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NON COMPLIANCE OF TREATMENT DEPENDING ON DIAGNOSIS AND FAMILY CONTAINMENT

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Introduction: Treatment adherence plays an importance role in the field of Mental Health, as therapeutic failure increases the number of relapses as well as hospital admissions.

Objective: To know if treatment failure is related to the type of mental illness suffered by the patient.

Material and methods: An interview was constructed to collect clinical data (diagnosis, prescribed drug group and drug group which has been altered, how this modifies the treatment and the reasons reported to alter the prescription)

Results:

-Marital status: 48,9% married / consensual union, 30,5% widowed, 19,1% single and 0,7% separated or divorced.

-Coexistence: no statistically significant differences were found in compliance among those living alone and those living together.

Group-diagnosis: Psychosis 12,9%, Affective disorders 39,3%, Anxiety disorders 5,0%, Personality disorders 0,7%, secondary to organic disease 15,7%, dementia 21,4%, Other 4,3%.

Compliance depending on diagnosis: Psychosis (83,3% Yes - No16,7%), Affective disorders (67,3% Yes - No 32,7%), Anxiety disorders (42,9% Yes - No 57,1%), Organic disorders (59,1% Yes - No 40,9%), dementia (56,7% Yes - No 43,3%), Other (Yes 50% - 50% No)

Conclusions: A priori, cohabitation is an interesting factor in adherence, because living with relatives can lead to greater supervision, and hence greater compliance with treatment.

However, only diagnostic group seems to have a role in compliance. Of the analyzed sample, the group with greater adherence to treatment was "psychosis".

Despite the emphasis that needs to be done in compliance with treatment of psychotic disorders, it is also necessary to enforce compliance in other disorders.