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TREATMENT NON-ADHERENCE AMONGST SCHIZOAFFECTIVE BIPOLAR PATIENTS:
AN UNSOLVED QUESTION

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Introduction: Non adherence to treatment is especially common in patients with chronic relapsing disorders. Schizoaffective disorder is a chronic, severe and disabling illness consisting of the concurrent presentation of symptoms of schizophrenia and affective disorders. Its course and prognosis has been found to be intermediate to those two conditions.

Objectives: To evaluate treatment adherence in a schizoaffective sample and to which demographical and clinical variables it may be associated.

Methods: Adherence to treatment and its clinical correlates were assessed in 69 patients meeting DSM-IV-TR diagnosis of schizoaffective disorder, bipolar type, by means of adherence-focused interviews, measurements of plasma concentrations of mood stabilizers. Adherent and poorly adherent patients were compared with respect to several clinical and treatment variables.

Results: Poorly adherent patients were 40% of the total sample. Demographic variables (i.e.: gender, marital status, cultural level, employment) were not associated to treatment adherence, nor were clinical variables (age at onset, polarity of the first episode, lifetime history of seasonal pattern, rapid cycling, atypical depression, melancholia, catatonia) or family history for generic psychiatric, affective disorders and suicide. No pharmacological treatment (atypical antipsychotic, mood stabilizer and antidepressant) was associated to adherence in our sample.

Conclusions: Clinical and demographical factors are not related to medication adherence in our sample. Coherently with the general severity of this condition, and since there does not seem to be any clinical predictor of poor adherence, in clinical practice all schizoaffective patients should be monitored and treated as potentially non-adherent.