

Study finds money encourages patients with severe mental illness to take their medication regularly

October 30 2013



(Medical Xpress)—New research led by Queen Mary University of London reveals offering modest financial incentives to patients with psychotic disorders is an effective method for improving adherence to antipsychotic treatment.

The research, published in the *British Medical Journal*, was conducted amongst [patients](#) with schizophrenia, schizoaffective disorder or bipolar disorder, who were prescribed long acting antipsychotic injections but had received 75 per cent or less of their recommended treatment.

Participants were divided into two groups; the intervention group and the control group. Patients in the intervention group were offered £15 for each injection over a 12 month period. Average adherence to treatment within this group before the start of the trial was 69 per cent. This rose to 85 per cent during the 12 months when financial incentives were being offered.

In contrast, the average level of adherence remained largely unchanged in the control group (adherence started out at 67 per cent and rose by only 4 per cent throughout the 12 month period). In addition, 28 per cent of the intervention group participants achieved 95 per cent adherence compared with only 5 per cent in the [control group](#).

These figures show offering a modest financial incentive to patients with [psychotic disorders](#) is an effective method for improving adherence to treatment. However, the relatively low levels of complete adherence among the intervention group (28 per cent) suggest financial incentives still don't provide a solution for all patients with problematic treatment adherence.

Stefan Priebe, Professor of Social Community & Psychiatry at Queen Mary University of London, Barts and The London School of Medicine and Dentistry, comments: "The idea of using financial incentives to encourage patients with severe mental illness to take their medication regularly is controversial and has been widely debated from both a practical and ethical standpoint – but there is no denying it works.

"In lots of areas of medicine it doesn't make too much difference if a patient misses a certain proportion of prescribed medication. However, among patients with severe mental illness, just missing one or two doses of antipsychotic drugs poses a high risk of relapse. In these circumstances a relapse can be very difficult; involving re-hospitalisation and highly distressing symptoms for both patients and their carers. This

is why it's so vital to explore alternative methods of improving adherence to mental health treatment – many mainstream methods so far have been tried and failed.

"Our study concludes offering a modest financial incentive is the most effective method shown so far to improve adherence to antipsychotic treatment. It should be considered if poor treatment adherence poses a risk to patients' health and if other methods to achieve adherence have failed.

"Whether offering higher financial incentives would be ethically acceptable and more effective remains unclear. Further research is needed to test the longer term impact of offering financial incentives and we must continue looking into the psychological mechanisms that can give insight into the positive effects of offering financial incentives – not only on treatment adherence but on subjective quality of life."

Why is adherence a big issue?

Poor adherence to antipsychotic drugs is a major problem in patients with psychotic disorders and is linked to increased rates of readmission to hospital and high treatment costs. Between 25% and 80% of patients fail to take their drugs correctly at some point in their treatment and poor adherence can treble the costs of external services.

Many interventions have been tried to improve adherence to treatment in patients with psychotic disorders. For example: psychotherapy, family education and telephone prompting. However, reviews of such interventions find only modest effects at the very best. Against this backdrop, [financial incentives](#) have been considered in such patients to improve [adherence](#) to drugs.

Quality of life

It is also notable that patients in the intervention group reported a significantly more favourable subjective quality of life during the 12 month trial. Consistent treatment may have helped patients to organise their lives better, cope with problems, and engage in satisfying activities.

Other factors may also have contributed to the improved subjective quality of life. For example, patients in the [intervention group](#) had between £15 and £60 more to spend every month (depending on their individual treatment cycles). This could have made a difference to patients who received social benefits. It can also be speculated that receiving money from services had a psychological effect in some patients, increased their confidence, and facilitated a more positive view of life.

Provided by Queen Mary, University of London

Citation: Study finds money encourages patients with severe mental illness to take their medication regularly (2013, October 30) retrieved 9 May 2024 from <https://medicalxpress.com/news/2013-10-money-patients-severe-mental-illness.html>

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