

ADHERENCE AND PSYCHOPHARMACOTHERAPY ("NOT A SINGLE DRUG WORKS IF THE PATIENT DOES NOT TAKE IT")

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Although each one of us is aware of the meaning of the above citation, very often in practice we forget how much it is important to keep it in mind always and again, particularly when dealing with the therapy for mental patients, who sometimes do not believe that they are ill and that they do need medication. Just from these reasons it is very important that we psychiatrists and all medical staff, as well as general practitioners, master well knowledge and skills of achieving good adherence of our patients.

The basic principles of adherence in all diagnostic groups of mental patients are the same, but psychotic and demented patients differ in many ways from, for example, those with depression or anxiety. Thus we shall particularly deal with the problem of compliance in psychotic patients. In connection with that, we stress that under compliance in psychopharmacotherapy is understood the acceptance of a patient to take regularly the recommended therapy. There several phases of establishing this compliance should be distinguished, but the following phases are essential:

1. Acute psychotic phase of the illness;
2. The phase of partial insight into the illness;
3. The phase of long-lasting treatment.

Regarding these phases, the meaning of often used foreign terms for the notion of agreeing with treatment should be distinguished, because they are often wrongly used as synonyms, but actually have different meanings. Specifically, the term compliance (I think it should be croatized) should be translated as "acceptance", i.e. passive agreement to take therapy given to the patient. What does it really mean? It means: Acutely psychotic patient just because of his/her psychosis has no possibility to comprehend the necessity of treatment, and consequently does not have the capacity for understanding and adopting the necessity of taking a drug. Just because of that, in this phase psychotherapeutic-social methods should be applied, while the phenomenon of accepting the therapist and therapeutic team should be transferred also to the passive acceptance of their advice and recommendation for regular taking of medication. Once accepted therapy, even without cognitive insight into the necessity of taking the drug, will more easily in the phase of improvement (that is, in the phase of partial insight into the illness) turn into good adherence, which should be named adherence in that phase, what means conscious and cognitive acceptance of long-lasting therapy. Exactly this is condition sine qua non of achieving good and lasting remission, of course with the selection of adequate, for each individual patient optimally effective and safe pharmacotherapy.