

Medication Adherence among Adolescents and Young Adults living with Affective Disorder: a Qualitative Study in Russia and Denmark

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Background Diagnoses for mental disorders among adolescents and young people are increasing worldwide, especially affective disorders such as anxiety, depression and bipolar conditions. In those cases where pharmacology treatment is recommended, drug-use studies have shown a suboptimal level of adherence to these treatments.

Purpose To understand the reasons behind non-adherence to medicinal treatment for affective disorders (anxiety, depression and bipolar disorders) among adolescents and young adults residing in Denmark and Russia and of different ethnic backgrounds. Diverse qualitative approaches were used; semi-structured interviews, conversational research and photo-elicitation among 31 participants. Thematic data analysis was applied, combining software and non-software procedures. Qualitative research does not necessitate ethical approval in Denmark however the studies were registered.

Method Participants were recruited through social media groups in both countries. An invitation to participate and information about the aim of the research project was included in the online announcement. The inclusion criteria were: young people (15-26), living and diagnosed with an affective disorder (anxiety, depression and bipolar conditions) residing in Russia or Denmark and with different ethnic backgrounds. Three qualitative approaches were applied to facilitate a deep understanding of the reasons for non-adherence to pharmacological treatment. Ethical approval was given for all interactions between interviewers and interviewees. Participants were informed of their rights prior to the project start.

Findings Fifteen interviews were conducted among young Russian and 16 among young Danes. 20 women and 10 men. Mistrust to pharmacological treatments was observed in both countries and across different ethnic groups. Participants had tried to cope with their conditions without medicinal treatment in both countries and by trying alternative treatments and approaches such as physical activity, relaxation, yoga and meditation techniques, and for those with a religious belief, through prayer. The severity of the conditions meant that some of the participants started to try medication, testing different treatments until they found what "worked for them". The need to take medication was perceived as a sign of the seriousness of their conditions and was often self-stigmatized "I am a psycho if I have to take pills". Participants shared their worries about the effect of the treatments in their brains. Who am I with medicines? Who am I without medicines?. Patients living with bipolar disorders experienced a higher level of self-stigma.

Conclusion Listening to the worries and misconceptions about psychotropic medication among young people living with affective conditions should be the first step when proposing to pharmacological treatments.