Assessment of the extrapyramidal side effects among psychosis patients consuming antipsychotic medication with a view to develop an information leaflet on early recognition and management of extrapyramidal side effects in SS selected hospital at Raipur

Reshma Ekka

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Abstract

Introduction: Patients suffering from physical illnesses are given specific treatment because the causes are specific and the signs and symptoms are specific. The doctor generally knows how the treatment works, and the patient cooperates with the doctors, and nurses, in order to get better. In psychiatric hospital the treatment may not be so specific and most patients are given more than one treatment. The nurse has an extremely important role to play in the treatment of the mentally ill. Her actions, attitudes and skills to help him to deal with his problems are themselves an essential part of his treatment.

Objectives: The main objective was to assess the extrapyramidal side effects among psychosis patients consuming antipsychotic medication. Secondary objective was to find out the association of extrapyramidal side effects with selected socio-demographic and clinical variables.

Methodology: 60 psychosis patients attending outpatient and inpatient department of psychiatry in Dr. Bhim Rao Ambedkar Memorial Hospital, Raipur, Chhattisgarh who receive antipsychotic medications were assessed for extrapyramidal side effect of antipsychotic drugs. The conceptual framework adopted for study was based on Health Belief Model. Modified Simpson Angus Scale (MSAS) was used to assess/measure extrapyramidal side effects. Patients scoring less than 3 were considered ‘normal’. Patients scoring 3 to 5 were considered having ‘minimal movement disorder’. Those scoring 6 to 11 have ‘clinically significant degree of movement disorder’. And those scoring 12 to 17 were present with ‘severe degree of movement disorder’.

Result: It was observed that highest number of subjects i.e. 37 (66.66%) were ‘normal’. 11 subjects (18.33%) were with ‘minimal movement disorder’. 7 subjects (11.66%) were with ‘clinically significant extrapyramidal side effects. Only 5 subjects (8.33%) had severe degree of movement disorder. There was significant association of extrapyramidal side effects with duration of illness, duration of antipsychotic use and immediate side effect of antipsychotics at 0.05 level of significance.

Conclusion: It was concluded in this study that extrapyramidal side effects may occur among patients consuming antipsychotic medication. Also significant relationship was found between extrapyramidal side effects with duration of illness, duration of antipsychotic use and immediate effect of antipsychotic medication (1-2 days observation).

Keywords: extrapyramidal side effects, psychosis, antipsychotic medication

Introduction

Extrapyramidal side effects are due to the blockade of dopamine receptors in the basal ganglia, leading to Parkinson-like symptoms such as slow movement (bradykinesia), stiffness, tremor. The prevalence of these motor abnormalities with first-generation antipsychotics side effects has varied from 2% to 90%. The most serious EPS, tardive dyskinesia (TD), has occurred in approximately 25% of patients medicated with these agents. However, a number of studies have reported that antipsychotic medication may ameliorate a broad range of neuromotor symptoms such as catatonia, Parkinsonism, dyskinesia and akathesia. Even after the emergence of second generation of antipsychotics, extrapyramidal side effects continue to cause concern (particularly in vulnerable populations, such as elderly).
Research Design
The research design chosen for the study was descriptive research.

Research Setting
The present study was conducted in Dr. Bhim Rao Ambedkar Memorial Hospital, Raipur (C.G.).

Population
The population of present study was psychosis patients consuming antipsychotic medication.

Sample
In this study, the sample was psychosis patients consuming antipsychotic medication admitted in Dr. Bhim Rao Ambedkar Memorial Hospital, Raipur.

Sample size
The sample size was 60.

Sampling Technique
Purposive sampling technique was used for this study.

Criteria for selection of sample
Inclusion criteria
• Patients with psychosis consuming antipsychotic medication.
• Patients admitted in Dr. Bhim Rao Ambedkar Hospital or visiting OPD of the same.
• Patients available at the time of data collection.

Exclusion criteria
• Patients of age group below 5 years and above 55 years.
• Patients with psychosis, but not consuming antipsychotic medication.
• Patient without psychosis but consuming antipsychotic medication.
• Patients who are not willing to participate in the study.
• Patients who were not available at the time of data collection.

Description of tool
The tool for this study comprised of 2 parts-
Section A – Socio demographic data with incidence of illness
Section B – Modified Simpson Angus Scale to assess extrapyramidal symptoms

Validity of tool
Socio-demographic questionnaire along with information leaflet were sent to experts including Psychiatrists, a Psychologist, Teachers specialized in mental health nursing and a Psychiatric social worker. Their suggestions and modifications were implemented.

Reliability of tool
Simpson Angus Scale is a standardized tool used for assessing drug induced parkinsonian movement disorder. Internal consistency was measured by Cronbach’s coefficient and it was 0.83.

Ethical consideration
Researcher had taken formal permission from health care worker to conduct study. Only the samples who had signed the consent form are included in the study. Confidentiality of the data is maintained strictly.

Pilot study
A pilot study was conducted in prior to the actual study after obtaining formal administrative permission for pilot study and main study from the Head of Department of Psychiatry at parent hospital, Dr. Bhim Rao Ambedkar Memorial Hospital, Raipur (C.G). Pilot study was done from 17-02-2014 to 23-02-2014. The average time taken for individual subject to complete the assessment was 25-30 minutes. The mean for normal was 0.025, for minimal movement disorder it was 0, for clinically significant it was 0 and for severe degree of movement disorder it was found to be 0. These 10 clients will not be part of main study.

Data collection for main study
After pilot study and validity of tools the investigator proceeded for data collection of main study. The data was collected from 05-03-2014 to 25-03-2014. It was decided to have a sample of 60 clients.

The data was collected with the help of Modified Simpson-Angus Scale that is a standardized tool and sample of 60 patients with psychosis consuming antipsychotic medication were selected on the basis of inclusion criteria by using nonrandom purposive sampling technique. The average time taken for each individual subject to complete the assessment was 25-30 minutes.

Data analysis and interpretation
Frequency and percentage distribution for the analysis of sociodemographic variables. Mean, median, percentage and standard deviation was used for analysis of extrapyramidal side-effects among patients with psychosis consuming antipsychotic medication. Chi-square test was done to find out the association of extrapyramidal side-effects with selected demographic and clinical variables.

Result
Section 1 (A): Frequency and percentage distribution of the socio-demographic variables of psychotic patients
In relation to age, maximum subjects 26 (43.33%) belonged to the age group 26-35 years, 22 (36.67%) belonged to age group of 15-25 years, 11 (18.33%) belonged to age group 36-45 years and only 1 (1.67%) belonged to age group 45-55. In terms of gender, maximum of subjects 31 (51.67%) fell under the category of female and 29 (38.33%) were male. Distribution of religion, shows that highest of the client 565 (93.33%) were hindu, 3 (5%) were muslim, and only 1 (1.67%) was sikh. The marital status depicts that 28 (46.67%) were married, 28 (46.67%) were unmarried and only 4 (6.66%) were separated.

The education depicts that 23 (38.33%) were having primary education, 19 (31.67%) were having higher secondary education, 9 (15%) were graduated, 6 (10%) learned high school and only 3 (5%) were having middle school education. With regard to occupation, maximum subjects 31 (51.67%) were unemployed, 12 (20%) were doing private job, 8 (13.33%) were self-employed, 6 (10%) were doing government service and minimum 3 (5%) were employed in farming. Regarding type of family, majority of subjects 37 (61.67%) lived in nuclear family, 20 (33.33%) lived in joint family and only 3 (5%) lived in extended family. According to monthly income, maximum group of
samples 23 (38.33%) belonged to income group Rs. 2000-4000, 18 (13%) belonged to income Rs. 4100-6000, 12 (20%) belonged to income group of Rs. >8000.

Section 1 (B): Clinical variables of patients
In terms of duration of illness maximum samples 26 (46.33%) belonged of >3yeares, 14 (23.33%) belonged to duration of 0-3 months, 12 (20%) belonged to duration of 3 months-1 year, and minimum 8 (13.34%) belonged to duration of 1 years-3 years.

Considering the duration of antipsychotic use, most of the subjects 23 (38.33%) were taking drugs for >1 year, 16 (26.67%) were taking drugs for 0-2 months, 11 (18.33%) were taking drugs for 2-3 months and few samples 10 (16.67%) were taking drugs for 6 months- 1 year.

In relation of type of antipsychotic use, majority of samples 40 (66.67%) were taking atypical antipsychotics and minority of samples 20 (33.33%) were taking mixed antipsychotics.

Related to Any movement disorder observed in the patient after antipsychotic use, maximum number of samples 36 (60%) replied ‘yes’ and minimum number of samples 24 (40%) replied ‘no’.

Section 2: Frequency, percentage, mean and standard deviation of assessment of extrapyramidal side-effect of patient with psychosis consuming antipsychotic medication.
The highest number of subject i.e. 37 (61.66%) are normal with no extrapyramidal side-effect, mean score was 6.7 and standard deviation was found to be 6.5. 11 (18.33%) samples have minimal movement disorder, mean score was 6.42 and standard deviation was found to be 049 and minimum samples i.e. 5 (8.33%) have severe degree of movement disorder, mean score was 14.4 and standard deviation eas found to be 2.15.

Section 3: Association between extrapyramidal side-effects with selected socio-demographic and clinical variables.
There was no significant association of age, gender, religion, marital status, education, occupation, type of family, monthly income and type of antipsychotic with the occurrence of extra pyramidal side-effects with duration of illness (27.39) at 0.05 level of significance, duration of antipsychotic use (chi square 26.18) at 0.05 level of significance.

Conclusion
This study showed that the prevalence of severe degree of movement disorder was 8.33%, clinically significant movement disorder was 11.67%, minimal movement disorder was 18.33% and remaining 61.67% of patients with psychosis who were on antipsychotic drugs were normal i.e. without any movement disorder (extrapyramidal side-effects).

Discussion
The prevalence of severe degree of movement disorder was 8.33% clinically significant movement disorder was 11.67%, minimal movement disorder was 18.33% and remaining 61.67% of patient with psychosis who were on antipsychotic drugs are normal i.e. without any movement disorder (extra pyramidal side-effect). The female patients were 31 (51.67%) while the male patients were 29 (48.33%). Another striking finding which was noticed is that the majority of the patients who were aged between 26-35 and 15-25 developed extra pyramidal side-effects with maximum frequency of 26 (43.33%) and 22 (33.67%) respectively. Significant association was found between extra pyramidal side-effects with duration of illness, duration of antipsychotic use and immediate side-effects of antipsychotic (1-2 days observation).

Limitations
1. Non-probability purposive sampling limits the generalization of findings.
2. Selection of those samples that were psychotic and consuming antipsychotic medication, and not the other patients (anxiety, depression, etc.) on antipsychotic medication, limit the generalization of findings.
3. Selection of only such subjects who were literate and co-operative during study, limit the generalization of findings.
4. Selection of both typical and atypical antipsychotic consuming patients limit the significant differences in terms of emergent extra pyramidal side-effects between the two classes of antipsychotics.
5. Study is limited only to 20 days.
6. Patients with age group above 15 years and below 55 years were considered for the study.

Recommendations
On the basis of this study, it is recommended that-
1. A similar study can be replicated on a large scale with separately in typical or atypical classes of antipsychotic drugs.
2. A study can be done to assess the knowledge of staff nurses regarding recognition and management of extrapyramidal side-effects.
3. A study can be conducted to assess the effectiveness of structured teaching programme on knowledge of staff nurses regarding extrapyramidal symptoms and its management among psychiatric patients.
4. A similar study can be replicated on samples consuming antipsychotic medication irrespective of their diagnosis.

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