Adherence to antidepressant treatment: What the doctor think and what the patient says

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RESUME

Il a été montré que l'adhérence à un traitement antidépresseur varie entre 30 et 70%. Le but de cette étude était de comparer, dans un groupe de 144 patients ambulatoires avec un trouble de l'humeur et/ou un trouble anxieux traités avec des antidépresseurs, l'auto-estimation de l'adhérence avec l'estimation de l'adhérence par le médecin, ainsi qu'avec l'alliance thérapeutique. Les scores d'adhérence estimés par les patients et par les médecins étaient significativement différents, les médecins sous-estimant l'adhérence dans 29% des cas et la surestimant dans 31% des cas en comparaison avec l'évaluation des patients. L'adhérence mesurée par les taux plasmatiques des médicaments, malgré qu'elle soit plus élevée que prévue si on se réfère à des études publiées précédemment, était en accord avec les scores auto-estimés par les patients mais pas avec les scores estimés par les médecins. Finalement les scores d'alliance thérapeutique estimés par les patients et par les médecins n'étaient pas liés à l'auto-déclaration d'adhérence.
Adherence to Antidepressant Treatment: What the Doctor Thinks and What the Patient Says

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Abstract

Adherence to antidepressant treatment has been shown to range from 30 to 70%. The aim of this study was to compare the patient’s self-report of adherence with the doctors’ estimation of adherence and therapeutic alliance in 104 outpatients with mood and/or anxiety disorder treated with antidepressants. The adherence scores estimated by the patients and the doctors were significantly different, the doctors underestimating adherence in 29% of cases and overestimating it in 31% of cases compared to the patients’ evaluation. Adherence measured by drug plasma concentration, despite being higher than expected from previously published reports, was in line with the patients’ self-reported score but not the doctors’ estimation. Finally, the patients’ and the doctors’ Helping Alliance scores were not related to adherence self-report.

Key words
patient compliance - medication adherence - antidepressive agents

Introduction

Depression is an important cause of disability in the world, with antidepressant drugs representing the mainstay of treatment. As in other chronic disorders, several studies have consistently shown that adherence with antidepressants is poor, ranging from 30 to 70% [1, 2]. Discontinuations are most frequent during the first month of therapy and factors leading to discontinuations are multiple and poorly understood [1]. Many studies have examined the extent of adherence to treatment. However, there exists only few data on the doctor’s perception of their patients’ adherence, and they demonstrated that doctors were only able to correctly identify non-adherent patients in 2/3 of cases or fared no better than chance (for a review see [2]). The aim of this study is to evaluate the relation between the patients’ adherence to antidepressant treatment, their doctors’ perception and their therapeutic alliance.

Results and Discussion

The present results are based on the data of 104 patients: 55 (53%) men (43±11 years old) and 49 (47%) women (39±11 years old), mean weight of 74±16 kg, 51 (50%) smokers. 88 patients (85%) took other medication(s), among them 8 (8%) took 2 antidepressants. The antidepressant treatments with their median daily dose are described in Table 1. The median treatment duration was 12 months [n=87; interquartile range (IQR), 5–26 months]. Clinical diagnosis was available for 102 patients and is described in Table 1. 31 (30%) of patients suffered from anxi-
The self-report of adherence yielded a score of 0 points (very good adherence) for 32 patients (31%), 1 point for 38 patients (37%), 2 points for 23 patients (22%) and 3 points for 11 patients (11%). No patients had a self-reported score of 4 points (poor adherence). The median score for all patients was 1. The most frequent yes-anwered questions were about carelessness (52%), forgetfulness (46%), whereas discontinuation of treatment when feeling better (15%) or worse (2%) was less frequent. Self-reported adherence scores were shown to be a useful method to identify non-adherent patients as compared to the microprocessor-based medication event monitoring system (MEMS), a system which records the precise time of opening of the tablet container [9]. Patients with mood disorders reported a better adherence compared to patients with anxiety disorders, with 82% of patients with mood disorders (n = 38) reporting a score of 0 or 1 vs. 52% of patients with anxiety disorder (n = 31; \( p = 0.008 \)). The self-reported adherence scores increased with the median treatment duration, except for patients with the lowest adherence (9 months for 0-point score, 12 months for 1-point, 23 months for 2-point and 5 months for 3-point; \( p = 0.009 \)).

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The self-reported adherence scores increased with the median treatment duration, except for patients with the lowest adherence (9 months for 0-point score, 12 months for 1-point, 23 months for 2-point and 5 months for 3-point; \( p = 0.009 \)). The 2-point scores matched for 39 patients; whereas the doctors overestimated the score estimated by the doctors was not significantly different for dissatisfied patients and for patients with superior. This overestimation of adherence might have been caused by a selection bias, non-adherent patients having refused more frequently to be included in the study than adherent patients. The Helping Alliance scores of the patients and the therapists were significantly correlated (\( p = 0.0004 \)). The median values (range) are 54 (40-63) for the patients and 44 (37-50) for the therapists. Except for an association between the Helping Alliance therapist score and the doctors' evaluation of adherence (p = 0.02), the Helping Alliance scores were neither correlated with the patients' self-reported adherence, nor the doctors' evaluation of adherence, nor the plasma concentrations (p > 0.2). Patients with a better global satisfaction with their medication had higher Helping Alliance scores, with a median value of 58 for satisfied to very satisfied patients vs. 48 for dissatisfied patients and 50 for neither satisfied nor dissatisfied (p = 0.02). Similar results were observed for the therapist scores (44, 40 and 45, respectively; p = 0.02). Patients who estimated their health improved also reported higher adherence scores than the others (57 vs. 50; p = 0.02), while a similar trend was observed for the information on dose, frequency and time of administration (p = 0.05). On the other hand, the therapist scores were not found to be different (p > 0.1).

Thus, the Helping Alliance score does not seem to be related to adherence but to the satisfaction and information received. It should be mentioned that this study was conducted in an academic training institution, in which therapists may change as often as every 6 months, and this circumstance might have affected the patient-therapist alliance. Because of this specific setting, generalization of these data to other settings might not be possible. On the other hand, the frequency of change of therapists is unlikely to have contributed to a major extent to the adherence to treatment measured in the present study as a fast decline in adherence within the first 3 months of therapy has been constantly shown in several studies [1,2]. In conclusion, the estimations of adherence to antidepressant treatment by patients and doctors were significantly different, though slightly correlated. Neither score was related to satisfaction with the medication, control of the symptoms or side-effects. A simple self-reported adherence score was shown to be an easy and useful method to identify non-adherent patients. However, because patients were informed that data collected during the study would not be transmitted to their treating physicians, the reliability of the self-reported adherence score remains to be determined in the absence of such a non-disclo-
sure assurance. The strength of the patient-therapist alliance seemed more closely related to the satisfaction with the medication and the information received on medication and side-effects than to adherence, thus highlighting the need of patient education on compliance. Finally, adherence measured by drug plasma concentration, despite being higher than expected, was in line with the patients' self-reported score but not with the doctors' estimation. Because antidepressant treatment is a long-term treatment and compliance a very important issue, therapeutic drug monitoring could be useful to estimate patient's compliance and/or in case of non-response [10].

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Conflict of Interest
The authors declare no conflict of interest.

References