

Survey on Therapeutic Approaches and Effectiveness of Antipsychotic Drugs at Pabna Mental Hospital



A scholarly project submitted to the Department of Pharmacy at Daffodil International University, as an integral part of the requirements for the achievement of the Bachelor of Pharmacy degree.

Submitted To

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This research submission to the Department of Pharmacy, within the Faculty of Allied Health Science at Daffodil International University, has been deemed satisfactory for meeting partial requirements toward the Bachelor of Pharmacy (B.Pharm) degree. It has been endorsed for its style and contents.

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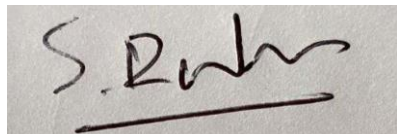
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I confirm that I have independently completed this project report as part of the requirements for the Bachelor of Pharmacy (B.Pharm) degree. This was conducted under the supervision of Dr. Md. Sarowar Hossain, Associate Professor in the Department of Pharmacy, Faculty of Allied Health Sciences at Daffodil International University. By appending my signature, I verify that I am the sole author of this work. Additionally, I assert that neither this project nor any of its components have been previously submitted to any other educational institution for the purpose of obtaining a Bachelor's degree or any other academic qualification.

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Acknowledgement

I convey my appreciation to the Divine for endowing me with the health and resilience necessary to successfully conclude this project. I offer heartfelt thanks to Professor Dr. Muniruddin Ahamed, who, in his role as a professor and program director at Daffodil International University, graciously facilitated my access to essential research materials.

Special recognition is also owed to Dr. Md. Sarowar Hossain, an Associate Professor in the pharmacy program at Daffodil International University. His invaluable expertise, authentic guidance, and unwavering assistance played a pivotal role in the triumphant execution of this project, for which I am genuinely grateful.

I seize this moment to express my gratitude to the entire faculty of the department for their unwavering encouragement and support throughout this venture. I extend thanks to my parents for their continual support, affection, and insightful counsel. I also acknowledge the assistance provided by my partner in this undertaking.

My acknowledgment reaches out to all those who have contributed, be it through direct or indirect means, to the realization of this endeavor.

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Dedication

This endeavor is dedicated primarily to the Divine, followed by my parents, educators, and companions.

Abstract

Background: The prescription of antipsychotic and antidepressant medications has seen a significant rise in recent decades, mirroring the increasing prevalence of psychiatric disorders worldwide. Despite their efficacy in treating conditions such as depression and anxiety disorders, non-adherence to antipsychotic and antidepressants remains a substantial concern, leading to treatment failure and diminished patient outcomes.

Methods: This cross-sectional survey study was conducted from November 5, 2023, to January 2024, at Mental Hospital, Pabna. A total of 200 psychiatric patients participated in face-to-face interviews, during which a questionnaire, prepared using Google Forms, was administered.

Results: The study findings highlight commonly prescribed medications include antipsychotics and antidepressants. Before medication initiation, individuals commonly experienced mood swings (65%), anxiety symptoms (50%), impulsive behaviors (60%), and disrupted sleep patterns (75%). Positive changes were observed after medication initiation, including reduced mood swings (45% before vs. 72.5% after), improved anxiety management (50% before vs. 62.5% after), better impulse control (60% before vs. 62.5% after), and enhanced sleep quality (75% before vs. 77.5% after). These findings underscore the need for personalized treatment approaches and comprehensive support resources in mental health care.

Conclusion: This study highlights the complexity of mental health treatment, revealing treatment histories, and medication utilization patterns among individuals with psychiatric disorders. While challenges such as side effects persist, medication initiation often leads to positive behavioral changes, emphasizing the importance of personalized care and open communication between patients and healthcare providers.

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

Mental health is an integral component of overall well-being, profoundly influencing individuals' cognitive, emotional, and behavioral states in their daily lives. Its pivotal role in shaping quality of life, productivity, and social interactions underscores the paramount importance of addressing mental health concerns [1]. However, the landscape of mental health is characterized by complexity, encompassing a spectrum of conditions that span from common mood disorders like depression and anxiety to more severe illnesses such as schizophrenia and bipolar disorder. These conditions manifest through a myriad of symptoms, including persistent sadness, overwhelming worry, hallucinations, and erratic mood swings, which can significantly impair individuals' functioning and overall quality of life. Patient attitudes and behaviors play a crucial role in the management of mental health conditions, shaping treatment adherence, response to medication, and overall treatment outcomes [2]. Attitudes towards medication can significantly impact treatment engagement and adherence, with factors such as perceived efficacy, side effects, and stigma influencing individuals' willingness to initiate and maintain medication regimens. Additionally, behaviors such as medication adherence, lifestyle modifications, and engagement in therapeutic interventions can either facilitate or hinder treatment effectiveness. Understanding and addressing patient attitudes and behaviors are essential for optimizing treatment outcomes, promoting medication adherence, and fostering collaboration between patients and healthcare providers in the journey towards mental health recovery [3]. Navigating this multifaceted terrain requires a comprehensive understanding of the causes, symptoms, and diagnostic criteria associated with various mental health disorders. While genetic predisposition and neurobiological factors play significant roles in the development of mental illness, environmental stressors, traumatic experiences, and social determinants of health also contribute to its onset and progression. The manifestation of symptoms varies widely across individuals and conditions, with some experiencing profound emotional turmoil and others grappling with perceptual distortions and cognitive impairments [4]. In the context of treatment, medication emerges as a cornerstone of mental health intervention, offering targeted pharmacological interventions aimed at alleviating symptoms, restoring neurochemical balance, and promoting stability and recovery. Antidepressants, mood stabilizers, antipsychotics, and anxiolytics represent key classes of medications prescribed to manage various mental health conditions, each tailored to address specific symptom clusters and underlying neurobiological mechanisms [5]. While medications can

be highly effective in reducing symptom severity and improving functioning, their utilization must be informed by factors such as treatment response, tolerability, and potential side effects [6].

1.1 Prevalence of Antipsychotic and Antidepressant Use

The prevalence of antipsychotic and antidepressant use is a significant indicator of the burden of psychiatric disorders worldwide. According to recent epidemiological studies, the utilization of these medications has increased substantially over the past few decades. In the United States alone, data from national surveys indicate that approximately 12.7% of adults reported antidepressant use in the past month, with a notable increase observed over the past two decades. Similarly, the use of antipsychotic medications has also risen, with estimates suggesting that over 3% of adults are prescribed antipsychotics annually [7]. The prevalence of antipsychotic and antidepressant use varies across demographic and clinical factors, with higher rates observed among women, older adults, individuals with comorbid medical conditions, and those with severe psychiatric disorders such as schizophrenia, bipolar disorder, and major depressive disorder. Additionally, there is evidence of regional variations in prescribing practices, with higher rates of medication use reported in urban areas compared to rural settings. The widespread use of antipsychotic and antidepressant medications underscores the significant impact of psychiatric disorders on public health and the need for effective treatment options [8]. However, concerns have been raised about the appropriateness of prescribing patterns, potential overuse, and the increasing reliance on pharmacological interventions as a primary treatment modality. Furthermore, disparities in access to mental healthcare and medication adherence remain significant challenges in ensuring optimal treatment outcomes for individuals with psychiatric conditions. Addressing these issues requires a multifaceted approach that includes improved access to evidence-based psychosocial interventions, enhanced provider education and training, increased public awareness, and efforts to reduce stigma surrounding mental illness and treatment-seeking behavior [9]. By understanding the prevalence of antipsychotic and antidepressant use and the factors influencing prescribing practices, policymakers, healthcare providers, and stakeholders can work together to promote judicious medication use, improve treatment outcomes, and enhance the overall quality of care for individuals with psychiatric disorders [10].

1.2 Attitudes towards Antipsychotic and Antidepressant Drugs

Patients' attitudes towards antipsychotic and antidepressant drugs are influenced by a myriad of factors, each playing a crucial role in shaping their perceptions and behaviors regarding medication use. Personal beliefs, deeply ingrained values, and individual experiences with mental illness and treatment significantly impact how patients view these medications [11]. Cultural influences further shape attitudes, with societal norms and cultural beliefs often dictating perceptions of mental health and the acceptability of medication as a treatment modality. Moreover, past experiences with psychiatric medications, including efficacy, tolerability, and side effects, contribute to the development of patients' attitudes towards antipsychotic and antidepressant drugs. Positive experiences may foster trust and confidence in medication, while negative experiences can breed skepticism and reluctance to engage in treatment [12].

Perceived stigma associated with mental illness and medication use is a pervasive factor influencing patients' attitudes towards antipsychotic and antidepressant drugs. Stigma, whether internalized or external, can lead to feelings of shame, embarrassment, and self-doubt, which may hinder patients from accepting their condition and seeking appropriate treatment. Fear of judgment from others and concerns about being labeled as "mentally ill" can further exacerbate negative attitudes towards medication, contributing to treatment avoidance and non-disclosure of symptoms [13].

The impact of attitudes towards antipsychotic and antidepressant drugs extends beyond mere perceptions, significantly influencing medication adherence, treatment outcomes, and overall quality of life. Research consistently demonstrates a strong correlation between positive attitudes towards medication and higher rates of adherence. Patients who view medication as beneficial and necessary are more likely to adhere to prescribed regimens, leading to improved symptom management, reduced relapse rates, and better long-term outcomes. Conversely, negative attitudes towards medication, characterized by skepticism, distrust, or fear of side effects, are associated with non-adherence, treatment discontinuation, and suboptimal therapeutic effects. Patients may withhold or modify their medication intake based on subjective beliefs, leading to fluctuations in symptom severity and increased risk of relapse [14].

The complexity of patients' attitudes towards antipsychotic and antidepressant drugs underscores the importance of addressing underlying concerns and misconceptions through patient-centered care and effective communication strategies. Healthcare providers play a pivotal role in fostering positive attitudes towards medication by engaging patients in shared decision-making, providing accurate information, and addressing concerns about efficacy, safety, and side effects. Open and non-judgmental discussions about medication options, treatment goals, and potential risks and benefits empower patients to make informed choices and actively participate in their care [15].

In addition to healthcare provider communication, peer support, and education, interventions aimed at improving attitudes towards antipsychotic and antidepressant drugs should also address broader systemic issues, such as stigma reduction and access to mental health services. Public awareness campaigns, advocacy efforts, and community-based initiatives can help challenge misconceptions about mental illness and promote acceptance and understanding of psychiatric treatment. Furthermore, addressing structural barriers to care, such as insurance coverage limitations and limited access to mental health professionals, is essential for ensuring equitable access to medication and support services for all individuals in need [16].

1.3 Behaviors and Medication Adherence

Medication adherence stands as a cornerstone of effective treatment for psychiatric disorders, encompassing the extent to which patients adhere to prescribed medication regimens. The intricate dynamics of adherence behavior are influenced by a myriad of factors, with behavioral elements playing a pivotal role in determining adherence rates and treatment outcomes. These behavioral factors encompass various aspects, including medication-taking habits, adherence self-efficacy, and coping strategies, all of which significantly impact patients' ability to adhere to their prescribed treatment plans [17].

Non-adherence to antipsychotic and antidepressant medications emerges as a prevalent concern within psychiatric care settings, posing challenges to treatment efficacy and patient well-being. A multitude of factors contribute to non-adherence, ranging from practical barriers to psychological and attitudinal obstacles [18]. Forgetfulness stands out as a common reason for non-adherence, particularly in the context of complex medication regimens or daily routines disrupted by the

symptoms of psychiatric disorders. Additionally, perceived lack of efficacy may lead patients to question the necessity of continued medication use, particularly if they fail to experience immediate or tangible improvements in their symptoms. Concerns about potential side effects further compound adherence challenges, as patients weigh the perceived benefits of treatment against the potential risks and discomfort associated with medication use. Furthermore, the complexity of medication regimens, including dosing schedules, dietary restrictions, and potential interactions with other medications, can overwhelm patients and deter adherence efforts [19].

In response to these multifaceted adherence barriers, interventions aimed at improving adherence often target behavioral factors to enhance patients' engagement in treatment and facilitate medication adherence. Such interventions encompass a range of strategies tailored to address the specific needs and challenges faced by individuals with psychiatric disorders [20]. One approach involves providing patients with medication reminders, utilizing various modalities such as alarm systems, smartphone applications, or pill organizers, to help patients adhere to their prescribed dosing schedules and minimize forgetfulness. Simplifying treatment regimens by reducing medication complexity, consolidating dosing schedules, or switching to long-acting formulations can also alleviate adherence burdens and enhance treatment adherence [21].

Moreover, addressing patients' concerns and misconceptions about medication through psychoeducation and counseling emerges as a crucial component of adherence interventions. By providing accurate information about the benefits, risks, and potential side effects of antipsychotic and antidepressant medications, healthcare providers can empower patients to make informed decisions about their treatment and alleviate fears that may hinder adherence efforts. Psychoeducational interventions may also encompass skill-building exercises aimed at enhancing adherence self-efficacy, fostering problem-solving skills, and promoting positive coping strategies to navigate adherence challenges effectively [22].

Furthermore, fostering a collaborative and supportive therapeutic relationship between patients and healthcare providers is essential for promoting adherence and addressing adherence-related concerns. Open and non-judgmental communication enables patients to voice their concerns, preferences, and treatment goals, fostering a sense of partnership in treatment decision-making and

promoting a shared understanding of the importance of medication adherence in achieving optimal treatment outcomes. Additionally, involving patients in the development of personalized treatment plans and incorporating their input into medication management strategies can enhance treatment engagement and adherence [23].

1.4 Impact of Adverse Effects on Attitudes and Behaviors

The impact of adverse effects associated with antipsychotic and antidepressant medications on patients' attitudes and behaviors is profound and multifaceted. These medications, while crucial for managing psychiatric disorders, often come with a range of side effects that can significantly influence patients' treatment experiences and decisions. Common side effects, such as weight gain, sedation, sexual dysfunction, and extrapyramidal symptoms, can have a substantial impact on patients' quality of life and treatment adherence [24].

Weight gain stands out as a particularly concerning adverse effect, especially with certain antipsychotic medications. Patients may experience significant increases in weight, leading to body image concerns, decreased self-esteem, and potential medical complications such as metabolic syndrome and diabetes. The prospect of weight gain can be a deterrent to initiating therapy or cause patients to discontinue treatment prematurely, particularly if they perceive the adverse effect as intolerable or outweighing the potential benefits of medication [25].

Sedation is another common side effect of antipsychotic and antidepressant medications, often manifesting as drowsiness, fatigue, or lethargy. Sedation can interfere with patients' daily functioning, impairing cognitive abilities, work performance, and overall productivity. Patients may struggle to maintain engagement in activities of daily living, leading to feelings of frustration, dependency, and reduced quality of life. Moreover, sedation can exacerbate existing sleep disturbances, further compromising patients' well-being and exacerbating symptoms of depression or psychosis [26].

Sexual dysfunction represents a significant adverse effect that can profoundly impact patients' attitudes towards medication and their intimate relationships. Both antipsychotic and antidepressant medications have been associated with sexual side effects, including decreased

libido, erectile dysfunction, and orgasmic difficulties. These effects can lead to feelings of embarrassment, shame, and frustration, impairing patients' sexual satisfaction and overall quality of life. Patients may hesitate to discuss sexual side effects with their healthcare providers due to embarrassment or fear of judgment, further complicating efforts to address these issues and potentially leading to treatment discontinuation [27].

Extrapyramidal symptoms, such as akathisia, dystonia, and tardive dyskinesia, represent another category of adverse effects commonly associated with antipsychotic medications, particularly first-generation agents. These motor disturbances can be distressing and debilitating, interfering with patients' mobility, coordination, and comfort. Patients may experience restlessness, involuntary movements, or muscle stiffness, leading to discomfort, frustration, and impaired functioning. The emergence of extrapyramidal symptoms can provoke anxiety and exacerbate psychiatric symptoms, further undermining patients' treatment and attitudes towards medication [28].

In response to the significant impact of adverse effects on patients' attitudes and behaviors, healthcare providers must adopt proactive strategies to address patients' concerns and minimize the impact of side effects on treatment adherence and efficacy. Open and empathetic communication is essential for fostering trust and collaboration between patients and providers, enabling patients to express their concerns and preferences regarding medication. Healthcare providers must provide accurate information about potential side effects, including their likelihood, severity, and management strategies, to empower patients to make informed decisions about their treatment [29].

Furthermore, healthcare providers should offer practical strategies for managing adverse effects, such as lifestyle modifications, dose adjustments, or adjunctive therapies, to mitigate their impact on patients' well-being and treatment adherence. Collaborative decision-making allows patients to participate actively in their care, facilitating the identification of individualized treatment plans that balance the benefits and risks of medication. Regular monitoring and follow-up appointments enable healthcare providers to assess treatment response, monitor for adverse effects, and adjust treatment accordingly, promoting continuity of care and optimizing treatment outcomes [30].

1.5 Innovative Approaches to Enhance Adherence

Innovative approaches to enhancing adherence to treatment among psychiatric patients leverage technology, personalized medicine, peer support, and integration of mental health services into primary care settings. These approaches aim to address barriers to adherence, improve treatment engagement, and optimize outcomes [35]:

Technology-based interventions: Telemedicine and digital therapeutics offer promising avenues for supporting medication adherence and enhancing treatment outcomes. Telemedicine platforms enable remote consultations between patients and healthcare providers, facilitating access to mental health services for individuals who may face barriers to in-person care, such as geographic distance or mobility limitations [36]. Digital therapeutics, including mobile health apps and web-based interventions, provide tools for monitoring adherence, delivering psychoeducation, and offering support and encouragement to patients throughout their treatment journey. These interventions may incorporate features such as medication reminders, mood tracking, cognitive-behavioral therapy exercises, and peer support forums, enhancing patients' self-management skills and promoting adherence to prescribed antidepressant regimens [37].

Personalized medicine approaches: Pharmacogenomic testing, which involves analyzing genetic variations that influence an individual's response to medications, holds promise for optimizing antidepressant treatment outcomes. By identifying genetic markers associated with medication metabolism, efficacy, and side effects, pharmacogenomic testing can inform personalized medication selection and dosing strategies tailored to each patient's genetic profile [38]. This individualized approach to treatment may help mitigate adverse drug reactions, improve medication tolerability, and enhance antidepressant adherence by optimizing medication efficacy and minimizing side effects. Additionally, genetic counseling and education can help patients understand the implications of pharmacogenomic testing and empower them to make informed decisions about their treatment options [39].

Peer support and self-management programs: Peer support programs provide valuable opportunities for patients to connect with others who share similar experiences with mental illness and antidepressant treatment. Peer support groups, both in-person and online, offer a supportive

environment for sharing coping strategies, exchanging practical tips for managing medication side effects, and providing mutual encouragement and validation [40]. Peer supporters, who may be individuals with lived experience of mental illness or trained volunteers, can offer empathy, understanding, and practical guidance to help patients navigate the challenges of antidepressant adherence. Self-management programs, such as psychoeducational workshops or self-help resources, empower patients to take an active role in managing their mental health and medication adherence, fostering self-efficacy and resilience in coping with depressive symptoms [41].

Integration of mental health services into primary care settings: Integrating mental health services into primary care settings represents a promising approach for enhancing access to mental health care and promoting medication adherence among psychiatric patients. Collaborative care models, which involve co-location of mental health specialists within primary care practices and collaborative care coordination between primary care providers and mental health professionals, facilitate early detection, diagnosis, and treatment of depression and anxiety disorders [42]. By embedding mental health services within the primary care setting, patients receive comprehensive, coordinated care that addresses both physical and mental health needs, reducing stigma, improving treatment engagement, and promoting adherence to antidepressant treatment regimens. Additionally, integration of mental health services into primary care settings facilitates ongoing monitoring of treatment response, adjustment of medication regimens, and provision of psychosocial support to patients, enhancing the effectiveness of antidepressant treatment and improving long-term outcomes [43].

Innovative approaches to enhancing antidepressant adherence leverage technology, personalized medicine, peer support, and integration of mental health services into primary care settings to address barriers to adherence and optimize treatment outcomes for psychiatric patients. By harnessing the potential of these innovative strategies, healthcare providers can enhance treatment engagement, promote medication adherence, and ultimately, improve the quality of care for individuals living with depression and anxiety disorders [44].

1.6 Long-Term Treatment Challenges and Strategies

Long-term treatment with antipsychotic and antidepressant medications poses significant challenges for individuals with psychiatric disorders, healthcare providers, and the broader mental health community. These challenges encompass a range of clinical, psychological, and social factors that can impact treatment outcomes and patient well-being [45]. Among the most prominent challenges are tolerance, treatment resistance, and medication fatigue, which can undermine the effectiveness of pharmacotherapy and necessitate the adoption of personalized treatment approaches and psychosocial interventions to optimize long-term outcomes [46].

Tolerance refers to the phenomenon whereby patients experience diminishing therapeutic effects from a medication over time, necessitating dose escalation or medication changes to maintain symptom control. Tolerance can develop with both antipsychotic and antidepressant medications, leading to suboptimal treatment outcomes and increased risk of relapse [47]. Pharmacological mechanisms underlying tolerance may involve changes in receptor sensitivity, neurotransmitter dynamics, or neuroadaptive processes within the central nervous system. Additionally, psychosocial factors, such as medication non-adherence, substance use, or stress, can exacerbate tolerance development and complicate treatment management [48].

Treatment resistance represents another significant challenge in long-term pharmacotherapy, particularly in individuals with severe and refractory psychiatric disorders. Treatment-resistant depression and treatment-resistant schizophrenia pose considerable clinical and therapeutic dilemmas, as patients fail to achieve remission or significant symptom improvement despite adequate trials of multiple medications [49]. The underlying mechanisms of treatment resistance are complex and multifactorial, involving genetic predisposition, neurobiological abnormalities, environmental stressors, and psychosocial factors. Moreover, the presence of comorbid medical conditions, substance use disorders, or psychosocial stressors can further complicate treatment response and exacerbate treatment resistance [50].

Medication fatigue, characterized by a waning enthusiasm or motivation for ongoing medication treatment, represents a distinct challenge in long-term pharmacotherapy. Patients may experience fatigue or disillusionment with medication regimens, particularly if they perceive limited benefits,

experience intolerable side effects, or face ongoing stigma and social isolation associated with mental illness and treatment. Medication fatigue can lead to treatment discontinuation, non-adherence, or self-medication with alternative therapies, increasing the risk of relapse and worsening symptoms over time. Furthermore, medication fatigue may be compounded by the burden of chronic illness management, financial constraints, and psychosocial stressors, further undermining treatment engagement and adherence [51].

Addressing the challenges of long-term treatment with antipsychotic and antidepressant medications requires a multifaceted and personalized approach that integrates pharmacological, psychosocial, and rehabilitative interventions. Personalized treatment approaches aim to tailor interventions to individual patient characteristics, preferences, and treatment goals, optimizing treatment response and minimizing adverse effects [52]. Pharmacogenomic testing may help identify genetic variations that influence medication metabolism and response, guiding medication selection and dosing strategies to improve treatment outcomes and minimize side effects. Moreover, innovative treatment modalities, such as augmentation strategies, combination therapies, or long-acting injectable formulations, offer additional options for patients with refractory symptoms or treatment-resistant illness [53].

Psychosocial interventions play a crucial role in augmenting pharmacotherapy and addressing the multifaceted needs of individuals with chronic psychiatric disorders. Cognitive-behavioral therapy (CBT), psychoeducation, and supportive therapy are evidence-based psychosocial interventions that can enhance medication adherence, improve coping skills, and promote symptom management in long-term treatment settings. CBT, in particular, has demonstrated efficacy in addressing treatment-resistant depression and psychosis, providing patients with cognitive restructuring techniques, problem-solving skills, and stress management strategies to navigate ongoing symptomatology and medication challenges [54].

Rehabilitative interventions, such as vocational training, social skills training, and supported employment programs, offer additional support for individuals with chronic psychiatric disorders, promoting functional recovery and community integration. These interventions focus on enhancing patients' adaptive skills, fostering independence, and facilitating meaningful

engagement in work, education, and social activities. Furthermore, peer support groups, self-help organizations, and community-based resources provide valuable sources of social support, validation, and advocacy for individuals the long-term challenges of psychiatric treatment [55].

1.7 Future Directions

The future direction of treatment with antipsychotic and antidepressant medications holds promise for advancements that will revolutionize the field of psychiatric care. With ongoing research and technological innovations, several key areas emerge as focal points for future development, aiming to address current limitations and improve treatment outcomes for individuals with mental illness. One significant avenue of exploration involves the development of novel pharmacological agents with improved efficacy, tolerability, and mechanisms of action [56]. Researchers are exploring innovative drug targets and formulations that target specific neurotransmitter systems, neural circuits, or molecular pathways implicated in the pathophysiology of psychiatric disorders. Additionally, efforts are underway to develop personalized medicine approaches that utilize genetic, neuroimaging, and biomarker data to tailor treatment strategies to individual patient characteristics and treatment response profiles [57]. Pharmacogenomic testing, in particular, holds promise for guiding medication selection and dosing decisions, optimizing treatment outcomes, and minimizing adverse effects. Furthermore, advancements in drug delivery technologies, such as sustained-release formulations, implantable devices, and transcranial drug delivery systems, offer new avenues for enhancing medication adherence, prolonging therapeutic effects, and minimizing systemic side effects [58].

In parallel with pharmacological advancements, the future of psychiatric care also encompasses the integration of psychosocial interventions and digital health technologies to enhance treatment effectiveness and accessibility. Telepsychiatry, smartphone applications, virtual reality therapy, and web-based interventions represent emerging platforms for delivering evidence-based psychosocial treatments, such as cognitive-behavioral therapy (CBT), mindfulness-based interventions, and peer support groups [59]. These technologies offer opportunities to overcome barriers to care, such as geographic distance, limited access to mental health professionals, and stigma surrounding mental illness, by providing remote, scalable, and cost-effective interventions. Moreover, the integration of artificial intelligence (AI) and machine learning algorithms holds

promise for improving diagnostic accuracy, predicting treatment response, and personalizing treatment recommendations based on large-scale data analysis. AI-driven decision support tools, electronic health record systems, and digital phenotyping techniques offer potential solutions for enhancing clinical decision-making, optimizing treatment algorithms, and monitoring patient progress in real-time [60].

Another critical area of future development in psychiatric care involves addressing disparities in access to care and improving mental health outcomes for underserved populations. Efforts to reduce stigma, increase cultural competence, and promote diversity in mental health services aim to create more inclusive and equitable treatment environments. Community-based initiatives, peer-led interventions, and collaborative care models involving primary care providers, social services, and community organizations offer holistic approaches to addressing the social determinants of mental health and improving access to comprehensive care. Additionally, advocacy efforts, policy reforms, and investments in mental health infrastructure are essential for expanding access to evidence-based treatments, reducing treatment disparities, and promoting mental health equity across diverse populations [61].

CHAPTER TWO

LITERATURE REVIEW

2.0 Literature Review

1. Sansone RA, Sansone LA. antipsychotic adherence: are patients taking their medications?. Innovations in clinical neuroscience. 2012 May 1;9(5-6):41.

Depression, a prevalent clinical disorder, presents challenges in effective treatment, as evidenced by findings from the Sequenced Treatment Alternatives to Relieve Depression study. Patient adherence to antidepressant therapy is pivotal for successful clinical management in this context. However, contemporary data spanning the last decade reveal concerning statistics: around half of psychiatric patients and half of primary care patients discontinue antipsychotic therapy prematurely, indicating nonadherence within six months of treatment initiation. The reasons for patient nonadherence to antipsychotic are multifaceted, encompassing patient-related factors like concerns about side effects, fears of addiction, and skepticism about medication efficacy in addressing personal problems. Clinician-related factors, such as inadequate patient education and insufficient follow-up, also contribute to nonadherence. Recognizing the high prevalence of antipsychotic nonadherence among patients emphasizes the importance for prescribers to thoroughly address patient concerns about these medications and closely monitor patients throughout the course of therapy.

2. Marasine NR, Sankhi S, Lamichhane R, Marasini NR, Dangi NB. Use of antipsychotic and antidepressants among patients diagnosed with depression: a scoping review. BioMed Research International. 2021 Mar 15;2021:1-8.

Depression stands as a significant global health challenge, characterized by a notable lifetime prevalence and considerable disability burden. Antipsychotic represent the primary pharmacological intervention for managing depression effectively. Thus, this investigation aims to synthesize existing literature concerning antipsychotic usage among individuals diagnosed with depression. Methodology involved searches across various databases including PubMed, Embase, Web of Science, Scopus, and Google Scholar for publications spanning from 2012 to 2023, utilizing keywords such as depression, drug utilization, antidepressants, prescription, serotonin reuptake inhibitor, serotonin and norepinephrine reuptake inhibitor, tricyclic antidepressants, and atypical antidepressants. Findings revealed that antipsychotic users predominantly comprised females, married individuals, homemakers, those with lower income, employed individuals, and those with higher educational attainment, who demonstrated heightened susceptibility to

depression compared to their counterparts. Notably, among the various classes of antipsychotic, selective serotonin reuptake inhibitors (SSRIs), notably sertraline, emerged as the most frequently prescribed medications among individuals with depression. In conclusion, our analysis indicates a preference for selective serotonin reuptake inhibitors over other antipsychotic options for depression treatment, primarily due to their favorable side effect profiles and tolerability.

3. Lee MS, Lee HY, Kang SG, Yang J, Ahn H, Rhee M, Ko YH, Joe SH, Jung IK, Kim SH. Variables influencing antipsychotic medication adherence for treating outpatients with depressive disorders. Journal of Affective Disorders. 2010 Jun 1;123(1-3):216-21.

Patient adherence refers to the degree to which a patient's actions align with the medical guidance provided to them, as defined. When focusing on medication adherence specifically, non-adherence encompasses actions such as failing to obtain a prescribed medication, refusing to take medication, prematurely discontinuing medication, and taking incorrect doses or at inappropriate times, as outlined by Perkins in the same source. Various methodologies have been employed to assess adherence, although concerns about accuracy have been raised regarding quantitative approaches like patient self-reports, clinical records, and objective measures. One notable method is the medication event monitoring system (MEMS), which consists of a medication bottle cap equipped with a microprocessor to record each instance and timing of bottle opening. MEMS has been utilized across diverse patient populations with medical conditions and is widely regarded as the most precise method for evaluating adherence, as highlighted. The repercussions of non-adherence among individuals with depressive disorders are well-documented and include the potential for chronicity, adverse psychosocial outcomes, and heightened suicide risks, as documented. Adherence to antipsychotic medication is essential for achieving successful treatment outcomes and reducing the likelihood of relapse and recurrence, as emphasized. Consequently, numerous factors influencing medication adherence have been extensively studied within the realm of psychiatry, as documented.

4. Solmi M, Miola A, Croatto G, Pigato G, Favaro A, Fornaro M, Berk M, Smith L, Quevedo J, Maes M, Correll CU. How can we improve antidepressant adherence in the management of depression? A targeted review and 10 clinical recommendations. Brazilian Journal of Psychiatry. 2020 Jun 1;43:189-202.

Ensuring adherence to antidepressant therapy is paramount for achieving favorable treatment outcomes in managing depressive disorders. Nonetheless, suboptimal adherence remains prevalent among patients prescribed antidepressants. This focused review aims to encapsulate the primary factors contributing to poor adherence, interventions geared towards promoting antidepressant adherence, pharmacological considerations pertinent to adherence, and formulate ten clinical recommendations aimed at optimizing antidepressant adherence. Patient-related determinants linked to antidepressant non-adherence encompass factors such as younger age, presence of psychiatric and medical comorbidities, cognitive impairment, and substance use disorders. On the other hand, prescriber-related factors contributing to poor adherence may involve overlooking pertinent medical and family histories, prescribing antidepressants with low tolerability, or devising complex medication regimens. Multifaceted interventions targeting both patients and prescribers, designed to enhance antidepressant adherence, may involve psychoeducational initiatives and implementing clear behavioral interventions to mitigate or prevent non-adherence. When selecting antidepressants, preference should be given to agents with personalized tolerability profiles. The ten clinical recommendations encompass four aspects directed towards patients (establishing a therapeutic alliance, thorough history-taking, monitoring of depressive symptoms and adverse effects, and facilitating access to clinical care), three aspects focused on prescribing practices (psychoeducation, individualized selection of antidepressants, simplification of medication regimens), two aspects centered on mental health services (enhanced accessibility to mental health care, incentivization of adherence promotion and monitoring), and one aspect pertaining to adherence assessment (utilization of scales and/or therapeutic drug monitoring for adherence measurement).

5. Sansone, R. A., & Sansone, L. A. (2012). Antidepressant adherence: Are patients taking their medications? *Innovations in Clinical Neuroscience*, 9(5-6), 41–46.

Depression is a prevalent clinical condition and can pose challenges in achieving effective treatment outcomes, as evidenced by findings from the Sequenced Treatment Alternatives to Relieve Depression study. Within this context, ensuring patient adherence to antidepressant therapy emerges as a crucial component of successful clinical management. However, contemporary data spanning the last decade reveal that approximately half of psychiatric patients and half of primary care patients discontinue antidepressant therapy prematurely, indicating

nonadherence within six months of treatment initiation. The factors contributing to patient nonadherence to antidepressants are diverse, encompassing both patient-related factors, such as concerns about side effects, fears of dependency, and skepticism regarding medication efficacy in addressing personal issues, as well as clinician-related factors, such as inadequate patient education and suboptimal follow-up care. Recognizing the elevated rates of antidepressant nonadherence among patients should ideally serve as a reminder to healthcare providers about the critical importance of thoroughly addressing patient apprehensions about these medications and closely monitoring patients throughout the course of therapy.

6. Marasine NR, Sankhi S, Lamichhane R, Marasini NR, Dangi NB. Self-reported antidepressant drug side effects, medication adherence, and its associated factors among patients diagnosed with depression at the psychiatric hospital of Nepal. Depression research and treatment. 2020 Oct 17;2020.

Depression, a prevalent and enduring psychiatric condition, profoundly impacts both the physical and mental well-being of individuals, as well as their social functioning. With over 264 million people affected globally, depression stands as a significant public health concern. The World Health Organization (WHO) has projected that by the year 2020, depression would rank as the second-leading cause of global disability, and by 2030, it may even surpass other diseases to become the primary contributor to the global burden of illness. Nepal, in particular, grapples with a high prevalence of depression, boasting the second-highest rate of "disability-adjusted life years" worldwide. Shockingly, despite the staggering prevalence, mental health services remain significantly inaccessible to the majority of the Nepalese population, with approximately one in three individuals experiencing some form of mental illness left without treatment. The inaugural epidemiological survey conducted in the Kathmandu valley by the Nepalese government in 1984 revealed an estimated mental illness prevalence of around 14%. Antidepressant medications often emerge as the preferred treatment modality for depression. Endorsed by the American Psychiatric Association (APA) guidelines of 2010, selective serotonin reuptake inhibitors (SSRIs), serotonin and noradrenaline reuptake inhibitors (SNRIs), and selective serotonin-noradrenaline reuptake inhibitors (SSNRIs) are recommended as first-line pharmacotherapy options.

CHAPTER THREE

PURPOSE OF THE STUDY

3.0 Purpose of the Study

The aim of this study is to comprehensively evaluate the therapeutic approaches and effectiveness of antipsychotic drugs utilized at Pabna Mental Hospital, with the goal of enhancing treatment outcomes and improving the quality of care provided to patients with psychiatric disorders.

- To assess the current therapeutic modalities employed at Pabna Mental Hospital for the management of psychiatric conditions.
- To evaluate the efficacy of antipsychotic drugs in symptom reduction and relapse prevention among patients receiving treatment at the hospital.
- To examine the tolerability and side effect profiles associated with commonly prescribed antipsychotic medications.
- To explore patient perspectives regarding treatment satisfaction, perceived benefits, and adherence to prescribed medications.
- To identify challenges and barriers in the delivery of mental healthcare services at Pabna Mental Hospital.
- To propose recommendations for optimizing therapeutic outcomes, addressing existing challenges, and enhancing the overall quality of mental healthcare provision in the region.

CHAPTER FOUR

METHODS AND MATERIALS

4.0 Methods and Materials

Study Design: This study employed a cross-sectional survey design to investigate antipsychotic and antidepressant use and attitude and behavior among psychiatric patients at Mental Hospital, Pabna. Data collection for this study was conducted from November 5, 2023, to January 2024. The study was conducted at Mental Hospital, Pabna, which serves as a primary psychiatric care facility in the region.

Participants: A total of 200 participants were recruited for this study. Participants were psychiatric patients receiving treatment at Mental Hospital, Pabna, during the study period.

Data Collection Method: A questionnaire was prepared using Google Forms and administered to participants individually through face-to-face interviews. During the interviews, the questionnaire was translated into the participants' or guardians or nurses or doctors preferred language by trained interviewers or interpreters to ensure clarity and understanding.

Questionnaire Content: The questionnaire comprised multiple sections covering demographic information, psychiatric diagnosis and treatment history, satisfaction with antipsychotic and antidepressant medication effectiveness, antidepressant utilization patterns, behavioral change before and after taking medicine, factors influencing adherence, availability and utilization of educational resources, and interest in support programs.

Data Analysis: Quantitative data collected from the questionnaire responses were analyzed using appropriate statistical methods. Descriptive statistics such as frequencies and percentages were computed to summarize demographic characteristics, treatment history, satisfaction levels, adherence patterns, and other relevant variables. Inferential statistical analyses may be conducted to explore associations between variables of interest.

Questionnaire

Section 1: Demographic Information

Age Range:

1. Under 18
2. 18-24

- 3. 25-34
- 4. 35-44
- 5. 45-54
- 6. 55-64
- 7. 65 and over

Gender:

- ☐ Male
- ☐ Female

Educational Level:

- ☐ Primary School
- ☐ Secondary School
- ☐ High School
- ☐ College/University
- ☐ Postgraduate

Marital Status:

- ☐ Single
- ☐ Married

Section 2: Psychiatric Diagnosis and Treatment History. (Answered Doctor/Nurse/Guardian on behalf of patients)

1. Have participants been diagnosed with a psychiatric disorder?

- ☐ Yes
- ☐ No

2. How long have participants been receiving treatment for psychiatric disorder(s)?

- ☐ Less than 6 months
- ☐ 6 months to 1 year
- ☐ 1 to 3 years
- ☐ More than 3 years
- ☐ I'm not sure

3. Are participants currently prescribed antipsychotic and antidepressant medication(s)?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

4. If participants are currently prescribed medication(s), how long have participants been taking them?

- ☐ Less than 3 months
- ☐ 3 months to 1 year
- ☐ 1 to 3 years
- ☐ More than 3 years

- ☐ I'm not sure

5. How satisfied are participants with the effectiveness of current medication(s) in managing symptoms?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neutral
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

Section 3: Antidepressant Utilization Patterns. (Answered Doctor/Nurse/Guardian on behalf of patients)

1. Among the following antipsychotic medications, which one have used most frequently to manage psychotic symptoms?

- ☐ Quetiapine fumarate
- ☐ Aripiprazole
- ☐ Risperidone
- ☐ Paliperidone palmitate
- ☐ Olanzapine
- ☐ Clozapine
- ☐ Lurasidone hydrochloride

2. Which antidepressant medication have been prescribed most frequently for managing symptoms?

- ☐ Citalopram hydrobromide
- ☐ Sertraline hydrochloride
- ☐ Fluoxetine hydrochloride
- ☐ Paroxetine hydrochloride
- ☐ Escitalopram oxalate
- ☐ Fluvoxamine maleate
- ☐ Vilazodone hydrochloride

3. How often do take medication(s) as prescribed by healthcare provider?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

4. Have participants ever discontinued or changed your medication(s) without consulting healthcare provider?

- ☐ Yes
- ☐ No

5. How confident are participants in understanding of the instructions for taking medication(s)?

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat uncertain
- ☐ Very uncertain

6. How would participants rate the overall impact of medication(s) on participants daily functioning and quality of life?

- ☐ Very positive
- ☐ Somewhat positive
- ☐ Neutral
- ☐ Somewhat negative
- ☐ Very negative

Section 4: Behavioral Changes Before and After Taking Medication

Please reflect on your behavior before initiating medication use and rate the following statements
(Answered Doctor/Nurse/Guardian on behalf of patients):

1. Participants experienced frequent mood swings or emotional instability and struggled with concentration and focus in daily activities.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

2. Participants had difficulty managing symptoms of anxiety or panic attacks.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

3. Participants faced challenges in controlling impulsive or risky behaviors.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree

☐ Strongly Agree

4. Participants sleep patterns were disrupted, leading to insomnia or excessive sleepiness.

☐ Strongly Disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly Agree

Behavioral Changes After Taking Medication. (Answered Doctor/Nurse/Guardian on behalf of patients)

5. Participants noticed a reduction in the frequency of mood swings and improvements in my ability to concentrate and focus with better sleep patterns.

☐ Strongly Disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly Agree

6. Participants found it easier to manage symptoms of anxiety or panic attacks and better control over impulsive or risky behaviors.

☐ Strongly Disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly Agree

Section 5: Factors Influencing Antipsychotic and Antidepressant Adherence. (Answered Doctor/Nurse/Guardian on behalf of patients)

1. Are there any specific side effects of antidepressant medication(s) that find particularly challenging to tolerate?

☐ Yes

☐ No

2. How comfortable do participants feel discussing antidepressant medication(s) with healthcare provider?

- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ Neutral
- ☐ Somewhat uncomfortable
- ☐ Very uncomfortable

3. To what extent does the perceived efficacy of antidepressant medication(s) influence adherence?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very much
- ☐ Completely

Section 5: Support and Resources

1. Have participants received any educational materials or counseling regarding antidepressant medication(s) and mental health condition?
 - ☐ Yes
 - ☐ No
2. If yes, how helpful did participants find these resources?
 - ☐ Very helpful
 - ☐ Somewhat helpful
 - ☐ Not helpful
3. Would participants be interested in participating in support groups or educational programs related to antidepressant medication(s) and mental health?
 - ☐ Yes
 - ☐ No

CHAPTER FIVE

RESULTS AND DISCUSSION

5.0 Results and Discussion

5.1 Results

5.1.1 Demographic Information

Age: The demographic information collected from the survey respondents reveals a diverse distribution across different age groups. The largest age group represented was individuals aged 45-54, comprising 20% of the total respondents. Following closely behind were individuals aged 25-34, constituting 17.5% of the sample. Similarly, individuals aged 35-44 and those aged 55-64 each accounted for 15% and 12.5% of the respondents, respectively. Lastly, respondents aged 18-24 and those aged 65 and over each represented 12.5% of the sample population.

Gender: The gender distribution among survey respondents indicates that 60% of the participants identified as male, while 40% identified as female.

Educational Level: The educational background of the survey respondents demonstrates a varied distribution across different levels of education. The majority of respondents, comprising 40% of the sample, reported having completed education at the college or university level. Following this, 20% of respondents had completed education at the high school level, while 17.5% had pursued postgraduate education. Additionally, 15% of respondents had completed education at the secondary school level, and 7.5% had education up to the primary school level.

Marital Status: The marital status distribution among respondents reveals that the majority, comprising 55% of the sample, identified as married. Conversely, 45% of respondents reported being single.

Table-5.1: Demographic information of the participants.

Characteristics	Factor	Percentage
Age	18-24	12.5%
	25-34	17.5%
	35-44	15%
	45-54	20%
	55-64	12.5%
	65 and over	12.5%
Gender	Male	60%
	Female	40%
Educational Level	Primary School	7.5%

	Secondary School	15%
	High School	20%
	College/University	40%
	Postgraduate	17.5%
Marital Status	Single	45%
	Married	55%

5.1.2 Psychiatric Diagnosis and Treatment History

1. About participants diagnosed of psychiatric disorder

The survey results regarding psychiatric diagnosis indicate that a significant majority, comprising 75% of respondents, reported having been diagnosed with a psychiatric disorder. Conversely, 25% of respondents reported not having been diagnosed with any psychiatric disorder. This distribution underscores the prevalence of psychiatric disorders among the surveyed population and highlights the importance of understanding the treatment needs and adherence patterns of individuals with psychiatric diagnoses.

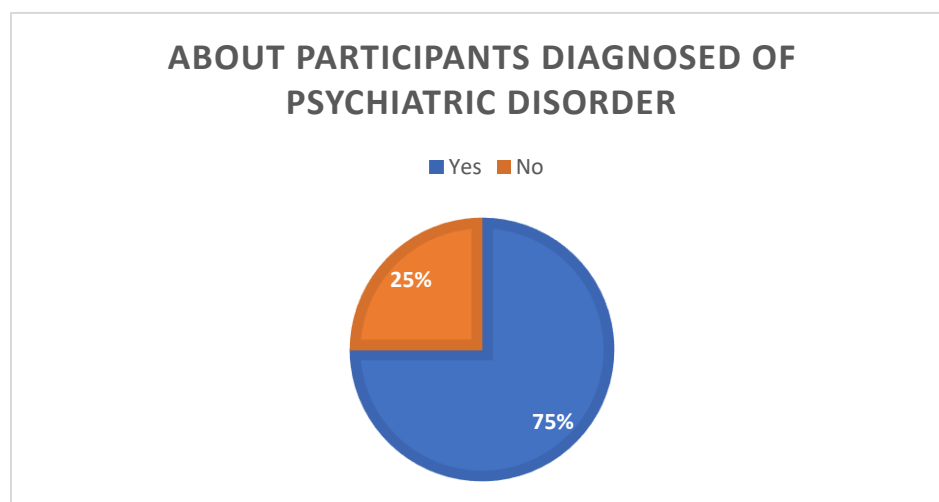


Figure-5.1: About participants diagnosed of psychiatric disorder history.

2. About Participants receiving treatment for psychiatric disorder

The duration of treatment for psychiatric disorders among respondents varied across different time frames. The survey revealed that 10% of respondents had been receiving treatment for less than 6

months, while 15% had been undergoing treatment for 6 months to 1 year. Additionally, 30% of respondents had been receiving treatment for 1 to 3 years, while 40% had been in treatment for more than 3 years. Notably, 5% of respondents were unsure about the duration of their treatment.

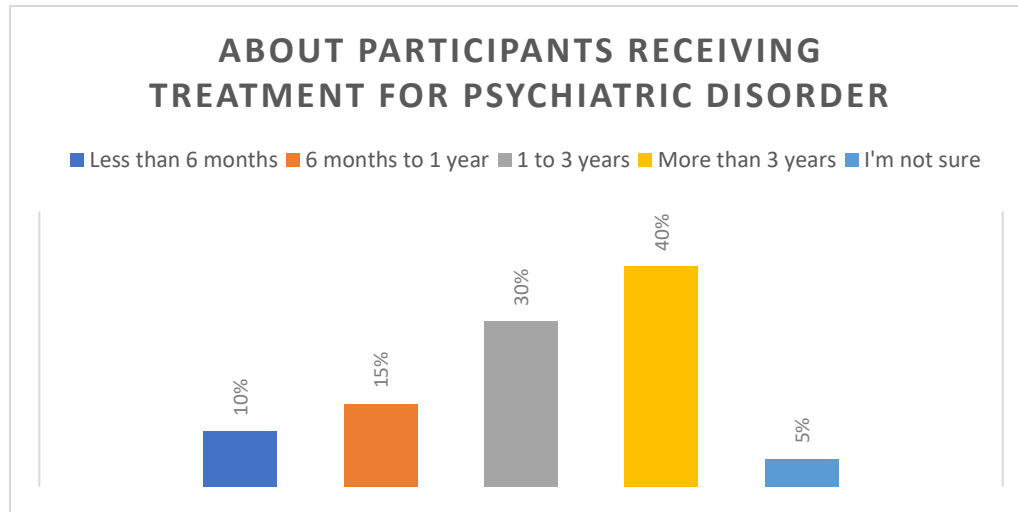


Figure-5.2: About Participants receiving treatment for psychiatric disorder.

3. Participants answered about currently prescribed antipsychotic and antidepressant medication.

The survey results regarding current prescription of antipsychotic and antidepressant medication(s) reveal that 80% of respondents reported currently being prescribed antipsychotic and antidepressants. Conversely, 20% of respondents indicated that they were not currently prescribed medication(s).

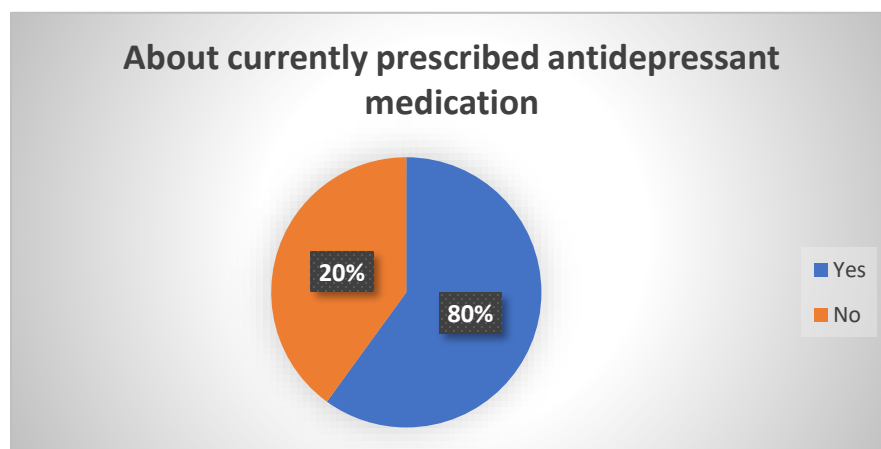


Figure-5.3: About currently prescribed medication of participants.

4. Patient who are currently prescribed medication(s), Duration they been taking them.

Among respondents currently prescribed medication(s), the duration of usage varied. Approximately 20.83% reported using for less than 3 months, while 33.33% had been using them for 3 months to 1 year. Additionally, 37.5% of respondents had been taking for 1 to 3 years, and 25% had been using them for more than 3 years. Notably, 8.33% of respondents were unsure about the duration of their usage. These findings highlight the diverse durations of use among psychiatric patients and underscore the importance of understanding long-term adherence patterns.

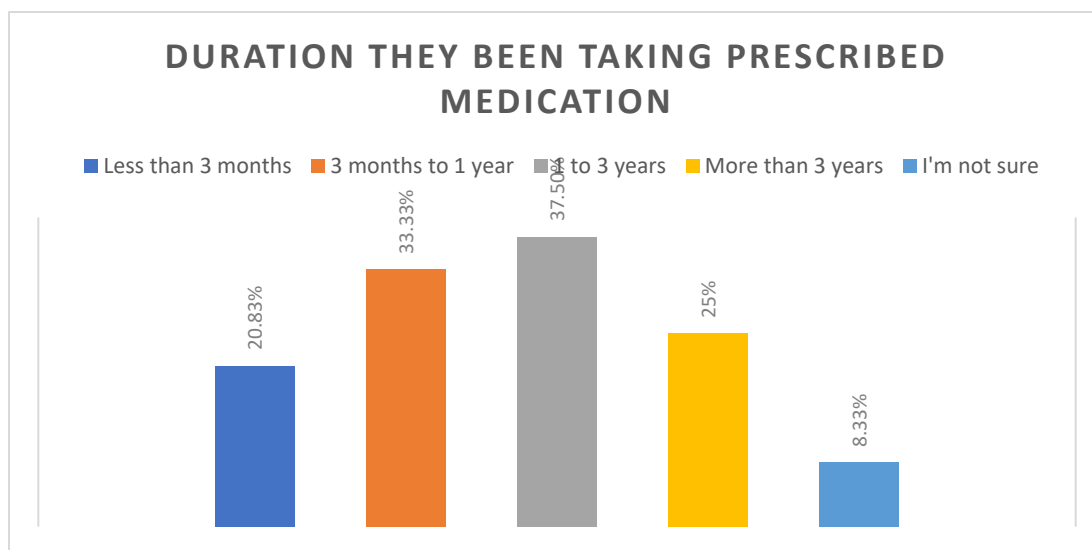


Figure-5.4: Duration they been taking prescribed medication.

5. Patient satisfaction with the effectiveness of current medication.

When asked about the effectiveness of their current medication(s) in managing symptoms, respondents provided varied responses. Approximately 22.5% reported being very satisfied with the effectiveness of their medication, while 30% expressed being somewhat satisfied. Additionally, 10% of respondents felt neutral about the effectiveness of their medication. On the other hand, 20% of respondents were somewhat dissatisfied, and 17.5% were very dissatisfied with the effectiveness of their current medication(s). These findings highlight the importance of considering patient satisfaction when evaluating treatment outcomes and adherence to regimens among psychiatric patients.

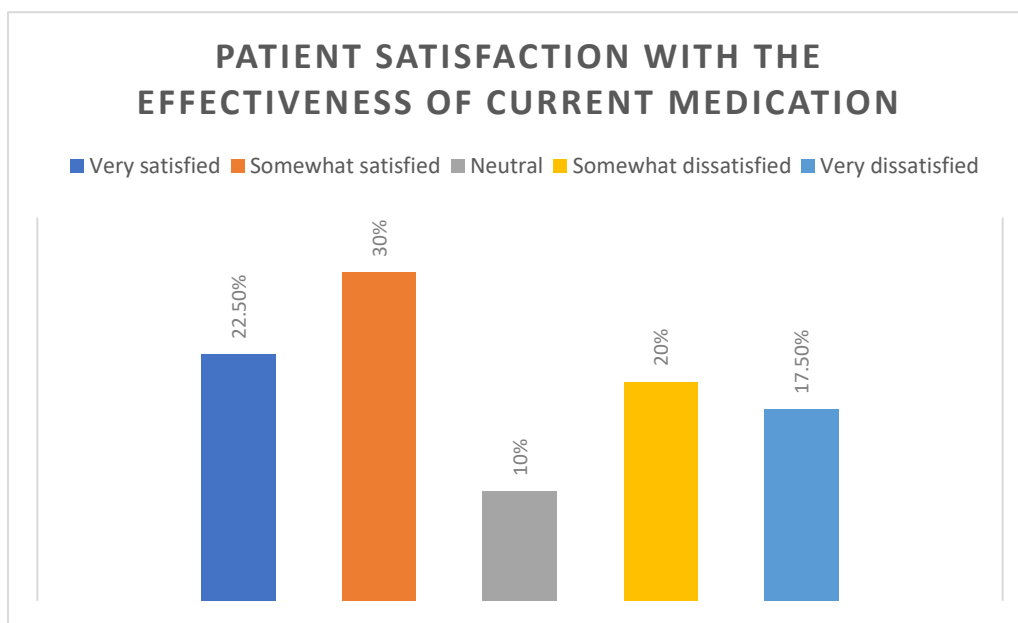


Figure-5.5: Patient satisfaction with the effectiveness of current medication.

5.1.3 Antipsychotic and Antidepressant Utilization Patterns

1. Antipsychotic medications, patients used most frequently to manage psychotic symptoms.

The survey results reveal a diverse utilization pattern of antipsychotic medications among respondents at Pabna Mental Hospital. Aripiprazole emerged as the most frequently utilized antipsychotic, accounting for approximately 27.38% of prescriptions, closely followed by Olanzapine at 23.81%. Quetiapine fumarate and Risperidone were also commonly prescribed, with percentages of 21.43% and 19.05% respectively. Paliperidone palmitate, Clozapine, and Lurasidone hydrochloride had relatively lower prescription rates, at 15.48%, 16.67%, and 15.08% respectively. These findings suggest a varied prescribing pattern in the management of psychotic symptoms at the hospital. Aripiprazole and Olanzapine appear to be among the preferred choices,

potentially reflecting their efficacy, tolerability, or other clinical considerations in the patient population.

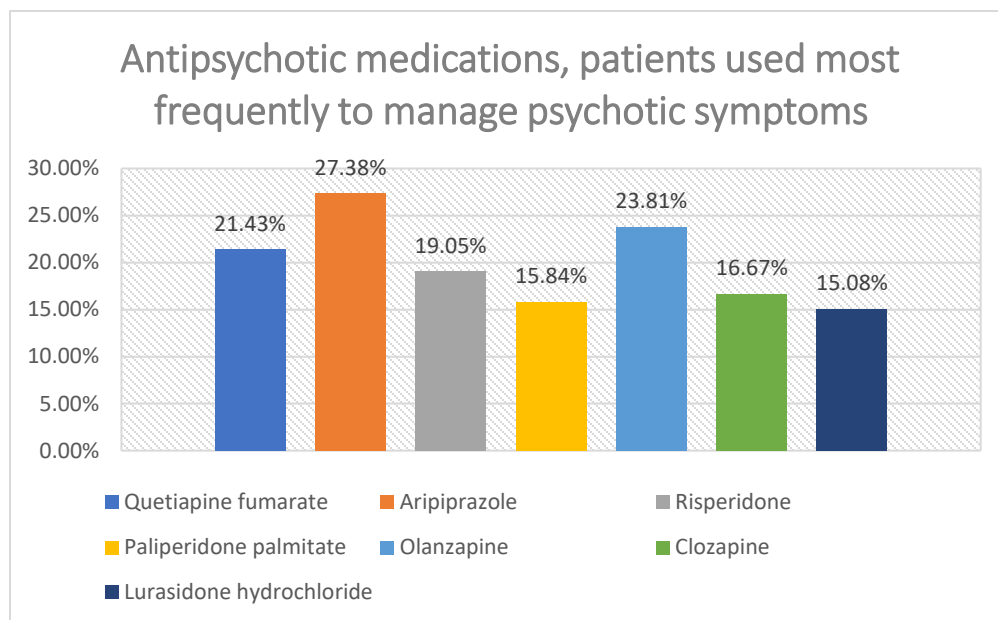


Figure-5.6: Antipsychotic medications that patients used most frequently to manage psychotic symptoms.

2. Antidepressant medication, prescribed most frequently for managing symptoms.

The survey findings reveal a varied utilization pattern of antidepressant medications among respondents. Escitalopram oxalate emerged as the most frequently prescribed antidepressant, accounting for approximately 30.00% of prescriptions. Citalopram hydrobromide followed closely behind at 25.00%, while Vilazodone hydrochloride and Paroxetine hydrochloride were each prescribed at 10.00%. Sertraline hydrochloride, Fluvoxamine maleate, and Fluoxetine hydrochloride had lower prescription rates, at 15.00%, 7.00%, and 5.00% respectively. These results suggest a diverse prescribing pattern of antidepressants at the surveyed institution. Factors such as efficacy, tolerability, and clinician preferences may influence the selection of specific antidepressants for individuals with varying mental health concerns.

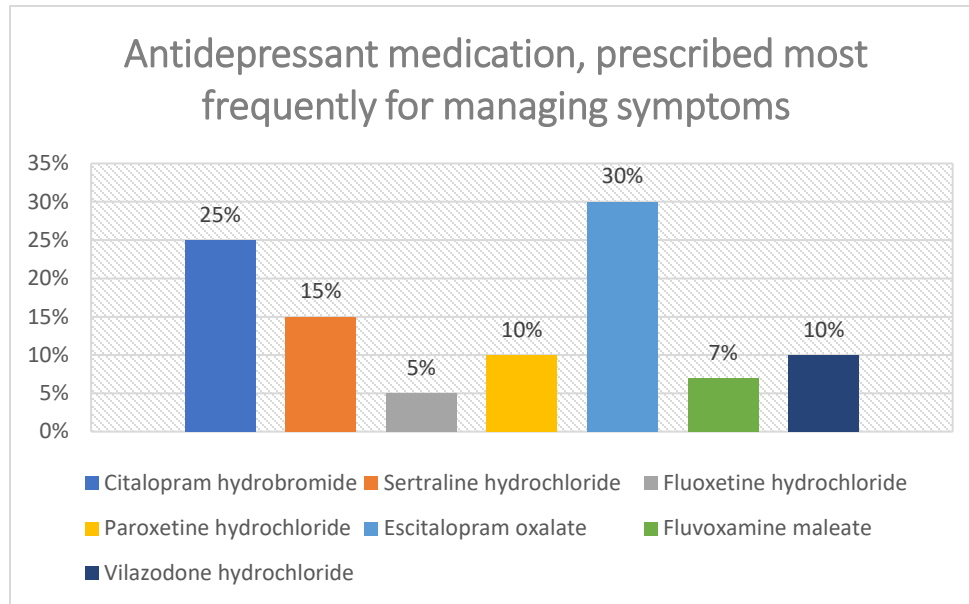


Figure-5.7: Antidepressant medication, prescribed most frequently for managing symptoms.

3. Taking antidepressant medication(s) as prescribed by healthcare provider.

A significant portion, comprising 35% of the respondents, reported always adhering to their medication regimen. Additionally, 30% reported often adhering to the prescribed schedule. However, 20% of respondents indicated sometimes adhering to the prescribed regimen, while 10% reported rarely doing so. Notably, 5% of respondents admitted to never adhering to their medication regimen.

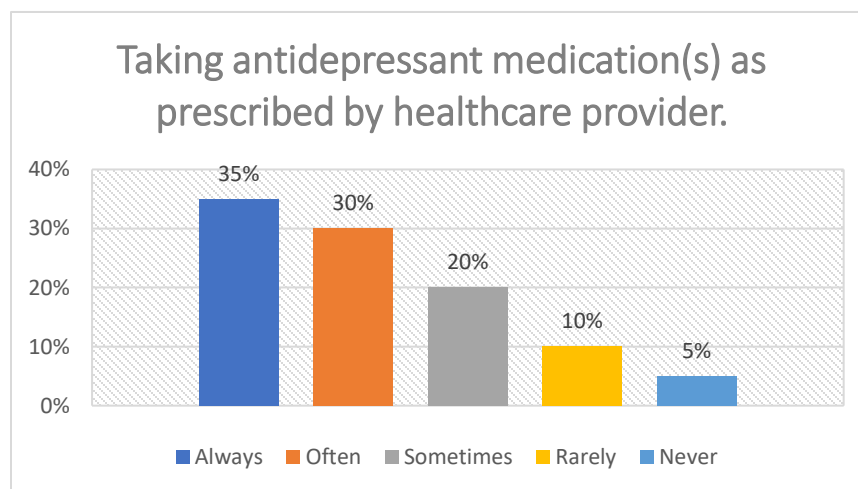


Figure-5.8: Taking medication(s) as prescribed by healthcare provider.

4. Participants ever discontinued or changed medication(s) without consulting healthcare provider.

Regarding discontinuation or changing of medication(s) without consulting healthcare providers, respondents provided varied responses. Approximately 15% of the respondents admitted to having discontinued or changed their medication(s) without consulting their healthcare provider. Conversely, the majority, comprising 85% of respondents, reported never having discontinued or changed their medication(s) without consulting their healthcare provider. These findings underscore the importance of patient-provider communication and collaboration in making informed decisions regarding treatment modifications to ensure safety and effectiveness.

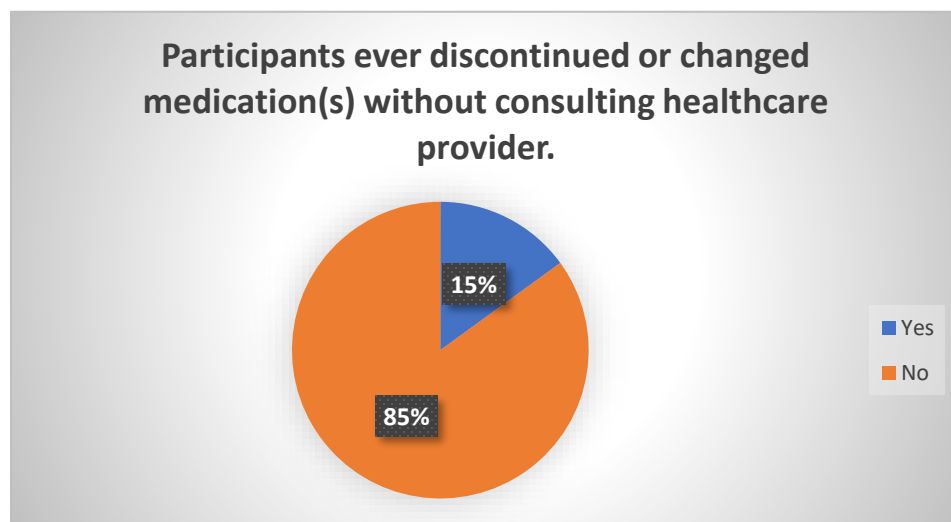


Figure-5.9: Participants ever discontinued or changed medication(s) without consulting healthcare provider.

5. Confident level of participants in understanding of the instructions for taking medication.

When asked about their confidence in understanding the instructions for taking their medication(s), respondents provided varied responses. A quarter of the respondents (25%) reported being very confident in their understanding, while 35% indicated being somewhat confident. Additionally, 10% felt neutral about their understanding of the instructions. On the other hand, 20% of respondents expressed being somewhat uncertain, and the same percentage (10%) reported feeling very uncertain about their understanding of the instructions. These findings highlight the need for clear and comprehensive patient education regarding medication(s) to enhance patient confidence and adherence to prescribed regimens.

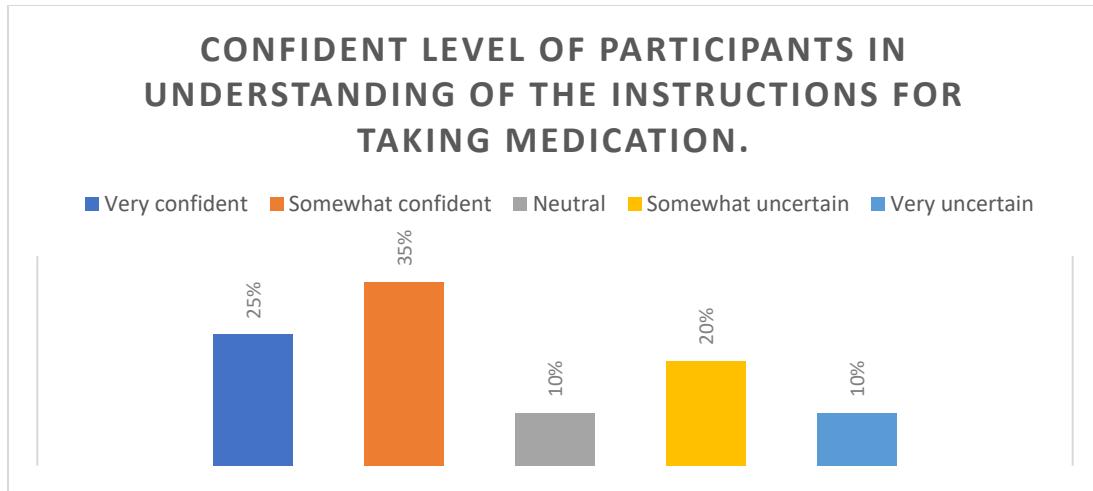


Figure-5.10: Confident level of participants in understanding of the instructions for taking medication.

6. Participants rated the overall impact of medication(s) on daily functioning and quality of life.

Approximately 27.5% of the respondents rated the impact as very positive, while 35% rated it as somewhat positive. Additionally, 12.5% felt neutral about the impact, while 17.5% rated it as somewhat negative. Furthermore, 7.5% of respondents rated the impact as very negative. These findings highlight the varying perceptions of the effectiveness of medication(s) on daily functioning and quality of life among psychiatric patients.

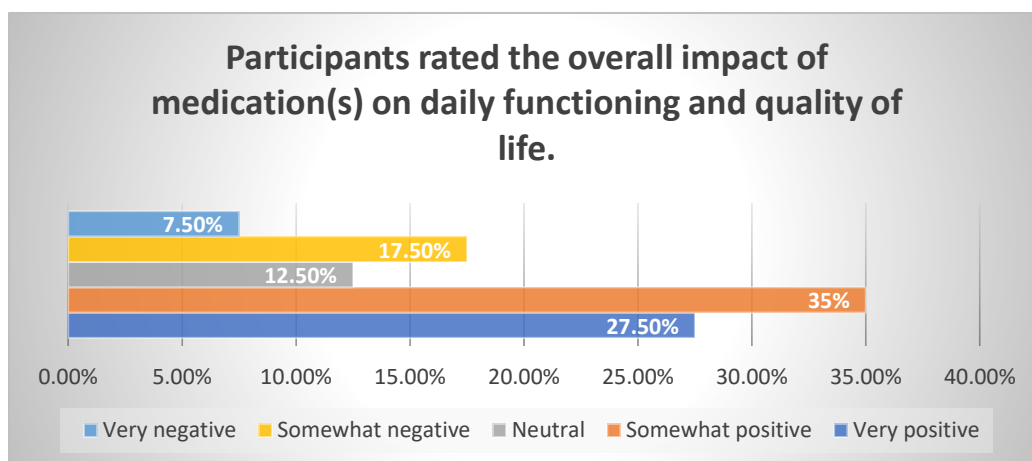


Figure-5.11: Participants rated the overall impact of medication(s) on daily functioning and quality of life.

5.1.4 Attitude and Behavioral Changes Before and After Taking Medication

Participants reflect on behavior before initiating medication use and rate the following statements

1. Participants experienced frequent mood swings or emotional instability and struggled with concentration and focus in daily activities.

Before initiating medication use, respondents reported experiencing a range of behavioral challenges related to mood swings, emotional instability, and difficulties with concentration and focus in daily activities. A significant proportion of respondents, approximately 45.00%, agreed that they struggled with these issues, while 20.00% strongly agreed. Additionally, 17.50% disagreed and 7.50% strongly disagreed with experiencing frequent mood swings and concentration difficulties. This suggests that a substantial portion of the sample experienced significant behavioral challenges before starting medication, highlighting the severity of symptoms in this population. These findings underscore the importance of effective treatment interventions to address such behavioral issues and improve overall quality of life for individuals with mental health concerns.

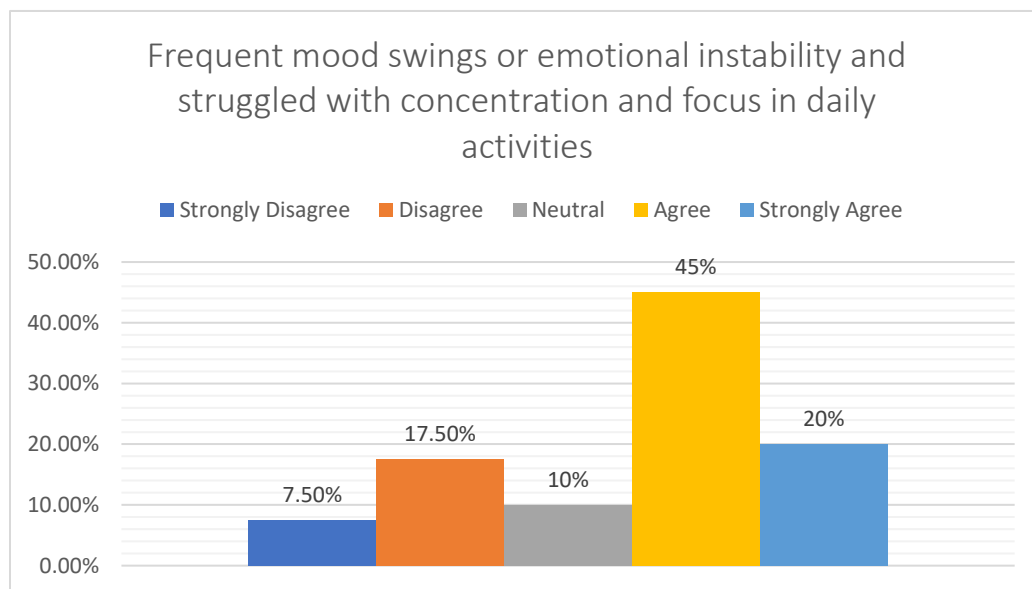


Figure-5.12: Frequent mood swings or emotional instability and struggled with concentration and focus in daily activities.

2. Participants had difficulty managing symptoms of anxiety or panic attacks.

Before initiating medication use, a substantial proportion of respondents reported experiencing difficulties in managing symptoms of anxiety or panic attacks. Approximately 40.00% of respondents agreed, and 10.00% strongly agreed with facing challenges in this area. Additionally, 22.50% disagreed and 12.50% strongly disagreed with experiencing difficulty managing symptoms of anxiety or panic attacks. These findings indicate that a considerable number of individuals in the sample struggled with symptoms of anxiety or panic attacks before starting medication.

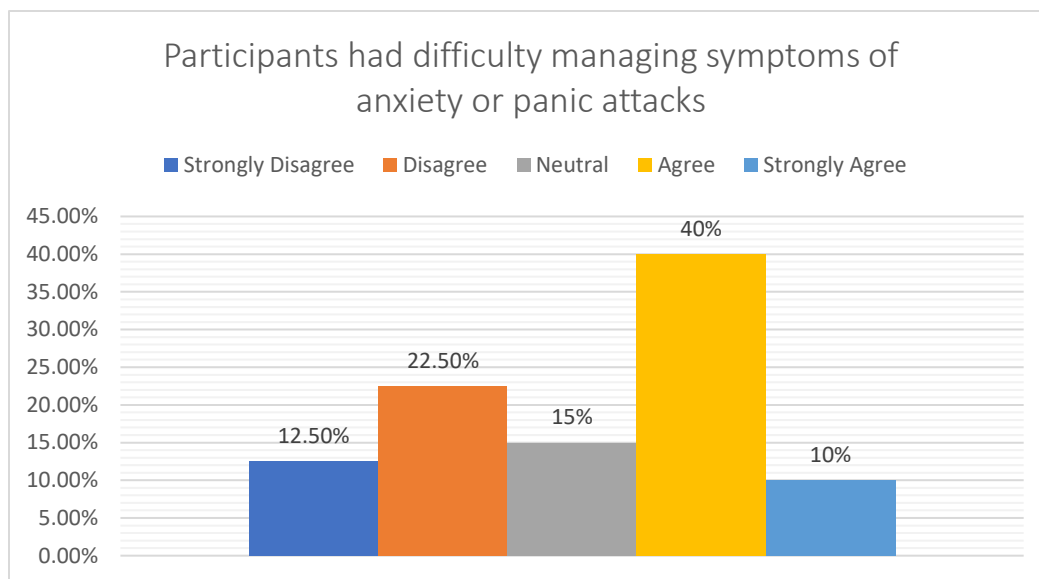


Figure-5.13: Participants had difficulty managing symptoms of anxiety or panic attacks.

3. Participants faced challenges in controlling impulsive or risky behaviors.

Before initiating medication use, a notable proportion of respondents reported facing challenges in controlling impulsive or risky behaviors. Approximately 30.00% of respondents agreed, and 17.50% strongly agreed with experiencing difficulties in this area. Additionally, 25.00% disagreed and 15.00% strongly disagreed with facing challenges in controlling impulsive or risky behaviors.

These findings highlight the prevalence of impulsive or risky behaviors among individuals with mental health concerns before starting medication.

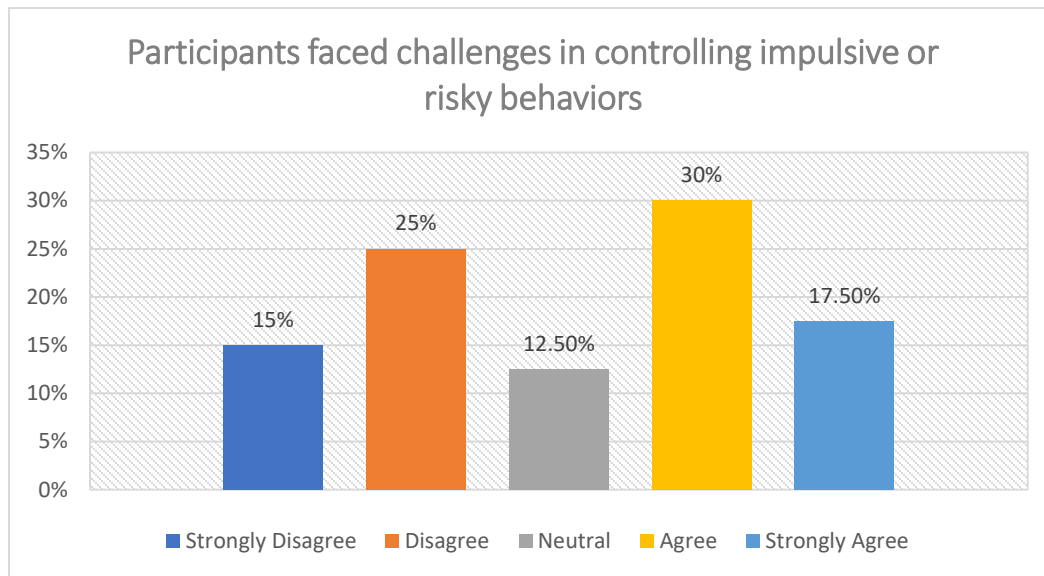


Figure-5.14: Participants faced challenges in controlling impulsive or risky behaviors.

4. Participants sleep patterns were disrupted, leading to insomnia or excessive sleepiness.

Before initiating medication use, a significant number of respondents reported experiencing disrupted sleep patterns, leading to insomnia or excessive sleepiness. Approximately 37.50% of respondents agreed, and 15.00% strongly agreed with experiencing sleep disturbances. In contrast, 20.00% disagreed and 10.00% strongly disagreed with experiencing disrupted sleep patterns. These findings underscore the prevalence of sleep disturbances among individuals with mental health concerns before starting medication. Addressing sleep-related issues is crucial for overall well-being and treatment outcomes in individuals with mental health conditions.

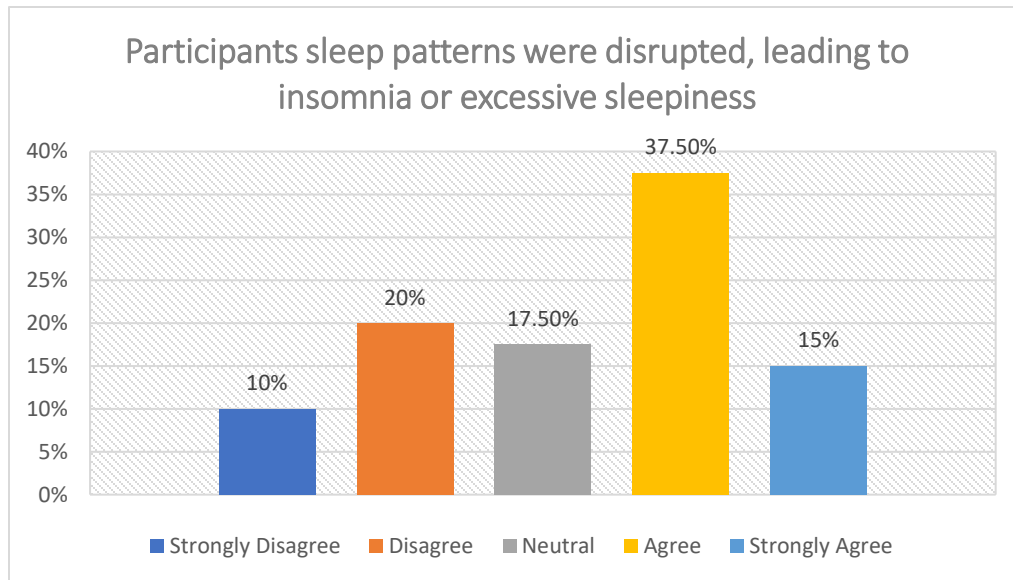


Figure-5.15: Participants sleep patterns were disrupted, leading to insomnia or excessive sleepiness.

Behavioral Changes After Taking Medication

Participants reflecting on their experiences after starting medication, and rate the following statements:

1. Participants noticed a reduction in the frequency of mood swings and improvements in ability to concentrate and focus with better sleep patterns.

After starting medication, a significant proportion of respondents reported experiencing positive changes in their mood swings, concentration, focus, and sleep patterns. Approximately 50.00% of respondents agreed, and 22.50% strongly agreed with noticing a reduction in the frequency of mood swings and improvements in concentration and focus, accompanied by better sleep patterns. In contrast, 10.00% disagreed, and 5.00% strongly disagreed with experiencing these improvements. These findings suggest that medication may have a positive impact on mood stability, cognitive function, and sleep quality in individuals with mental health concerns.

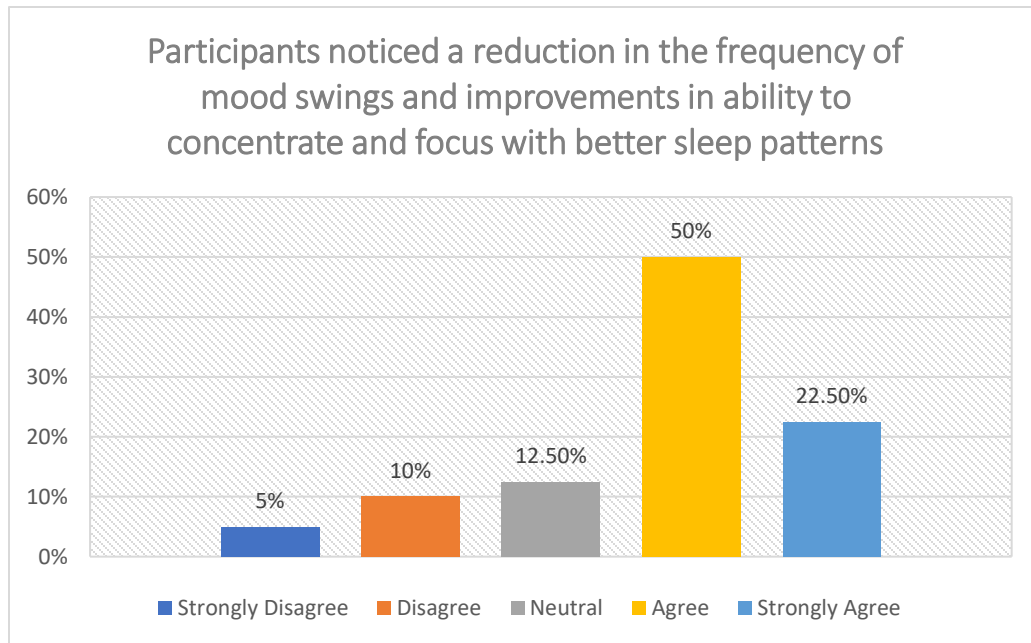


Figure-5.16: Participants noticed a reduction in the frequency of mood swings and improvements in ability to concentrate and focus with better sleep patterns.

2. Participants found it easier to manage symptoms of anxiety or panic attacks and better control over impulsive or risky behaviors.

Following the initiation of medication, a notable proportion of respondents reported experiencing improvements in managing symptoms of anxiety or panic attacks and better control over impulsive or risky behaviors. Approximately 42.50% of respondents agreed, and 20.00% strongly agreed with finding it easier to manage symptoms of anxiety or panic attacks, along with improved control over impulsive or risky behaviors. In contrast, 15.00% disagreed, and 7.50% strongly disagreed with experiencing these improvements. These findings suggest that medication may play a beneficial role in reducing symptoms of anxiety and impulsivity in individuals with mental health concerns.

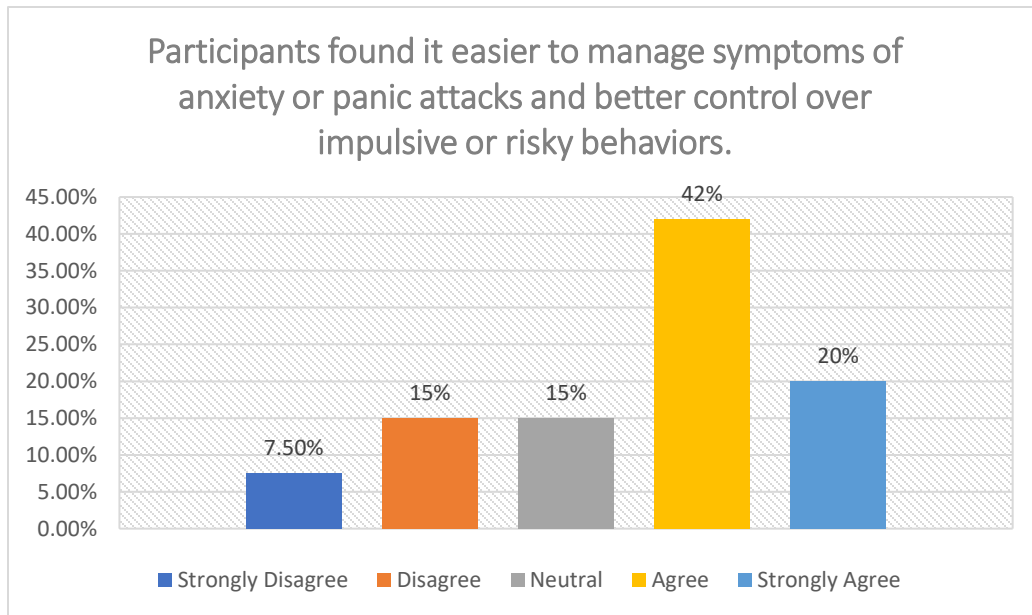


Figure-5.17: Participants found it easier to manage symptoms of anxiety or panic attacks and better control over impulsive or risky behaviors.

5.1.5 Factors Influencing Antipsychotic and Antidepressant Adherence

1. About any specific side effects of medication(s) that find particularly challenging to tolerate.

When asked about specific side effects of their medication(s) that they find particularly challenging to tolerate, respondents provided varied responses. Approximately 40% of respondents reported experiencing specific side effects that they found challenging to tolerate, while 60% indicated not experiencing such side effects. These findings underscore the importance of assessing and managing side effects to improve adherence to medication(s) among psychiatric patients.

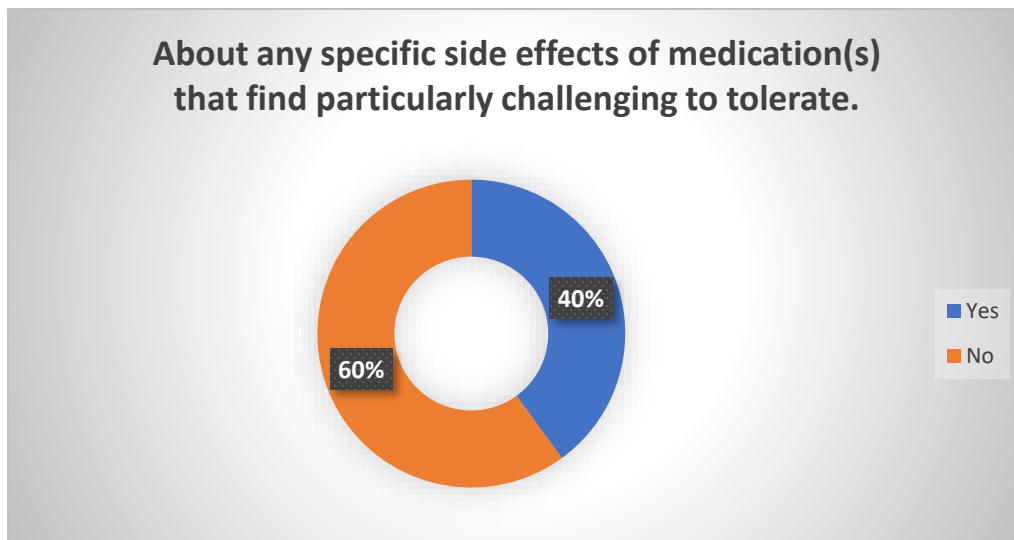


Figure-1.18: About any specific side effects of medication(s) that find particularly challenging to tolerate.

2. About comfort participants feel discussing medication(s) with healthcare provider.

When asked about their comfort level discussing their medication(s) with their healthcare provider, respondents provided varied responses. Approximately 20% of respondents reported feeling very comfortable discussing their medication(s), while 35% felt somewhat comfortable. Additionally, 12.5% felt neutral about discussing their medication(s) with their healthcare provider. On the other hand, 22.5% of respondents felt somewhat uncomfortable, and 10% felt very uncomfortable discussing their medication(s) with their healthcare provider. These findings underscore the importance of fostering open communication and trust between patients and healthcare providers to address concerns and optimize treatment outcomes.

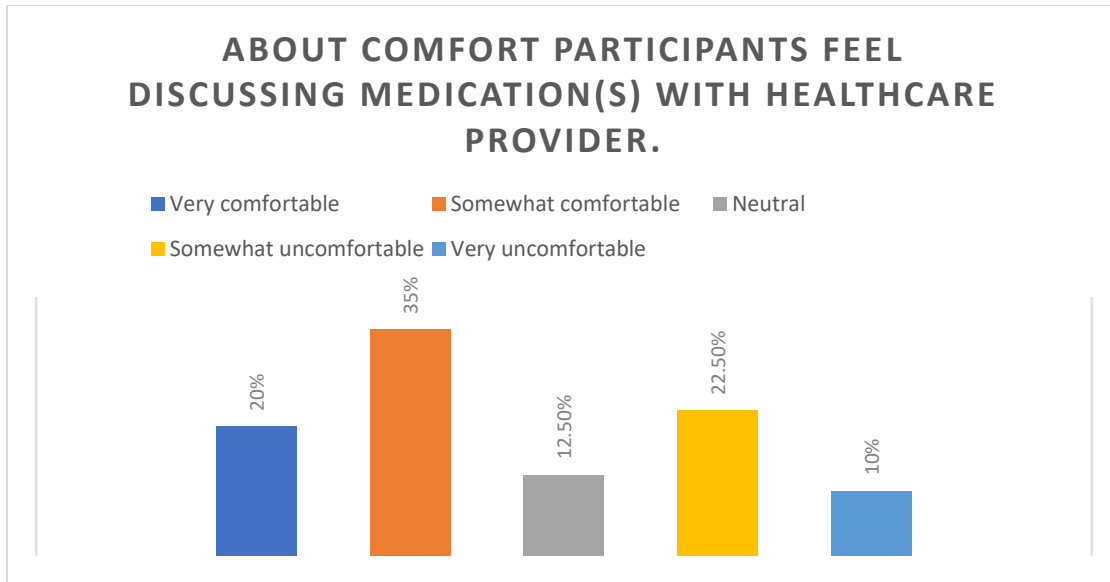


Figure-5.19: About comfort participants feel discussing medication(s) with healthcare provider.

3. About extent does the perceived efficacy of medication(s) influence adherence.

When asked about the extent to which the perceived efficacy of their medication(s) influences their adherence, respondents provided varied responses. Approximately 5% of respondents indicated that the perceived efficacy does not influence their adherence at all, while 15% reported a slight influence. Additionally, 25% felt moderately influenced by the perceived efficacy, while 35% felt very much influenced. Furthermore, 20% of respondents reported that the perceived efficacy completely influences their adherence. These findings highlight the significant impact of perceived efficacy on adherence to medication(s) among psychiatric patients.

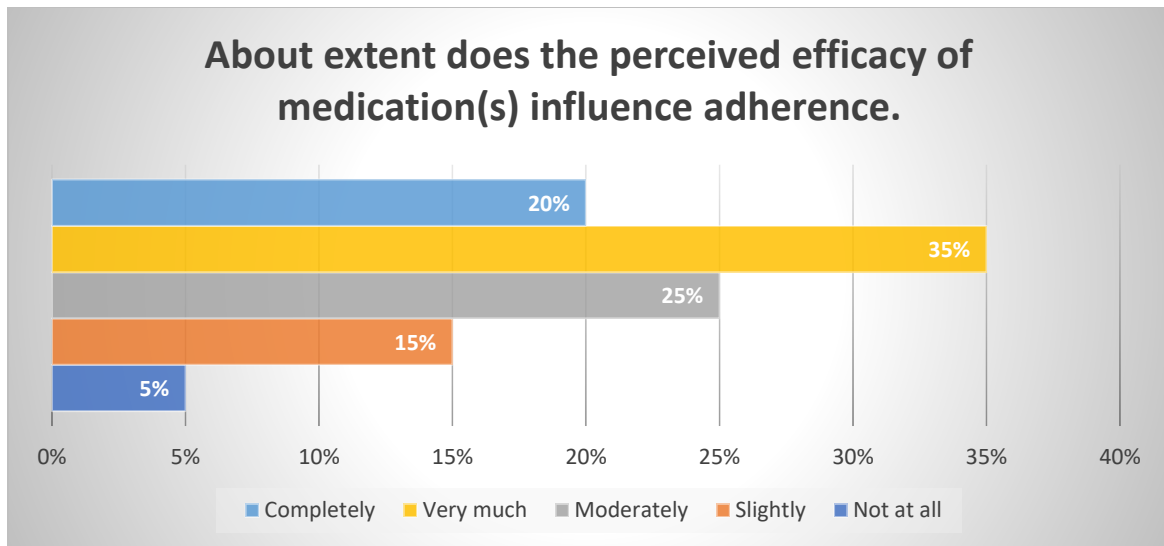


Figure-5.20: About extent does the perceived efficacy of medication(s) influence adherence.

5.1.6: Support and Resources

1. About receiving any educational materials or counseling regarding medication(s) and mental health condition

When asked if they had received any educational materials or counseling regarding their medication(s) and mental health condition, 65% of the respondents answered affirmatively, indicating that they had received such resources. Conversely, 35% reported not having received any educational materials or counseling on this topic.

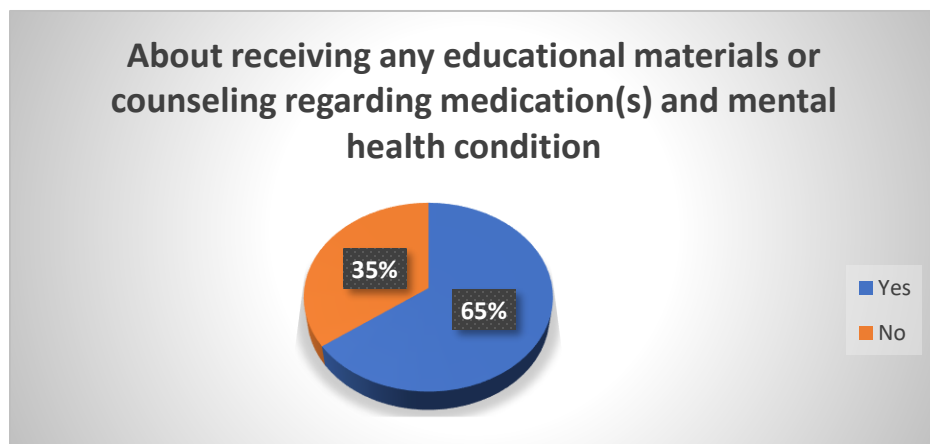


Figure-5.21: About receiving any educational materials or counseling regarding medication(s) and mental health condition.

2. About interested in participating in support groups or educational programs related to medication(s) and mental health.

When asked about their interest in participating in support groups or educational programs related to medication(s) and mental health, 40% of the respondents expressed interest in participating, while the majority, comprising 60% of respondents, indicated no interest. These findings suggest that while a significant portion of respondents are interested in such programs, there is also a substantial proportion who may not feel the need for or benefit from participation in such activities.

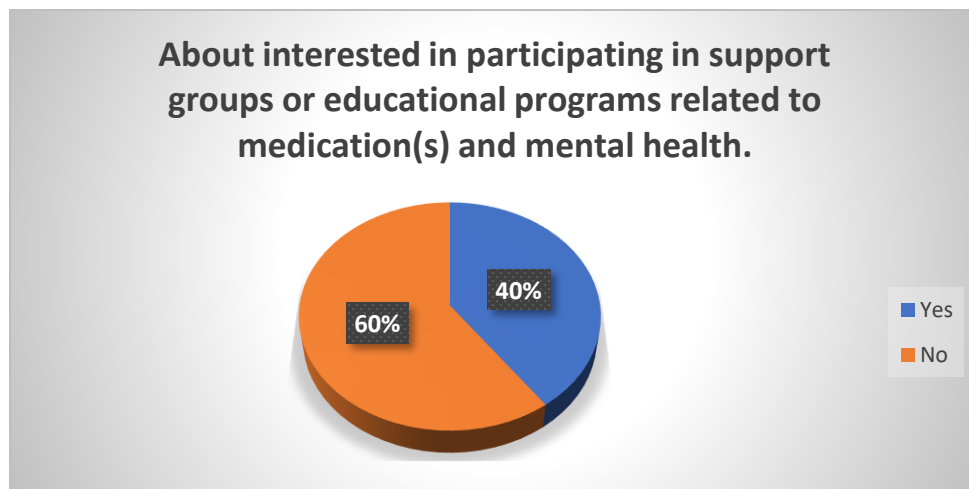


Figure-5.22: About interested in participating in support groups or educational programs related to medication(s) and mental health.

5.2 Discussion

The findings from the study offer valuable insights into the behavioral changes experienced by individuals with mental health concerns before and after initiating medication. These changes encompassed mood stability, concentration and focus, management of anxiety or panic attacks, control over impulsive or risky behaviors, and sleep patterns [62]. Before starting medication, a significant proportion of respondents reported experiencing various behavioral challenges. Mood swings and emotional instability were prevalent, with nearly two-thirds of respondents agreeing or strongly agreeing with experiencing frequent mood swings. Additionally, a substantial number of individuals struggled with concentration and focus in daily activities, with over 65% acknowledging difficulties in this area [63]. Anxiety symptoms were also prominent, with approximately half of the respondents' reporting challenges in managing symptoms of anxiety or panic attacks. Moreover, a notable proportion of individuals acknowledged difficulties in controlling impulsive or risky behaviors, highlighting the impact of these symptoms on daily functioning. Sleep disturbances were common, affecting over half of the respondents and contributing to insomnia or excessive sleepiness [64]. Following the initiation of medication, respondents reported positive changes in various aspects of their behavior. A significant number of individuals noticed a reduction in the frequency of mood swings, accompanied by improvements in concentration, focus, and sleep patterns. Moreover, many respondents found it easier to manage symptoms of anxiety or panic attacks and reported better control over impulsive or risky behaviors. These improvements suggest that medication may have a beneficial impact on mood stability, cognitive function, anxiety symptoms, impulsivity, and sleep quality among individuals with mental health concerns [65]. The observed behavioral changes underscore the importance of medication in addressing the diverse symptoms and functional impairments associated with mental health conditions. The significant improvements reported by respondents highlight the potential of medication to alleviate distressing symptoms, enhance daily functioning, and improve overall quality of life [66]. These findings support the use of pharmacological interventions as part of comprehensive treatment approaches for individuals with mental health concerns. By addressing these behavioral challenges, medication can contribute to a more stable and fulfilling life for individuals struggling with mental health conditions [67].

The study's results encompassed a broad spectrum of insights into the demographic composition, psychiatric diagnosis and treatment history, medication utilization patterns, attitudes, and

behavioral changes among individuals grappling with mental health concerns. Demographically, the survey sample portrayed a diverse distribution across different age groups, with a significant representation from the 45-54 age bracket, predominantly male participants, and varying levels of educational attainment, primarily at the college or university level. The prevalence of psychiatric disorders was notable among respondents, with a majority reporting a diagnosis, and treatment duration varied widely, suggesting a heterogeneous treatment landscape [68]. Antipsychotic and antidepressant medications were commonly prescribed, with a varied utilization pattern across different medications. Notably, Aripiprazole and Escitalopram oxalate emerged as frequently prescribed medications, indicating potential preferences or efficacy considerations in clinical practice. While many respondents reported adherence to their prescribed medication regimens, challenges such as side effects, discomfort discussing medication-related concerns with healthcare providers, and uncertainty regarding medication efficacy were evident [69]. Before initiating medication, respondents commonly experienced behavioral challenges such as mood swings, anxiety symptoms, impulsive behaviors, and disrupted sleep patterns. However, following medication initiation, positive changes were reported, including reductions in mood swings, improvements in anxiety symptom management, better control over impulsive behaviors, and enhanced sleep quality [70]. These findings underscored the potential benefits of medication in improving behavioral symptoms and overall quality of life for individuals with mental health concerns. Additionally, while a majority of respondents received some form of educational materials or counseling regarding their medication(s) and mental health condition, interest in participating in support groups or educational programs related to medication(s) and mental health varied among respondents [71]. Overall, the study highlights the complex interplay between demographic factors, psychiatric diagnosis, treatment patterns, medication utilization, attitudes, and behavioral changes in individuals grappling with mental health concerns, emphasizing the need for personalized treatment approaches and comprehensive support resources to optimize treatment outcomes and enhance overall well-being [72].

CHAPTER SIX

CONCLUSION

6.0 Conclusion

In conclusion, this study sheds light on the multifaceted landscape of mental health treatment, encompassing demographic characteristics, psychiatric diagnosis and treatment history, medication utilization patterns, attitudes, and behavioral changes among individuals facing mental health concerns. The findings underscore the prevalence of psychiatric disorders and the diverse treatment needs and adherence patterns within this population. Antipsychotic and antidepressant medications play a crucial role in managing symptoms and improving quality of life, although challenges such as side effects and uncertainty regarding medication efficacy persist. Before initiating medication, individuals commonly experience behavioral challenges, but positive changes are observed following medication initiation, highlighting the potential benefits of pharmacological interventions.

CHAPTER SEVEN

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