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Effectiveness of informational booklet (IB) for caregivers regarding the care of patients receiving antipsychotic drugs in a selected hospital in Faridabad

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Abstract

Mental illness is one of the leading diseases all over the world. Families are an integral part of the care system for persons with a chronic mental illness. Educating and training caregivers can increase compliance with discharge plans and prevent re-admissions. Informational booklet is an effective teaching strategy for giving information to caregivers. This study was conducted to find out the effectiveness of informational booklet for caregivers regarding care of a patient receiving antipsychotic drugs.

Keywords: Effectiveness, antipsychotic drug, informational booklet, caregivers, mentally ill patients.

Introduction

“Medicines are nothing in themselves, if not properly used, but the very hands of the Gods, if employed with reason and prudence” (Herophilus).

Mental illness is defined as any disturbance of emotional equilibrium, as manifested in maladaptive behaviour and impaired functioning, caused by genetic, physical, chemical, biologic, psychologic, or social and cultural factors ^[1]. Mental illness is a major problem all over the world. Studies from developed countries have reported a prevalence rate of 15 per 1000 population ^[2]. In India the reported rate is 73 per 1000 population ^[3]. Organic psychosis (0.4), schizophrenia (2.7) and affective disorders (12.3) contribute to a rate of 15.4 for psychosis. The prevalence rate for mental retardation (6.9), epilepsy (4.4), neurotic disorders (20.7), alcohol/drug addiction (6.9) and miscellaneous group (3.9) were estimated ^[4]. Different treatment modalities such as drugs, electro-convulsive therapy, counselling, psycho-surgery and psychotherapy are used in the treatment of mental illness.

In the second half of the 20th century, chemotherapy became a major field of research and practice as a treatment for mental disorders. Until then people with psychosis were usually locked away in insane asylums, receiving only limited custodial care and social support, with practically no effective therapeutic option.

Antipsychotic drugs are chemicals that affect the brain and nervous system, alter feelings, emotions and consciousness in various ways and are frequently used therapeutically in the practice of psychiatry to treat a broad range of mental and emotional illness. In the mid 1950s about 500,000 patients were hospitalised in the United States for mental illness. By 1973 that number had fallen to 250,000 largely due to the use of psychoactive drugs ^[5]. Psychopharmacology is the “Gold Standard” in the treatment of neuro-biological illness ^[6]. However drug therapy is not viewed as a quick fix or miracle pill. It is used to treat specific symptoms of neuro-biological illnesses with significant effectiveness. Side effects and adverse reactions of drug therapy require expertise and sound clinical judgement.

Antipsychotics are those psychotropic drugs, which are used in the treatment of psychosis and psychotic symptoms. The original drugs used to treat psychosis are called “typical or conventional” neuroleptic drugs. Since their discovery in the 1950s, these drugs revolutionised the treatment of schizophrenia and other psychotic disorders. With the discovery of the newer antipsychotic drugs (called “atypical” antipsychotic drugs) in the 1990s, the treatment of these debilitating brain disorders has been revolutionised. While there are advantages and disadvantages to both classes of these antipsychotic drugs, the atypicals offer a different pharmacological mechanism of action, an expanded spectrum of therapeutic

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efficacy, and a more acceptable side effects profile. Thus they are considered first-line therapy for the treatment of persons with psychosis.

The major uses for antipsychotic drugs are in the management of schizophrenia, schizo-affective disorder, organic brain syndrome with psychosis and delusional disorder, in both acute and manic regimens. Their short-term use may be indicated in severe depression with psychotic features, the manic phase of bipolar illness and substance induced psychosis. They also treat the aggressiveness and behavioural problems seen in developmental disorders and in elderly patients with dementia and delirium with agitation and psychosis. Non-psychiatric uses of antipsychotic drugs include treatment of vomiting, vertigo and to increase effects of analgesics for pain relief.

One-fifth to one-third of all patients with schizophrenia are resistant to drug treatment. Management of such patients remains a persistent public health problem. Patients with TRS are found highly symptomatic, require extensive periods of hospitalisation and comprise a high share of total cost towards treating schizophrenia. Newer antipsychotics, especially after proven efficacy of clozapine in TRS, have given hope for such patients [7].

Psycho-educational interventions with caregivers of patients with schizophrenia have a well-established literature support. Behavioural family management is effective in reducing relapses and readmission rates. Family interventions reduce burden of care, improve patient's functioning in social areas and are cost effective. Research has proved the effects of family intervention in managing treatment resistant patients in the community setting [8].

Non-adherence to medication regimens is believed to increase the probability of relapse in patients with schizophrenia. It is estimated that non-adherence accounts for approximately 40% of re-hospitalisation costs for patients with schizophrenia. Other researchers also have found that at some point in their treatment 25-80% of patients fail to take their medications correctly [9].

The nurse is in a pivotal position to educate the patient and the family (caregivers) about medication. This includes teaching complex information to the patient, so that it is understood, discussed and accepted. The caregivers and patient should be well informed about each drug, be well educated about the expected benefits and potential risks, and know what to do and whom to contact if there is a question or problem. Medication education is the key to effective and safe use of antipsychotic drugs, patient collaboration in the treatment plan and patient adherence with drug treatment regimens [6].

Health education is one of the most cost-effective interventions. A large number of diseases could be prevented with a little medical intervention if people were adequately informed about it and encouraged to take necessary precautions in time. Recognising this truth, the WHO Constitution has stated that the extension to all people of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health [10]. Relatives are usually involved in caring for the patients who are receiving antipsychotic drugs. Thus it is essential that all caregivers understand the medication, side effects, precautions and the caregiver's role.

Investigators have proved that educating caregivers on the importance of compliance to antipsychotic drugs, side

effects and their role in caring for mentally ill patients can reduce relapse [11].

Problem Statement

Effectiveness of informational booklet (IB) for caregivers regarding the care of patients receiving antipsychotic drugs in a selected hospital in Faridabad

Objectives

The objectives of the study were to:

1. Assess the knowledge of caregivers regarding the care of patients receiving antipsychotic drugs
2. Prepare and validate an informational booklet (IB) for caregivers regarding the care of patients receiving antipsychotic drugs
3. Evaluate the effectiveness of informational booklet in terms of gain in knowledge of caregivers regarding care of a patient receiving antipsychotic drugs.

Operational Definitions

Effectiveness: It is the extent to which an action produces an intended or desired outcome [15].

In this study effectiveness refers to the extent to which the informational booklet (IB) has achieved the desired effect as measured by the gain in knowledge scores.

Informational booklet: In this study informational booklet (IB) refers to written material that can be used by caregivers for learning about antipsychotic drugs. This includes:

- Meaning and definitions
- Common antipsychotic drugs
- Indications and contraindications
- Side effects
- Precautions
- Role of the caregiver

Caregivers: It refers to patient's close relatives or friends/paid caregivers who attend to the immediate needs of patients who receive antipsychotic drugs.

Patient: Patient refers to person who is admitted in a psychiatric ward and is getting treatment with antipsychotic drugs, who is having a caregiver.

Antipsychotic drugs: It refers to a group of medicines which are effective in management of manifestation of psychiatric disorders [16].

In this study the antipsychotic drugs are:

1. Atypical anti-psychotics
Example: Clozapine, Risperidone, Quetiapine, Olanzapine.
2. Typical anti-psychotics
Example: Chlorpromazine, Haloperidol

Review of Literature

A prospective epidemiological follow-up study conducted in Finland to find out the annual incidence of mental illness reported an incidence of 15 per 1000 population. The sample consisted of 1000 persons aged 15 to 64 years selected randomly. Follow-up surveys were conducted 5 and 16 years after baseline survey. The research method included a personal psychiatric interview and data collection from different registers. The diagnostic system was based on the ICD-8 classification [2].

A study was conducted to identify the prevalence and associations of childhood psychiatric disorder in Calicut District, South India. The sample consisted of 1403 children aged 8 to 12 years selected by random cluster sampling. Data was collected from caregivers and teachers. Psychometric and physical assessment was done on the children. Results showed that 132 children (9.4%) had some kind of psychiatric disorder^[21].

A door-to-door survey was done by trained surveyors to identify individuals with priority psychiatric disorders in a rural area in Kerala. Two of the ten wards of the panchayat were randomly selected. The instruments used for this study were, the general data sheet for the collection of the sociodemographic data, questionnaire and manual of socio economic status scale. Rural data showed that out of 1094 households having a population of 5284, 77 individuals were found to have priority psychiatric disorders giving a prevalence rate of 14.57 per thousand^[22].

Methodology

An evaluatory approach with one group pre-test – post-test design was used for the study. The sample consisted of 30 caregivers selected by convenience sampling method. Data were collected by administering a structured knowledge questionnaire prepared by the investigator. After collection of the baseline data informational booklet was given to the subjects and on the seventh day post-test was conducted using the same questionnaire used for collecting the baseline data. The collected data were analysed by using descriptive and inferential statistics ('t' test).

Results

The mean post-test knowledge score ($\bar{x}_2 = 24$) was higher than the mean pre-test knowledge scores ($\bar{x}_1 = 16$). The 't' value computed ('t' = 13.38; $P < 0.05$) showed a significant difference suggesting that the IB was effective in increasing the knowledge of caregivers. The mean post-test area-wise scores $\bar{x}_2 = 2.43, 1.8, 3.73, 2.3, 4.03, 10.13$ respectively were higher than the mean pre-test area-wise scores.

($\bar{x}_1 = 1.6, 1.06, 2.46, 1.76, 2.83, 3.96$). There was no association between the pre-test knowledge scores and selected variables like education, religion, income and previous experience of caring for mentally ill patients.

Interpretation

Findings of this study showed that the knowledge of the caregivers was not satisfactory before the introduction of informational booklet. The informational booklet helped them to learn more about the side effects, indications and contraindications and caregivers' role. The post-test knowledge scores showed significant increase in the knowledge of caregivers. Hence the booklet was an effective teaching strategy for providing information and to improve the knowledge of caregivers.

Conclusion

Educating the caregivers and making them involved in caring for mentally ill patients could help in compliance with medication. This may also be helpful in preventing relapse and handling side effects of antipsychotic drugs.

Reference

1. Glance WD. Mosby's Medical Dictionary. 2nd edition. USA. Mosby Company; 2003.

2. Lehtinen V, Veijola J, Lindholm T, Moring J, Puukka P and Vaisanen E. Incidence of mental disorders in the Finnish UKKL study. *British Journal of Psychiatry* 1996; 168: 672-678.
3. Ganguli H. C. Epidemiological findings on prevalence of mental disorders in India. *Indian Journal of Psychiatry*. 2000; 421; 14-20.
4. Reddy MV and Chandrashekar CR. Prevalence of mental and behavioural disorders in India. A meta-analysis. *Indian J of Psychiatry* 1998; 40(2): 149-157.
5. Shives LR. Basic concepts of psychiatric mental health nursing. Philadelphia: J. B. Lippincott Company; 1994.
6. Stuart GW, Laraia MT. Principles and practice of psychiatric nursing. Missouri: 7th edition. Mosby; 2001.
7. Conley RR, Tamminga CA, Bartko JJ, Richardson C, Peszke M, Lingle J et al (and others) Olanzapine compared with Chlorpromazine in treatment-resistant Schizophrenia. *Am J Psychiatry* 1998 July; 155 (7): 914-920.
8. Painuly N, Gupta N, Avasthi A. Concept and management of treatment resistant schizophrenia (TRS). *Indian Journal of Psychiatry* 2004; 46(2): 125-134.
9. Knapp M, King D, Pagner K, Lapuerta P. Non-adherence to antipsychotic medication regimens; association with resource use and costs. *British Journal of Psychiatry* 2004; 184: 509-516.
10. Park K. Preventive and social medicine. 17th ed. Jabalpur: Banarsidas Bhanot Publishers; 2002.