



## Innovative Strategies Improving Therapy Adherence

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### Author's contribution

The sole author designed, analyzed and interpreted and prepared the manuscript.

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Short Communication

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### ABSTRACT

**Aims:** The aim of this short communication is to report strategies of how to improve patient's adherence.

**Methodology:** 60 psychiatric in-patients were subdivided into three subsamples with different methods to organize outpatient treatment, one third was informed about the importance of therapy continuation, one third fixed an appointment before discharge and one third had a face-to-face contact, lasting for at least 15 minutes.

**Results:** Results show, that personal contact (94% continued therapy after discharge) is the best method to motivate patients suffering from psychiatric diseases to accept outpatient treatment.

**Conclusions:** To improve patient's adherence, personal contact to the psychiatrist, who continues therapy after discharge, should be favorised.

**Key words:** Psychiatric patients; adherence; compliance; continued therapy.

### 1. INTRODUCTION

Therapy adherence, which is based on the information given to the patient, is one of the

major problems in psychiatry [1]. Almost always therapists change if a patient is admitted or discharged, i.e. therapists performing outpatient treatment are not always identical with those

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responsible for inpatient treatment. Although they cooperate, because of the fact mentioned above, every admission and every discharge may be a „cut“, i.e. an abrupt changeover in the patient's interpersonal therapeutic process, which reduces the efficacy especially of psychotherapy and may diminish patient's compliance as well. For that reason alternative strategies are required to improve patient's adherence, because non-adherence may lead to psychopathological worsening. Informed consent was obtained.

With the intention to compare different methods improving adherence to therapy, we made an observation to be able to estimate the compliance improvement by improving adherence.

## 2. MATERIALS AND METHODS

Our sample included 60 psychiatric in-patients, suffering from various psychiatric disorders. All participants had to write the short version of the medical report, including only diagnoses and drugs/dosage by themselves after they had been explained to them according to the national rules, with all associated problems as referred in [2]. All patients did not receive any outpatient psychiatric therapy before admission. The first third, i.e. 20 patients were asked to consult any psychiatrist after discharge. The middle third was provided a list of available psychiatrists including their addresses and telephone numbers. Patients were asked and supported to fix an appointment, which was noted in the medical report by the patients themselves, as mentioned above. The last third got to know the psychiatrist responsible for outpatient therapy after discharge during inpatient treatment by means of a face-to-face contact, lasting for 15 minutes.

## 3. RESULTS

Results show, that only 57% of the first third continued psychiatric outpatient treatment. This might be due to the fact that patients had to write their medical reports by themselves. According to [3], not doing this reduces patient's adherence

up to 53,5%. With respect to the second third, 73% continued psychiatric outpatient treatment, and regarding to the third third, 94% continued psychiatric outpatient treatment.

## 4. DISCUSSION

We conclude, that contacting a specific psychiatrist by telephone improves patient's compliance of psychiatric patients and that personal contact seems to be optimal to improve patient's compliance.

## 5. CONCLUSION

This study included only patients with psychiatric disorders. Knowing that adherence is a common problem, especially in psychiatric patients, our results show, that the patient-therapist relationship and its continuation are very important to improve patient's adherence. The results encourage to perform further systematic research on this field and to develop concepts to avoid treatment discontinuation.

## COMPETING INTERESTS

Author has declared that no competing interests exist.

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