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Disturbance of compliance in patients with paranoid schizophrenia in the process of neuroleptic treatment

At present the treatment of patients with schizophrenia is considered to be the most relevant. In the literature, there is a significant amount of works on various aspects of this problem, but there are many complex and insufficiently studied factors that significantly affect the provision of effective care to patients with this psychosis [1].

Paranoid schizophrenia is known to be one of the most serious pathogenic pathologies, which in a large number of cases leads to severe social maladaptation and disability of patients, therefore, the issues of adequate therapy are of particular importance in clinical practice [2, 3]. One of the influential factors affecting the success of treatment and readaptation of patients is the quality of adherence to taking medicines [4]. A significant role is played by the different degree of compliance – from full and partial to noncompliance [5, 6].

It is necessary to identify the factors that change the structure of compliance for more effective correction of various deviations from adherence to treatment [7, 8, 9]. Adherence to drug therapy is largely connected with the problem of tolerability of antipsychotics, especially neuroleptics, awareness of patients with the manifestations of adverse effects of drugs, an adequate attitude to medication and necessary therapy to overcome severe manifestations of the disease and prevent its exacerbations [10, 11]. In view of the aforesaid, patients with paranoid schizophrenia develop a different attitude to the treatment of the disease in the acute period, supporting therapy and prevention of exacerbations. Therefore, in clinical practice it is important to use psychological methods to

disclose more in-depth data on the attitude of patients to the treatment of the disease with major means [12].

The search for ways to overcome obstacles in this direction requires the study of disorders of psychological functions during antipsychotic therapy, which arise in the form of personal deviations, disorders of self-esteem and emotional sphere, cognitive impairment, clarification of the nature of which requires the use of methods of psychodiagnosis in clinical practice [13]. In clinical practice, there is a need to eliminate other disorders of psychological functions and negative attitude to taking drugs, social and micro-social maladjustment, which requires the use of individual and family methods of psychocorrection [14]. The foregoing stipulated the relevance of the study.

The objective of the study: to evaluate the compliance of patients with paranoid schizophrenia to antipsychotic therapy based on the identification of pathopsychological and clinical-psychopathological features as a necessary approach to the choice of psycho-correction methods. To achieve this, the following tasks were identified:

- 1) to establish clinical and psychological criteria for the full compliance of patients with paranoid schizophrenia;
- 2) to study the clinical and psychological characteristics of patients with partial compliance;
- 3) to identify the clinical and psychological characteristics of patients with non-compliance.

Material and methods. To achieve the purpose and objectives of the study, 112 men with paranoid schizo-

phrenia aged 20 to 50 years with a diagnosis of "Schizophrenia, paranoid form, continuous type of course" (F20.00 on ICD-10) were examined. The average duration of the disease was 25 years. In the course of the study, a control group (CG) was formed and examined, which consisted of 35 practically healthy persons of the specified sex and age. The conditions of work were fully consistent with the requirements of medical ethics and deontology, observing the rights and interests of the study participants.

Diagnostic examination included clinical and psychopathological examination, evaluation of side effects of drugs as well as psychodiagnostic study. Psychodiagnostic examination of the selected groups of patients G1 (36 people), G2 (37 people), G3 (39 people) and CG using valid psychological techniques was performed to study the individual components of the cognitive status – memory and attention, affective sphere, personal traits, features of self-esteem. These diagnostic measures were carried out to identify changes in the clinical and psychopathological picture of the disease (in the structure of paranoid symptoms), side effects of antipsychotics, the identification of pathopsychological symptoms to form a strategy of pharmacological and psychocorrectional effects at the subsequent stages. After the diagnostic examination an active psychopharmacotherapy was conducted.

The study included a clinical and psychopathological examination to specify paranoid symptoms of schizophrenia; UKU Side-Effect Rating Scale (O. Lingjaerde, Ahlfors U.G., R. Bech, 1987) to determine the side effects of neuroleptics / antipsychotics in various systems of the body; the 1st subscale of the Medication Compliance Scale (MCS) (Lutova N., 2013) to identify the groups of patients with different attitude to treatment; the method of memorizing 10 words to study memory impairment (Luria A., 1995) and Kraepelin method of recognition (Kraepelin E., 1895, Raigorodsky D., 1998) to reveal attention disorders; Cattell questionnaire (Cattell R., 1949, Raigorodsky D., 1998) to identify personality features; Luscher color test (Luscher M., 1949, Raigorodsky D., 1998) to measure emotional states, and color test of relations (CTR) (Bazhyn F., Etkind A., 1985) to identify features of color authentication in relation to meaningful people and concepts; self-evaluation with Dembo-Rubinstein method (Dembo T., Rubinstein S., 1970).

To determine statistical reliability of the results obtained in the study, data were subjected to mathematical processing by means of parametric and non-parametric methods (Student's t-test; Spearman's rank correlation coefficient; ϕ^* -Fisher criterion was used in 3 cases; U analysis of Wilcoxon-Mann-Whitney, χ^2 criterion (Sidorenko E., 2006; Bureeva N., 2007; Khalafyan A., 2007) using the programs Microsoft Excel and statistical package "Statistica 7.0 for Windows".

Results and discussion. While examining the patients the use of the 1st subscale of MCS allowed to divide them into three groups with different attitudes to medication, measured by the parameters expressed in numbers. The following parameters were studied— behavior during

medical treatment; interest in taking drugs; the presence of fears associated with psychotropic action in general or with the possibility of side effects; psychologically determined sabotage of medical treatment; anamnestic information about violation of compliance; different attitude of patients to drugs that had been taken earlier; evaluation of patients with the effectiveness of drugs in monotherapy; evaluation of patients with drug efficacy in combination of medicines; acceptability of parenteral introduction of drugs; acceptability of oral medication; satisfaction with the treatment regimen; availability for financial and other reasons; awareness of the expected start time of the drug action.

The groups with the lowest, moderate and high rates of these parameters of the 1st subscale of MCS were selected.

Thus, the patients showed different attitude to the medication as to MCS. On the basis of quantitative indicators of the subscale used, three groups of patients with varying degrees of compliance were identified.

As evidenced by the data, the patients with different degrees of adherence to therapy had differences in average values of graduations of the sub-scale "Attitude to medication" with significant reliability at the level of $p < 0.05$: G1 (36 patients) – a low degree – 3.8 ± 0.4 ; G2 (37 patients) – a moderate degree – 24.7 ± 1.9 ; G3 (39 patients) – a satisfactory degree – 32.5 ± 2.8 points, respectively.

The study of the side effects of antipsychotics / neuroleptics using the UKU scale revealed a different degree of its severity in patients. Comparison of the obtained data as to adherence to taking therapies allowed to identify features in patients of all the major groups (G1, G2, G3). Analysis of the data showed that G1 most often had a significant degree of manifestation of side effects, which significantly correlated with a minimum compliance to taking drugs; while in G2, the degree of severity of various signs of side effects was more often less, and this coincided exactly with a moderate compliance to taking drugs. It should be noted that in G3 there was a minimal side effect of drugs and this feature correlated most often with a satisfactory compliance to taking antipsychotic drugs. As it can be seen from the above data, there is a feedback between the severity of side effects of drugs and compliance to therapy with antipsychotics, which is confirmed by the data of correlation analysis. The approach used made it possible to objectify the criteria of tolerability of neuroleptic therapy and to predict the degree of adherence to treatment.

The study of psychological characteristics of patients included the results of the study of memory and attention to clarify the nature of changes on the background of antipsychotic therapy. Significant deviations ($p < 0.01$) in memory parameters were found in patients with non-compliance (G1) in the form of a decrease in the level of the memory curve, average volume of direct memory (DM) 5.3 and delayed playback (DP) 7.4. The dynamics of memorizing words was characterized by an unstable type of curve with a rise at the first presentation of words and the subsequent fall and repetition of these trends.

When performing a test on the study of attention, indicators of accuracy, volume and stability of attention in G1 were significantly lower than in the CG and patients from G2 and G3.

The leading factor of attention disorder in G1 was a decrease in its volume or performance (12, 12, 11, 12, 11, 12, 13, 12 in 1-8 tests, respectively); indicators of attention instability influenced the state of this function to a lesser extent. In the analysis of the error distribution, their average values were found to be much higher (0,4; 0,5; 0,4; 0,6; 0,8; 0,7; 0,6; 0,5 in 1-8 tests, respectively), as compared with G2, G3 and CG.

Volume indicators of DM (5,9) and DP (7,8) in patients with partial compliance (G2) were significantly lower ($p < 0,05$) than in CG (DM 6,7; DP 8,9). Significant differences were also revealed in the dynamics of memorizing words in the form of an asthenic curve with a rise at the second, and third presentation and subsequent fall.

The study of attention revealed a decrease in volume (productivity) (14, 16, 15, 17, 17, 18, 16, 18 in 1-8 tests, respectively), accuracy and stability of the test performance and increase in the number of errors (0,4; 0,3; 0,4; 0,3; 0,3; 0,3; 0,2; 0,2; in 1-8 tests, respectively), compared with CG ($p < 0,05$).

In patients with full compliance (G3) in the study of memory function it was found that the average volume of DM (6,2) and DP (8,3) were slightly lower than in CG ($p > 0,05$). The dynamics of memorization of words corresponded to the labile type of the memorization curve and had a zigzag character, which reflected the instability of mnemonic processes.

In G3, the state of active attention was characterized by a slight decrease in accuracy and volume (17, 16, 18, 22, 19, 21, 20, 19 in 1-8 tests respectively) of test performance, in comparison with CG. The average error values were slightly higher (0,2; 0,1; 0,3; 0,2; 0,3; 0,1; 0,3; 0,2 in 1-8 tests, respectively) than the corresponding indicators in CG ($p > 0,05$).

The emotional sphere was studied with the help of the Lüscher test, which revealed 91.7% of cases of manifestation of emotional-affective tension ("anxiety") in G1, which manifested itself in deviations of the basic colors and their displacement to the last (6,7,8) positions of the color series, which indicated the presence of unsatisfied needs of "moderate" and "high" degree.

The signs of "anxiety" in patients from G3 were diagnosed in 25.6% of cases. In a small part of observations, the displacement of one of the basic colors to the last positions was noted, indicating unsatisfied needs that caused "moderate" and "low" emotional tension.

The use of the Cattell questionnaire to assess personality traits in patients from G1 revealed the traits that were significantly more common than in CG ($p < 0,05$). Indicators on the characteristic of "weakness of the self" (factor C-), characterized restless, hypochondriac, tired, emotionally unstable and easily frustrated persons, as well as the personal characteristic of "dominance" (factor E+) reflected intransigence, aggressiveness, proneness to conflict, instability, rudeness, hostility, gloominess.

Personality characteristics in patients from G2 were characterized by significant indicators of "schizotypy" (factor A-), "weak" control (factor Q3-), "low ego-orientation" (factor Q4-), "introversion" (factor F2-), and were more often met than in CG ($p < 0,05$). Personality traits of "schizotypy" were characterized by manifestations of

secrecy, isolation, alienation, isolation, indifference, coldness, bleakness, mistrust; "weak control" revealed negligence, distraction, lack of discipline, internal conflict of ideas about themselves; "low ego-orientation," characterized by lethargy, apathy, disinclination to frustration, low motivation, restlessness, excessive satisfaction; "introvertedness" testified to excessive restraint, suppression in interpersonal conflicts, and secrecy.

The patients with full compliance (G3) revealed significant differences ($p < 0,05$) in personal characteristics of "schizotypy" (factor A-), "sensitivity" (factor F3-), "conformity" (factor F4-). In addition to the established domination of the traits as to the factor of "schizotypy", the signs of fragile emotionality, sensitivity to subtleties, difficulties in decision making due to excess of reflection, which are inherent to the characteristic of "sensitivity", were revealed. The revealed signs of "conformity" testified to the presence of dependence, submission, passivity, restraint, the need to be maintained by the other patients.

The data using CTR were based on the study of color associations with the concepts of "me", "happiness", "mind", "behavior", "fun", "relaxation", "sociability", "probable future", "desired future", "mother", "father", "woman", "friend", "health", "present", "disease". The examined patients gave a high rank of emotional significance to the stimulating concept of "desired future", which was more significant than their own image, indicating a deep dissatisfaction with the current state, and it was most pronounced in G1, somewhat less in G2 and the least in G3, while the concept of "probable future" was estimated pessimistically in all the groups. The most meaningful differences in emotional significance were manifested in five stimulating concepts — "real future", "mind", "fun", "sociability", "relaxation". The highest ranks of basic colors (1, 2, 3, 4) were more significant in patients from G3 compared to G2 ($p < 0,01$) and G1 ($p < 0,01$). In G1, the concept of "health" and "disease" was associated by patients pessimistically and it was associated with the colors of the second half of the series of color detection (5, 6, 7, 8), in G2 and especially in G3 such concepts were more optimistic and varied. Significant differences in the emotional significance of images of the loved people were found: in G1, there was more significant ($p < 0,01$) than in G2 ($p < 0,05$) and G3 ($p < 0,05$) leveling of the concepts of "mother" and "father" with simultaneous increase in the rating of the concepts "friend" and "woman". Consequently, the established features of color associations depending on the degree of adherence to therapy, in patients with noncompliance were expressed in pessimistic colors, in patients with partial compliance — in less pessimistic, and in patients with full compliance — in more optimistic color autoidentification.

The Dembo-Rubinstein method for self-assessment was carried out by the factors "character", "mind", "health", "awareness of disease", "trust in the doctor", "benefit of treatment", "future". The following are the average profiles of the self-assessment factors in percent.

Self-assessment in G1 had a significant tendency to be underestimated and reached a level of confidence, compared with the other groups, except for the concept of "mind". The indicators of self-esteem were significantly

lower in the factors of "character" (of 30.50 ± 6.80 , $p < 0.01$), "health" (26.80 ± 8.10 , $p < 0.01$), "future" (30.20 ± 9.20 , $p < 0.05$) compared to uncertain changes in the factors "benefit of treatment" (28.80 ± 9.60 , $p > 0.05$), "awareness of disease" (43.20 ± 12.60 , $p > 0.05$), "trust in the doctor" (22.80 ± 8.90 , $p > 0.05$), "mind" (24.20 ± 9.70 , $p > 0.05$).

G2 obtained lower estimates of all these indicators than G3, but the reliability of such changes was slightly lower ($p < 0.05$). It was revealed a significantly lowered self-esteem for the factor "character" (39.40 ± 2.30 , $p < 0.01$), "health" (42.10 ± 11.40 , $p < 0.01$) and "future" (32.20 ± 8.30 , $p < 0.05$) and a tendency to decrease in the indicators of "mind" (35.10 ± 9.60 , $p > 0.05$), "trust in the doctor" (26.60 ± 6.20 , $p > 0.05$), "benefits of treatment" (54.70 ± 11.50 , $p > 0.05$), "awareness of disease" (45.20 ± 14.10 , $p > 0.05$).

As a result, in G3 self-esteem was characterized by a moderate tendency to decrease ($p < 0.05$) and was more adequate than in patients of the other groups. There was a slightly reduced self-esteem for the factors "character" (47.40 ± 7.60 , $p < 0.05$), "health" (48.80 ± 6.10 , $p < 0.05$), "future" (48.30 ± 16.40 , $p < 0.05$) and a tendency to decrease in factors of "mind" (41.40 ± 7.80 , $p > 0.05$), "awareness of disease" (54.40 ± 12.20 , $p > 0.05$), "trust in the doctor" (32.30 ± 8.30 , $p > 0.05$), "benefit of treatment" (77.80 ± 10.70 , $p > 0.05$).

Thus, the study of self-esteem made it possible to objectify the criticality of the attitude of patients to themselves, their own health, as well as to treatment, which is reflected in different degrees of evidence of adherence to therapy.

It should be noted that the described psychological disorders consisted of certain pathopsychological symptoms that had differences in the groups of patients with varying degrees of compliance.

Conclusions. Patients from G3 with complete compliance (32.5 ± 2.8 points as to the 1st subscale of MSC) had a minimal side effect of antipsychotics / neuroleptics. The pathopsychological symptoms included changes in the mnemonic function – the average indicators of the volume of direct memorization and delayed reproduction were slightly reduced; type of memory curve was characterized by lability; insignificantly reduced indicators of accuracy, productivity, stability of attention; insignificantly higher average values of errors; emotional signs of "anxiety" in 25.6% of cases with the presence of unsatisfied needs of "moderate" and "weak" affective tension; reliable differences in personality characteristics of "schizotymia" (factor A-), "sensitivity" (factor F₃-), "conformity" (factor F₄-); features of color associations with optimistic autoidentification; a slightly lower self-esteem by the factors of "character", "health", "future" and a tendency towards its decrease by the factors of "mind", "awareness of disease", "trust in the doctor", "benefits of treatment".

In patients from G2 with partial compliance (24.7 ± 1.9 points as to the 1st subscale of MSC), the severity of signs of adverse effects of antipsychotics / neuroleptics was moderate. The pathopsychological symptoms included significantly reduced amount of immediate memory and delayed reproduction; asthenic type of memory curve; decrease in performance, accuracy, stability of attention and increase in the number of errors; disorders of the affective sphere – "anxiety" in 48.9% of cases of "moderate" intensity with dissatisfaction with the need for rest and mutual trust; personality traits with significant indicators on the characteristics of "schizotymia" (factor A-), "weak control" (factor Q₃-), "low self-orientation" (factor Q₄-), "introversion" (factor F₂-); moderately pessimistic autoidentification of color associations; self-esteem by factors of "character", "health", "future" and a tendency towards its decrease by factors "mind", "trust in the doctor", "the benefit of treatment", "awareness of the disease".

Patients from G1 with non-compliance (3.8 ± 0.4 points as to the 1st subscale of MSC) were characterized by the highest severity of manifestations of side effects of antipsychotics / neuroleptics. The pathopsychological symptoms included significant deviations in memory indicators in the form of the lowest volume of immediate memorization and delayed reproduction; decrease and instability of the level of memory curve; a significant reduction in the accuracy, performance and stability of attention and the maximum number of errors; state of emotional sphere with characteristic affective stress ("anxiety") in 91.7% of cases and the presence of unsatisfied needs of "moderate" and "strong" degrees; personality traits with reliable indicators on the characteristics of "weakness of Self" (factor C-) and "dominance" (factor E+); peculiarities of color associations with pessimistic autoidentification; the most low indicators of self-esteem by the factors of "character", "health", "future", compared with unreliable changes in factors of "benefits of treatment", "awareness of the disease", "trust in the doctor", "mind".

ABBREVIATIONS:

ICD-10 – International Classification of Diseases

G1 – group of patients with non compliance

G2 – group of patients with partial compliance

G3 – group of patients with full compliance

CG – control group

UKU – Udvald for Kliniske Undersogelser (UKU) – Side-Effect Rating Scale

MCS – Medication Compliance Scale

DM – Direct Memory

DP – Delayed Playback

CTR – the Color Test of Relations

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Порушення комплаєнтності у хворих на параноїдну шизофренію в процесі нейрорептичного лікування

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Харківська медична академія післядипломної освіти

Для розробки підходів до корекції порушень комплаєнтності у хворих на параноїдну шизофренію обстежено 112 пацієнтів та з вивченням клінічних та патопсихологічних особливостей на тлі лікування нейрорептиками. Виявлені та оцінені клінічні та психологічні характеристики пацієнтів з різним ступенем прихильності до терапії. Для реалізації цілей роботи проводилося клінічне та психодіагностичне обстеження мнестичної та емоційної сфери, особистісні характеристики та самооцінка у пацієнтів. Використання шкали комплаєнтності дало можливість виділити групи пацієнтів з різним ступенем прихильності до лікування. Застосування методики для вивчення побічних ефектів антипсихотичних препаратів виявило зв'язок між ступенем тяжкості побічних ефектів ліків та прихильністю до терапії. Поряд з психопатологічними особливостями, група з дисконплаєнтністю характеризувалася максимальною тяжкістю порушень у когнітивній сфері. Медикаментозне лікування супроводжувалося змінами в емоційній сфері у вигляді об'єктивних ознак афективного дискомфорту, найменш виражених у пацієнтів з повною комплаєнтністю. Встановлено особистісні риси, що відрізняються у пацієнтів з різним ступенем прихильності до лікування. Аналіз кольорових асоціацій, заснований на взаємозв'язку кольорових тестів з емоційно значущими людьми та концепціями, виявив найбільш песимістичні асоціації з негативними значеннями кольорів стосовно здоров'я та захворювань у пацієнтів зі значними порушеннями комплаєнтності. Самооцінка пацієнтів із дисконплаєнтністю характеризувалася найнижчими показниками на відміну від пацієнтів з частковим та повним комплаєнсом. Виявлені психодіагностичні особливості складають патопсихологічні симптомокомплекси, які служать диференційно-діагностичними критеріями дисконплаєнтності різного ступеня.

Ключові слова: дисконплаєнтність, шизофренія, нейрорептики, психодіагностика.

Нарушение комплаентности у больных параноидной шизофренией в процессе нейролептического лечения

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Харьковская медицинская академия последипломного образования

Для разработки подходов к коррекции нарушений комплаентности у больных параноидной шизофренией обследовано 112 пациентов и с изучением клинических и патопсихологических особенностей на фоне лечения нейролептиками. Выявлены и оценены клинические и психологические характеристики пациентов с разной степенью приверженности к терапии. Для реализации целей работы проводилось клиническое и психодиагностическое обследование мнестической и эмоциональной сферы, личностные характеристики и самооценка у пациентов. Использование шкалы комплаентности позволило выделить группы пациентов с различной степенью приверженности к лечению. Применение методики для изучения побочных эффектов антипсихотических препаратов выявило связь между степенью тяжести побочных эффектов лекарств и приверженностью к терапии. Наряду с психопатологическими особенностями, группа из дисконплаентности характеризовалась максимальной тяжестью нарушений в когнитивной сфере. Медикаментозное лечение сопровождалось изменениями в эмоциональной сфере в виде объективных признаков аффективного дискомфорта, наименее выраженных у пациентов с полной комплаентностью. Установлено личностные черты, отличаются у пациентов с разной степенью приверженности к лечению. Анализ цветных ассоциаций, основанный на взаимосвязи цветных тестов с эмоционально значимыми людьми и концепциями, обнаружил самые пессимистичные ассоциации с отрицательными значениями цветов в отношении здоровья и заболеваний у пациентов со значительными нарушениями комплаентности. Самооценка пациентов с дисконплаентностью характеризовалась низкими показателями в отличие от пациентов с частичным и полным комплаентом. Обнаруженные психодиагностические особенности составляют патопсихологические симптомокомплексы, которые служат дифференциально-диагностическими критериями дисконплаентности разной степени.

Ключевые слова: дисконплаентность, шизофрения, нейролептики, психодиагностика.

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