- ✓ motivation to take your medications
- ✓ challenges to taking prescribed antipsychotics
- ✓ advantages/disadvantages



Data Analysis

❖ Braun and Clarke's method

Braun and Clark's reflexive thematic analysis (RTA) approach was applied to understand the medication administration experience of participants because it provides an opportunity for the reflexive influence of our interpretations as researchers (Byrne, 2022).

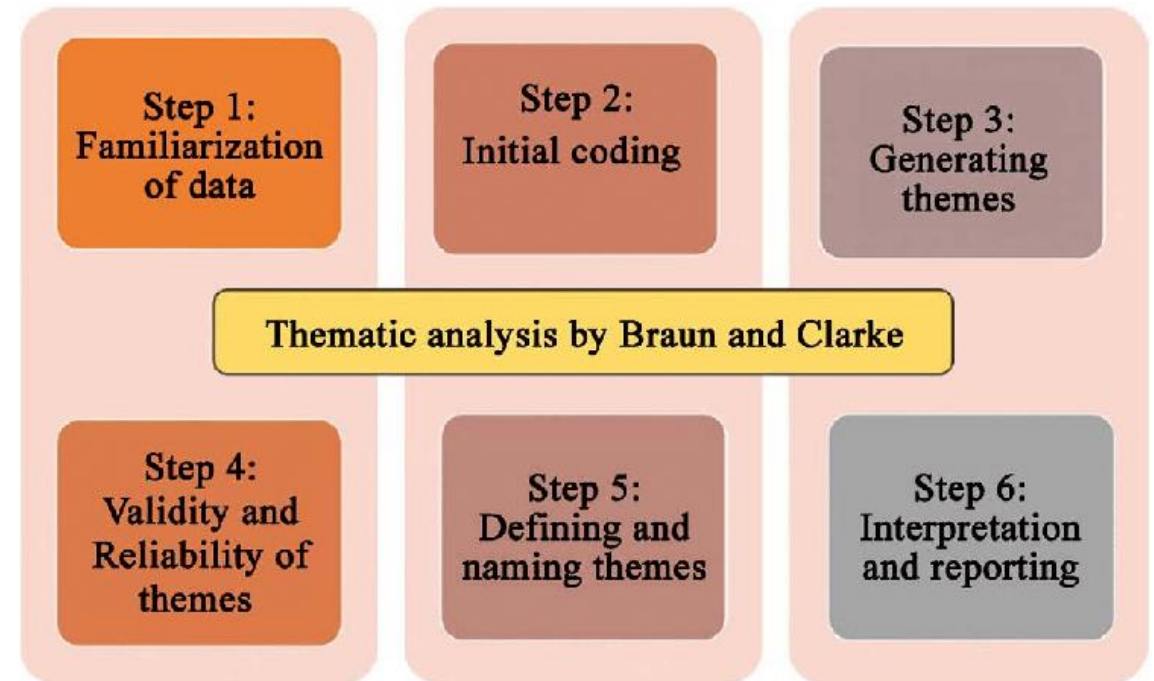


Figure: Thematic analysis by Braun and Clarke

Participant characteristics

Gender Distribution

- **Men:** 5
- **Women:** 6

Age Statistics

- **Average Age:** 43 ± 13 years
- **Median Age:** 45 years
- **Average Age of Illness Onset:** 12 ± 7 years

Educational Background

- **Completed Secondary School:** 10 participants
- **Completed Tertiary Degree:** 4 participants

Background Information

- **Inpatient Admission:** All participants had at least one history
- **Homelessness:** 4 participants
- **Alcohol and Other Drugs Use:** 5 participants
- **Living with Family:** 1 participant
- **Private Rental:** 5 participants
- **Social/public housing:** 6 participants



Early Findings-Challenges to medication adherence

- ✓ **Forgetfulness**
 - ✓ **Alcohol and other drugs use**
 - ✓ **Therapeutic relationship with treating team**
 - ✓ **Side effects**
 - ✓ **Transportation**
 - ✓ **Financial hardship**
 - ✓ **Inadequate support and loneliness**
 - ✓ **Individual choices, priorities, and values**
 - ✓ **Homelessness and housing**
 - ✓ **Command hallucination**
 - ✓ **Poor insight**
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Conclusion

- **First qualitative study in Ballarat**, a regional Victorian town, to explore the common barriers to antipsychotics compliance individuals with schizophrenia aged 20-65 experience.
 - **Transportation issues, social isolation, financial hardships and housing** related problems uniquely contribute to non-adherence in Ballarat regions.
 - **Key Obstacles:** Unwanted side effects from antipsychotics, illicit substance use, poor therapeutic alliance with treating team, forgetfulness, poor insight and individual choices
 - **Recommendation:** Promotion of social prescribing strategies, telehealth and home services, improving public transport in Ballarat, shared decision-making in treatment, early use of LAI, role of LLEW, improvement in cultural competence of clinicians and demotion of authoritarian prescribing.
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Acknowledgement

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Ethics Considerations

This study was approved by the Saint John of God Hospital and Grampians Health Human Research Ethics Committee (approval number 105324) on the 12th of March 2024. All participants provided written informed consent prior to participating.

Funding statement

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Thank you