Factors influencing medication adherence in unipolar depression: Exploring patients' views

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Background Medication non-adherence in unipolar depression is a major obstacle to successful treatment. Whilst factors associated with medication adherence have been documented, how these factors relate to the different stages of adherence (i.e. initiation of treatment, implementation of treatment and discontinuation of treatment) are not known.

Purpose This study aimed to explore both positive influencing factors which promote medication adherence and negative factors which reduce medication adherence, at the initiation, implementation and discontinuation stages of adherence to antidepressant medicines, based on the conceptual framework of medication adherence endorsed by a European consortium (Vrijens et al., 2012).

Method A semi-structured interview guide designed to address the study aim was developed and pilot tested for face validity. Participants aged 18 years and over and taking antidepressant medicines for the management of unipolar depression were recruited via community pharmacies in the Sydney metropolitan area and with the support of a market research company. Face-to-face interviews were conducted and digitally audio recorded. Verbatim transcripts were thematically content analyzed and data managed using N-Vivo software. The codes were extracted and grouped according to the thematic aspects of the data. Themes were derived from data extraction and categorized into the stages of medication adherence.

Findings Twenty-three interviews were conducted. Positive factors supporting adherence at initiation of therapy included: the severity of depression, patients’ self-motivation, accessibility to the healthcare system and support from mental health teams. Factors aiding persistence with therapy included: availability of antidepressant medicines, belief in and effectiveness of antidepressant medicines, and good relationships with healthcare professionals. Patients’ self-management, system support (including Medicare and private health insurance), and the accessibility to healthcare services and healthcare professionals facilitated medication adherence at each stage of adherence. Stigma about depression and fear of possible adverse events were negative factors associated with initiation of therapy, whilst adverse events, clinical improvement whilst on antidepressant medicines, the ineffectiveness of antidepressant medicines and forgetfulness contributed to discontinuation. Adverse events, stigma about depression and low economic status were reported to reduce medication adherence at each stage of adherence. Mental health organizations were mentioned as useful sources to seek support, especially in emergency situations, and to communicate with other people living with depression. Data were analysed from the perspective of patients and carers, health care providers, and the healthcare system.

Conclusion A range of factors influence patients’ adherence to antidepressant medicines at the different stages of adherence. Strategies to address medication adherence in patients with unipolar depression should be multifactorial and consider both the stage of adherence and the severity of depression.