Letters to Editor

Reasons for Schizophrenia Patients Remaining in, out, or on Treatment? Non-adherence to Clarity

Comment on “Reasons for Schizophrenia Patients Remaining out of Treatment: Results from a Prospective Study in a Rural South Indian Community.”

Sir,

We read the original research article, published recently in Indian Journal of Psychological Medicine regarding reasons for non-adherence to treatment in Schizophrenic patients in a rural community.[1] The report is interesting and highly relevant to the current status of lack of affordability and accessibility to mental health services in low-resource rural settings. We would like to comment briefly on the paper as mentioned above.

Using a prospective study design, the authors discuss reasons for patients remaining out of treatment (non-adherent) despite efforts to provide treatment at door steps.

Community psychiatric research in the Indian context is a road less travelled. The large sample size and a reasonable follow-up period are the methodological strengths. Given the paucity of manpower, taking treatment to the patient’s doorsteps is remarkable. “Task-shifting” approach of training nonspecialist village health workers (VHWs) to identify and refer symptomatic patients and decentralizing mental health care services to Primary Health Centers are effective alternatives to bridge the treatment gap in the community settings. Multiple measures are required to improve adherence in the off-off group, emphasizing the role of “therapeutic misconception.” Qualitative reporting of reasons for non-adherence provides insight.
into a variety of practical difficulties encountered in implementing mental health treatment at the community level. On one hand, tailored psychoeducation helps in improving patients’ and families’ understanding of the illness and drug attitudes, while on the other, raising community awareness is equally important to sustain adherence and negate stigma.

However, the study had few shortcomings. The study title is not reflective of the methodology. There is no description of how checklist was devised and by whom, moreover study findings appear to be qualitative in nature. The synonymous usage of the terms “out of treatment,” “remain untreated” and “nonadherent” makes the outcome measure “adherence at 1 year follow-up” and stratification of the groups less defined. Providing information regarding the training of the VHW in the process and the components used in case detection can help understanding the sensitivity of the community survey. Describing the follow-up schedule, number of follow-up visits during the 1 year and monitoring treatment response on standardized scales are pivotal.

The paper compares the off-off group with the off-on group, focusing on the reasons for being non-adherent at baseline. Comparison with the other arm, “the on-on group” who were adherent even at baseline and continued to be throughout the follow-up period and understanding the reasons for their favorable attitudes toward treatment is of paramount importance. Knowledge about the outcome of the subgroup of patients who continued treatment with private psychiatrists can illustrate the other perspective. As fidelity of implementation influences intervention outcomes, using validated objective measures to assess treatment adherence and drug attitude is essential. The details of the community project CoInPsyD, if made accessible to academic researchers may be valuable.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Harshini Manohar, Shivanand Kattimani
Department of Psychiatry, JIPMER, Puducherry, India

Address for correspondence: Dr. Manohar Harshini
Department of Psychiatry, JIPMER, Puducherry - 605 006, India.
E-mail: harshininmanohar1990@gmail.com

REFERENCE
1. Kumar CN, Thirthalli J, Suresha KK, Venkatesh BK, Kishorekumar KV, Arunachala U, et al. Reasons for schizophrenia patients remaining out of treatment: Results from a prospective study in a rural South Indian community. Indian J Psychol Med 2016;38:101-4.