



Best Practice

Evidence based information sheets for health professionals

Educational interventions for mental health consumers receiving psychotropic medication

Implications for practice

- Written information is more effective than verbal information in increasing knowledge and compliance. However where resources are limited verbal information may be more beneficial than providing no education at all (B).
- Combining the use of written material and discussion is more effective than the use of information sheets only. Additionally, audio-visual aids are useful in the learning process (B).
- Clarity, conciseness and repetition of written materials is important to increase compliance and gain knowledge (B).
- Although multiple education sessions provide greater knowledge in the short term (up to a month), their effectiveness in the long term (2 years) is not established therefore clinicians need to be aware of the cost implications in providing multiple sessions (B).

For patients with schizophrenia:

- Three education sessions are more effective than 2 or less at promoting knowledge retention (B).
- Individual lifestyle tailored education increases compliance than generic education programs (B).

Information Source

This *Best Practice* information sheet is based on a systematic review of research published by Blackwell Publishing Asia and conducted by the New South Wales Centre for Evidence Based Healthcare.¹ The primary references included in the systematic review are available online at www.blackwell-synergy.com and to members of the Institute via the website www.joannabriggs.edu.au

Background

Within the last decade data on the burden of mental disorders worldwide demonstrates that it is a major public health problem affecting persons, their significant others and society more broadly. It has been estimated that globally one in four people will be affected by a mental disorder. Evidence is growing that these disorders can be effectively treated with both psychosocial counselling and psychotropic medications or educational intervention packages. However, while the benefits of treatment with psychotropic medications for specific mental disorders have been shown, non-adherence or non-compliance to the medication regime results in relapse.

Quality of research

The authors of the systematic review reported that the included studies were heterogeneous, meaning the results could not be pooled for comparative purposes, therefore the evidence is presented in a narrative summary. All studies included were randomised controlled trials (RCTs) however the method of randomisation was reported in only 10 studies and overall the methods were poorly reported. Forty-eight percent (10) of the studies involved patients with schizophrenia specifically, while the remaining studies included patients with various mental disorders.

Grades of Recommendation

These Grades of Recommendation have been based upon the JBI developed *Grades of Effectiveness*³

- Grade A** Effectiveness established to a degree that merits application
- Grade B** Effectiveness established to a degree that suggests application
- Grade C** Effectiveness established to a degree that warrants consideration of applying the findings
- Grade D** Effectiveness established to a limited degree
- Grade E** Effectiveness not established

Definition of terms

For the purposes of this information sheet the following definitions were used:

education – the provision of information about medications and the illness to consumers having mental health disorders

structured information – receiving information delivered in a planned way

unstructured information – receiving information in an inconsistent manner.

Knowledge retention

The effects of various approaches to education on the level and retention of knowledge about the illness (including signs and symptoms) and adverse effects of the treatment in mental health patients were investigated in fifteen studies.

Education vs no education

Six trials reported the effect of providing education on knowledge retention.

Patients with a psychiatric illness

Three studies demonstrated significantly higher knowledge levels in patients who received some degree of education compared to those who received no education.

One study investigated patients who received either a fact sheet, a fact sheet followed by discussion or no education. At 1-week follow up, patients who received a fact sheet plus discussion showed a significantly higher knowledge score compared to those who received no information. The results of this study must be interpreted with caution as only 62.3% of patients completed the study.

The other 2 studies compared a structured teaching program with no education and a single semi-structured educational

program with no education respectively. Both studies demonstrated a significantly higher knowledge score at follow up in those patients who received a form of education compared to those who received no education.

Patients with schizophrenia

Of four studies, three recorded significantly higher knowledge levels when patients with schizophrenia received education. When compared to baseline values, patients receiving either single, three or eight sessional educational interventions, had a significantly higher knowledge level about their medications compared to those who received no education.

Methods of Education

Structured vs unstructured education

Patients with a psychiatric illness

Three studies that compared the knowledge score at baseline with follow up revealed a statistically significant increase in knowledge retention in patients supplied with structured education. Randomised patients who – over a 6 week period - received a 1-hour/week structured education, including discussion, role play and a videotape presentation, did much better than those who received unstructured education. In another study involving 249 patients from both the hospital and community setting, those who received structured (ie. specially designed Patient Information Leaflets) demonstrated a statistically significant increase in knowledge retention at 4-week follow up compared to those who were given education in an unstructured way. This particular finding was confirmed by further analysis of a subgroup involving acute and community patients, in which patients in both groups who received structured information had higher knowledge levels.

Patients with schizophrenia

In three studies including patients with schizophrenia, the common trend was for knowledge retention to improve when structured education was offered. An increase in general knowledge about the antipsychotic effects of medications in all patients after receiving structured information was reported.

Alternative structured education methods

Patients with a psychiatric illness

One study concluded that there was a significant increase in patients' knowledge scores when they received a fact sheet and follow up discussion, compared to those who received only the fact sheet. This study is limited by the fact that only 62.3% of patients completed the study. Another study measured the impact of medication communication and medication education on patients' knowledge levels immediately after the intervention. Patients who were randomised to the medication communication group increased their knowledge when they were taught to ask medication-related questions as well as communication skills concerning how to obtain information about their medication, particularly through the use of eye contact and voice volume.

Frequency of education sessions

Patients with schizophrenia

One study compared the effect of a single education to 3 sessions, demonstrating a significant increase in medication knowledge in those who received 3 sessions at 1-month follow up. Another study explored knowledge levels at 6 months and 12 months in patients who received a single session and a 2-session education program. Compared to their baseline values, both groups had a

statistically significant increase in knowledge scores at the 6-month and 2-year follow up. However, neither group demonstrated a difference in knowledge levels between the 2-session and 1-session group at the 6-month and 2 year follow up period.

Compliance

Compliance with therapy, follow up and medication (pill counts, urinalysis and self-reports) was measured in 13 trials at intervals ranging from 2 weeks to 2 years.

Education vs no education

Patients with a psychiatric illness

Three studies assessed compliance at 2 weeks, 5 months and 6 months. Two of these studies demonstrated no difference in compliance to treatment in patients who were provided education and those who were not. The other study demonstrated that significantly fewer patients who received education about their medication were non-compliant.

Patients with schizophrenia

None of the three studies investigating the rate of compliance at 1-month, 6-months and 12-months follow up demonstrated a difference in compliance to treatment.

Methods of education

Structured vs unstructured education

Patients with a psychiatric illness

One study demonstrated a significantly higher compliance level in patients given structured education compared with those given no education.

Patients with schizophrenia

No difference was reported in the rate of compliance in patients who were provided structured education compared to unstructured education.

Alternative methods of structured education

Compliance was measured at follow up, 2.5 weeks, 3 months and 4 months.

Patients with a psychiatric illness

One study showed a statistically significant increase in compliance compared to baseline scores where patients were trained in medication communication skills. Another study reported patients who were given easy and moderately easy information sheets had significantly higher compliance rates compared to those given difficult to read leaflets, indicating that readability of written material is important when giving education.

Patients with schizophrenia

In patients whose medication regime was tailored to suit personal habits, one study reported a statistically significant increase in compliance scores compared to baseline scores. Although another study showed no difference in compliance with patients randomised to any of the four intervention groups.

Frequency of education sessions

Patients with schizophrenia

One study reported no significant changes in the compliance rate over the 6-month or 2-year follow up period.

Incidence of relapse

Five studies assessed the number of patients who relapsed, an outcome that was measured by the number of patients who were rehospitalised and/or required an increase in medication dosage.

Incidence of relapse was measured at 6 months, 8 months, 12 months, 18 months and 2 years.

Education vs no education

Patients with a psychiatric illness

One trial examined the effectiveness of education vs no education on the rate of relapse and reported no statistically significant difference in the number of patients who required rehospitalisation at the 6-month follow up period.

Methods of Education

Two studies investigated the effectiveness of structured vs unstructured education on the incidence of relapse at 6, 8 and 12 months.

Patients with a psychiatric illness

In patients with a bipolar disorder who were provided with a structured form of education, one study reported a significant decline in the incidence of manic relapse. There was also a significant reduction in the total number of manic relapses between baseline and each follow up in the education group compared to the control group.

Patients with schizophrenia

One study demonstrated no significant difference between the two groups in the number of patients who required readmissions or the number of weeks patients were rehospitalised.

Frequency of education sessions

Patients with schizophrenia

The effect of two session education sessions compared to one session at 6 month and 12 month follow up in one study did not reveal a statistically significant difference in the frequency of psychiatric admissions between the groups. However there was a significant increase ($p < 0.05$) in medications required at the 2-year follow up period in patients who were randomised to the multiple session group.

