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COMPLIANCE IN PSYCHIATRY AND APPROACHES TO ITS IMPROVEMENT

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Topicality. Lack of patient compliance is one of the current problems of modern antipsychotic therapy. The consequences of violation of the prescribed drugs are more frequent exacerbations and rehospitalizations, antisocial and suicidal behavior of patients, burdening the financial burden of society and family.

Goal. The article demonstrates the importance of correctly understanding the place of different forms of antipsychotics in the psychopharmacotherapy of patients with psychosis, as well as in the formation and maintenance of their compliance.

Materials and methods. Scientific articles and medical literature were used as materials.

Widespread non-compliance and the severity of its consequences lead to the search for factors that affect patient compliance and ways to improve patients' adherence to prescriptions.

The basis of treatment of patients with psychosis is psychopharmacotherapy. Taking psychotropic drugs, however, like any other drug, includes many aspects that accompany this process. In recent years, perceptions of the effectiveness of antipsychotics have included concepts such as drug efficacy, safety, and tolerability, and are based on adherence to therapy, functional recovery, exacerbation rates, subjective well-being, and patient satisfaction.

Theoretically, the use of injectable forms of prolonged antipsychotics has advantages for any patient who requires long-term maintenance treatment, demonstrates a therapeutic response and satisfactory tolerability of drugs. Thus, there are many more candidates for the use of depot drugs than "difficult to treat patients", to whom doctors usually offer prolonged forms. The literature provides examples of groups of patients - candidates for the use of depot drugs. These are patients with newly diagnosed schizophrenia or schizoaffective disorder; stable patients for whom taking depot drugs improves their inclusion in social life; elderly patients who find it difficult to leave the house and those who are cared for by nurses at home; patients whose families have conflicts over taking pills.

According to a survey of European psychiatrists, 60% of respondents believe that prolonged forms of antipsychotics should be the mainstay of treatment for patients in need of maintenance treatment, as the method of drug administration plays an important role in

compliance. And this choice is not accidental. The use of prolonged forms of antipsychotics has its advantages: you should not remember to take medication daily; the patient is in frequent contact with medical staff, which improves compliance itself; the doctor has the opportunity to immediately learn about the omission of the drug. Moreover, the risk of adverse events is reduced due to the absence of a pronounced peak concentration of the active drug in blood plasma. Many studies have shown significant benefits of prolonged forms in patient retention, thereby improving the long-term clinical and functional outcomes of schizophrenia pharmacotherapy.

But at the same time, there are obstacles to the use of extensions. This is the price of the drug, the problem of stigmatization and increasing the burden on doctors due to more frequent visits of patients.

However, it is now clear that the use of long-acting injectable antipsychotics can improve patient compliance and reduce the risk of recurrence in patients with schizophrenia, but the expectation that the use of prolonged forms of the drug will completely solve all problems associated with patient compliance is dangerous, because their purpose does not change the patient's attitude to medication and if the patient does not want to take medication in tablets, he will also avoid injections of the drug.

The literature suggests the use of various strategies to improve compliance. This emphasizes the importance of the strategies used to meet the causes of non-compliance of each patient.

The proposed approaches to improve patients' adherence to drug treatment can be divided into 2 main groups: 1) psychosocial and psychotherapeutic interventions and 2) pharmacological strategies, as well as their combination. In this article, the subject of consideration are pharmacological strategies.

Therefore, if it is found that compliance problems are associated with pharmacotherapy, it is suggested to use the following techniques or combinations:

- change in the dose of the prescribed antipsychotic;
- adding a prolonged form of antipsychotic (oral or injectable);
- connection of the corrector for elimination of undesirable phenomena;
- change of antipsychotic;
- transfer to a prolonged injectable antipsychotic;
- simplification of the medical regime.

Dose adjustment strategies to eliminate adverse events are different for different antipsychotics, and if they cannot be eliminated by adjusting the dose, it is recommended to join concomitant therapy, such as anticholinergic drugs to eliminate extrapyramidal symptoms. Simplification of the regimen is also important, as it was found that when the regimen included a single dose, the compliance of patients averaged 73%; at 2 times a day - 70%; when the drug was prescribed 3 times a day - 52% and 4 times a day only 42%. These data were further confirmed in studies performed with electronic drug monitoring: the level of compliance was inversely proportional to the frequency of medication.

In general, the use of prolonged forms of antipsychotics is one of the solutions to the problem of compliance, as 95% of patients were compliant when using depot drugs, which helped reduce the risk of exacerbations in this group of patients. However, the doctor should not rely on durable forms of antipsychotics as a self-evident solution to the problem of adherence to medication. It is necessary to properly assess the role of the depot drug as a strategy to improve compliance, as there are different options. Thus, the depot drug can be used as a method of monitoring compliance in the following clinical situations:

- when it is unclear whether the patient is taking pills;
- if there is a high probability of stopping taking antipsychotics in the near future;
- if the patient shows ambivalence about taking pills;
- if the patient is reluctant to discuss their medication behavior.

Use of extended forms as a strategy of direct influence on compliance can be considered if:

- it is established that the patient has difficulty in sufficient compliance with the regimen of pills;
- there are signs of cognitive dysfunction, negative symptoms or disorganized behavior that adversely affect daily medication;
- the patient does not have assistants who are needed to control medication;
- frequent violations of reception are revealed, connected with not understanding of the patient of the instruction on reception of drug, and the patient cannot receive drug by prescription.

Conclusion. Proper understanding of the place of prolonged forms of antipsychotics in the psychopharmacotherapy of patients with psychosis and adequate expectations of the effect will undoubtedly contribute to their wider use in routine practice.

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