

INSIGHT AND LITHIUM COMPLIANCE

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SUMMARY

In a study of lithium compliance in 35 patients with Manic Depressive Psychosis on prophylactic lithium it was found that insight into the nature of illness and drug compliance were unrelated.

Prescription compliance is increasingly recognised as an important factor in the treatment of the mentally ill. The topic has been reviewed by Blackwell (1976). The specific problem of lithium non-compliance has been dealt with by Van Putten (1973). It can be expected that knowledge of the nature of one's illness, i.e., insight would increase prescription compliance in spite of the side effects. This would be especially true in Manic depressive patients who are normal in the inter-morbid periods. The importance of insight in compliance has not so far received sufficient attention.

This paper presents our observations on the relationship between insight and lithium compliance in manic depressive patients.

MATERIAL AND METHODS

The study was done in 35 patients on prophylactic lithium for Manic Depressive Psychosis for a period of not less than 6 months (range 6 months to 4 years) and had been treated as inpatients for at least four episodes of illness (mania and depression). The mean number of admission was 6.4 ± 2.97 . Serum lithium level was aimed at ≥ 0.8 m Eq/L.

The patients had all been informed of the side effects but no attempt was made to give them any explanation of their illness.

Insight was rated after elaborate questioning as per the P.S.E. (Wing *et al.*, 1974) by two of the investigators and compliance was scored as per the schedule given in Appendix. Although interrogation for determining compliance was carried out, re-litance was placed on the serum lithium levels as they are truly objective data. Serum lithium levels had been determined at intervals ranging from 2 weeks to 12 weeks, depending on the duration of treatment. The number of serum lithium estimations carried out had a mean of 16.38 and S. D. of 9.14. Patients with insight scores of 0 or 1 were grouped as those with insight and those with scores of 2 or more as those without insight.

A correlation between compliance scores and the average insight scores as also a 't' test of compliance scores in patients with and without insight was carried out.

RESULTS

The results are summarised in Table 1. It can be seen that there is good inter-

TABLE 1

1. Correlation between the insight scores by the 2 raters.	$r=0.8036$ d.f.=35	$p<0.001$
2. Correlation between average insight score and compliance score.	$r=0.0870$ d.f.=33	$p=N.S.$
3. Compliance scores in Patients with insight	Mean=0.500	s.d.=1.02
Patients without insight	Mean=0.667	s.d.=0.79
	$t=0.54,$ d.f.=33, N.S.	

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rater reliability in the insight scores. There was poor correlation between insight scores and compliance scores and there was no significant difference in compliance scores in patients with and without insight.

DISCUSSION

It appears from the results that insight into the nature of illness does not seem to play a major role in lithium compliance. It is possible that other factors like the

socioeconomic ones play the major role in drug compliance.

REFERENCES

- BLACKWELL, B. (1976). Treatment Adherence: A review. *Brit. J. Psychiat.*, 129, 513.
- VAN PUTTEN, T. (1973). Why do patients with Manic Depressive illness stop their lithium? *Comprehensive Psychiat.*, 16, (2), 1979.
- WING, K. J., COOPER, J. E. AND SARTORIUS, N. (1974). *Measurement and classification of psychiatric symptoms*. Cambridge: Cambridge Univ. Press, 177.