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# Treatment adherence in Schizophrenia: Consensus of nurse practitioners in mental health

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**Objective.** Establish a Spanish Consensus on nurse care to increase therapeutic compliance in schizophrenia.

**Material and methods.** An experts committee designed a specific questionnaire having 43 questions. The questions referred to the definition and general assessment of compliance in schizophrenia, factors involved, intervention strategies in outpatients/inpatients and management of long duration injectable antipsychotic drugs a. First, second or third line strategy values of choice were assigned according to the answers obtained for each item. The questionnaire was sent to 160 nurse practitioners. The answers were received with an online electronic system that guaranteed their confidentiality.

**Results and conclusions.** There is maximum agreement on considering the seriousness of the compliance problem, its repercussion in relapses, the patient's course and increase in health care costs. The strategies preferred to evaluate compliance are: counting of the injectable drug administration and clinical assessment. The work group considers that specific intervention is necessary when the patient has already suffered several relapses due to low therapeutic compliance or when null awareness of disease is detected. The promotion of positive patient behaviours on treatment and the patient awareness development about treatment compliance importance are the nurse practitioners favourite strategies to reduce the relapses caused by poor adherence.

**Key words:**  
Adherence. Compliance. Nurse. Schizophrenia. Consensus. Mental Health.

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**Adherencia al tratamiento en la esquizofrenia: Consenso de enfermería en salud mental**

**Objetivo.** Establecer un consenso español sobre cuidados de enfermería para mejorar la adherencia terapéutica en la esquizofrenia.

**Material y métodos.** Un comité de expertos diseñó un cuestionario específico de 43 preguntas con 409 opciones. Las preguntas se referían a: definición y valoración general de la adherencia en la esquizofrenia; factores implicados; estrategias de intervención en pacientes ambulatorios y en unidades de agudos y el manejo de fármacos antipsicóticos inyectables de larga duración. Se asignaron valores de estrategia de elección, primera, segunda o tercera línea, según las respuestas obtenidas para cada ítem. Se envió el cuestionario a 215 enfermeros/as y se recibieron 160 respuestas a través de un sistema electrónico online que garantizaba su confidencialidad.

**Resultados y conclusiones.** Existe el máximo acuerdo en considerar la gravedad del problema de la adherencia, su repercusión en las recaídas y en la evolución del paciente. Las estrategias preferidas para evaluar la adherencia son: el registro de la administración de inyectables y la impresión clínica del paciente. El grupo de trabajo considera que es preciso intervenir de manera específica cuando el paciente ha sufrido ya varias recaídas a causa del bajo cumplimiento terapéutico o se detecta una nula conciencia de enfermedad. La potenciación de las actitudes positivas hacia el tratamiento y el establecimiento de acuerdos con el paciente acerca de la importancia de tomar los fármacos son las estrategias preferidas por el personal de enfermería para reducir las recaídas por falta de adherencia.

**Palabras clave:**  
Adherencia. Cumplimiento. Enfermería. Esquizofrenia. Consenso. Salud Mental.

## INTRODUCTION

Treatment non-compliance continues to be a first order problem in schizophrenia. Adherence rates in patients

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treated for chronic diseases of any specialty range from 43 to 78%,<sup>1</sup> and although the adherence rates in schizophrenia very greatly according to the studies, a mean rate of 41.2% has been estimated based on a review of 10 published studies.<sup>2</sup>

The impact of therapeutic non-compliance in the evolution of patients with schizophrenia is very important since it increases the risk of relapses with more frequent hospital admissions,<sup>3</sup> increases the risk of suicide,<sup>4</sup> increases health care costs,<sup>5,6</sup> decreases quality of life<sup>7</sup> and has a clear repercussion on the families and caregivers.<sup>8</sup>

For this reason, the ADHES project (Therapeutic Adherence in Schizophrenia) arose in the year 2003. This is an initiative in which more than 400 psychiatrists are working in order to evaluate and improve one of the greatest challenges of current psychiatry: therapeutic adherence. To do so, different activities oriented both towards the group itself of psychiatrists and the nurses or families and persons with schizophrenia have been developed. The ADHES Project is an initiative that works to evaluate and improve treatment adherence in patients with schizophrenia in Spain.<sup>9</sup> Furthermore, it develops activities with the purpose of making this reality known, establishing links between the scientific community to detect the most problematic aspects in this environment and join forces in the search for the improvement of the patients. Recently, the Spanish Clinical Consensus on therapeutic adherence in schizophrenia was published.<sup>10</sup>

Nursing has always been sensitive to the problematic of treatment adherence and has made some intervention proposals.<sup>11-17</sup> However, there is no agreed on intervention proposal. The nursing consensus arises as a need to complement the data obtained in the clinical consensus with the opinions of the mental health nurses, integrated into the ADHES project as a key piece for the success of the strategies to be designed to improve adherence in schizophrenia.

## MATERIAL AND METHODS

### Composition of the group of nurses consulted

A total of 300 Spanish mental health nurses sponsored by the Spanish Group for the Study of Adherence in Schizophrenia, a work group that is within the framework of the ADHES Project, were included. Of the 300 possible questionnaires, 179 were filled out. Of these, 19 were eliminated as they did not comply with the choice and quality criteria established (more than 95% of the questionnaire filled out). Finally, the analysis was made on 160 responses.

The survey was filled out on the web page of access restricted by a password and was anonymous. The period provided to do so included the months of June to August 2008.

In order to assure confidentiality of the responses, a procedure was established by which an alphanumeric password was requested to access for the first time the web page that contained the survey. This password was the only identification associated to the database that contained the answers to the questionnaire. Assignment of the password to each nurse participating in the consensus was performed randomly and confidentially by the Spanish Foundation of Psychiatry, an institution created by the Spanish Society of Psychiatry and the Spanish Society of Biological Psychiatry, who gave their recognition to the consensus as having scientific interest. Given the confidentiality of the answers, it was not possible to associate the nurses participating with the different responses to the questionnaire. All of the participants are mentioned in the panel of nurses.

### Description of the questionnaire

In the first place, the coordinating committee created a basic algorithm based on a review of the literature. It sought to identify the key decision points in the improvement of therapeutic adherence in the treatment of schizophrenia, and to obtain a list of viable intervention options. This was developed in a written document, with a total of 43 questions in which the different aspects of therapeutic adherence were asked about: definition and general evaluation, factors involved, intervention strategies for the improvement of therapeutic adherence in outpatients and in acute units and, finally, a block of questions related with therapeutic non-compliance and the management of long-acting injectable antipsychotics.

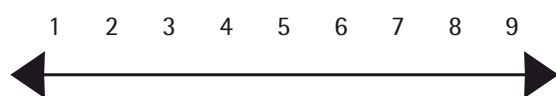
### Rating scale

In approximately 90% of the options of the survey, the answer involved evaluating the most appropriate answer, using a 9-point scale in a modified version of the Rand scale, that has also been used in other clinical guidelines with similar procedures to establish a consensus<sup>10</sup> and specifically in The Expert Consensus Guidelines Series of schizophrenia.<sup>18</sup> In each question, the division of the evaluation scale was specified. Figure 1 shows an example of the format used.

For the other questions, it was necessary to write down the adherence levels observed in the patients themselves and the personal opinion regarding the definitions of non-compliance collected in the literature. In each case, the percentage limits were quantified.

### Statistical analysis of the consensus

Each one of the items of the 43 questions of the survey was evaluated according to the line of score that they received, to determine if they achieved or did not achieve



For each one of the proposals indicated, a score of 1, 2 or 3 was given to those statements with which they did not agree; a score of 4, 5 or 6 to those with which they agreed, and 7, 8 or 9 to the statements with which they greatly agreed.

**Figure 1** Rating scale.

consensus. Using the Chi Square test, with a statistical significance level of 0.05, it could be determined if the answers of the nurses were distributed randomly among the score lines (first, second and third line).

The mean, standard deviation and the 95% confidence interval were calculated for the mean in each one of the items. This confidence interval (CI) statistically, calculated from the sample explains that if the survey were to be administered to another similar group of clinicians, there would be a 95% likelihood that the mean would be included within this interval. To obtain these results, the SAS program was used and the score was rounded to one decimal in order to obtain the percentages.

### Score categories

For each item evaluated, a value of first, second or third line was designated. This value was determined by the category in which the mean was located, so that:

- To be evaluated in the first-line category, the mean had to be superior or equal to 7.
- To be scored within the second line category, the mean had to be between <7 and 5.
- For the third line, the mean had to be lower than 5.
- There is no consensus when the responses of the experts are distributed randomly among the three categories; it was evaluated using the chi Square test. The graphs with bars of the CI without shading are shown.





It was considered a "strategy or choice factor" if the item was scored with 9 by at least 50% of the nurses. The percentage of the choice criteria was also included in the total percentage of the first line.

### Presentation of the results of the survey

In the results report, the totality of the results of the survey is shown. This includes:

- The options ordered according to the score given by the nurses.
- A bar graph that shows the confidence intervals for each one of the choices.
- A table with the numeric values.

The possible scores collected in the bar graph are:

- Choice strategy.
- First line. 
- Second line. 
- Third line. 
- There is no consensus. 

### Conclusions and limitations

This consensus is the result of agreement of a significant number of Spanish nurses, with experience in the management of non-compliance problems in patients with schizophrenia, on the actions (pharmacological and non-pharmacological) most recommendable to improve therapeutic adherence in the treatment of this psychiatric disorder.

The conclusions collected summarize the opinion of a large sample of Spanish nurses, achieving a very high percentage of responses. This guarantees that the conclusions represent the current opinion of the nurses who are directly responsible for the clinical care of patients with schizophrenia in Spain.

The clinical situation on which they were consulted was also selected by consensus based on their importance and frequency in the daily clinical situation.

Given the limited bibliography that still exists on the approach to treatment and appearance in patients with schizophrenia, the conclusions generated by the Consensus on nursing cares are to improve treatment and adherence of these patients is a consultation tool of utility in the daily clinical practice. The opinions of the nurses are of great utility when giving an answer to daily clinical situations.

The conclusions, a result of the consensus, do not constitute, in any case, rigid action guidelines and present the limitation that they may not be appropriate or valid in some cases. In this sense, their fulfillment does not guarantee a satisfactory result in all the patients. Thus, the professionals who may consult them should keep their own clinical opinion in mind when treating their patients. The final purpose of this work is none other than that of trying to improve daily care, long-term course, avoiding or reducing the number of relapses and therefore increasing the quality of life of patients with schizophrenia.

## TREATMENT ADHERENCE IN SCHIZOPHRENIA: CONSENSUS OF MENTAL HEALTH NURSING

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## Annex 1

## Summary of the Consensus of Nurse Practitioners in Mental Health on Treatment adherence in Schizophrenia

## GENERALITIES

## Conclusion 1: Definition of compliance (questions 1 and 2)

The nurses were given the compliance definitions collected in the literature that are shown in the table. As a mean, the group of Spanish nurses consulted established more restrictive criteria than those in the literature in order to consider a patient as non-complier if he/he carried

out less than 28.79% of the treatment prescribed versus 20%. However, the evaluation of the nurses on the levels of compliance in the patients showed higher values than those found in the literature.

Estimation of compliance with the oral treatment	Definitions collected in the literature	Definitions evaluated by the nurses as (mean, SD)*	Estimation of compliance on the patients themselves (mean, SD)
Complier	Performs >80% of the treatment prescribed	Performs >81.79% (12.32) of the treatment prescribed	53.34% (28.00)
Partially complier	Performs 20-80% of the treatment prescribed	Performs 41.76-71.33% (24.23-20.59) of the treatment prescribed	27.04% (17.90)
Non-complier	Performs <20% of the treatment prescribed	Performs <28.72% (16.86) of the treatment prescribed	19.62% (20.53)

\* SD: standard deviance

Observe that the results do not establish exact classification intervals of compliance. This is because in the results obtained, different criteria were observed to determine each category, so that their sum often did not reach 100% and in others it exceeded 110%. Thus, when the mean was obtained, a sum of 100% was not obtained.

## Conclusion 2: Repercussion of adherence in the development of schizophrenia (questions 3, 4, 5 and 6)

The nurses consider that good treatment adherence provides more healthy behaviors in the patient with schizophrenia. In fact, lack of adherence to the treatment was evaluated as a serious problem in the disease manifestations. The nurses consider that lack of adherence is a very important problem, above all in the worsening of the symptoms and in the healthy behaviors of the patient. It is considered that this lack of adherence is responsible for many direct con-

sequences: relapses and/or re-hospitalizations, worsening of the disease symptoms, a loss of quality of life of the patient and his/her coexistence nucleus, as well as worsening of the patient's social functioning. Among the reasons for relapse evaluated, non-compliance of the antipsychotic treatment stands out as the most important reason for relapse compared to insufficient efficacy of the treatment per se as the least important.

	Role of adherence in the healthy behavior of the patient	Importance of the problem of lack of compliance	Reasons for relapse	Consequences of the lack of adherence
Very important	Good adherence provides more healthy behaviors in the patient with schizophrenia	Important in the worsening of the symptoms Important in the healthy behaviors of the patient	Non-compliance of the treatment Drug or alcohol consumption. Lost to follow-up of the patient in the outpatient setting. Lack of family support or involvement. Stressful life events. Lack of insight associated to the disease. Partial compliance of the antipsychotic treatment Lack of rehabilitative therapy. Insufficient family support systems	Relapses and/or re-hospitalizations. Worsening of the disease symptoms Loss of quality of life of the patient and coexistence nucleus. Worsening of the social functioning of the patient.

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<b>Important</b>	Good adherence may improve healthy behaviors in schizophrenia only in some specific cases	Less in the healthy behaviors of the patients	Insufficient efficacy of the antipsychotic treatment	Increase of the utilization of health care resources. Suicide attempt.
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## EVALUATION OF THERAPEUTIC ADHERENCE

### Conclusion 3: Compliance evaluation methods (questions 7 and 8)

Among the compliance evaluation methods, recording of the administration of injectable drugs was the best evaluated system and the one most commonly used. Pill count and the information provided by the patient were the me-

thods evaluated as least reliable. These results contract with the fact that the evaluation of the information provided by the patient was evaluated as one of the methods most commonly used.

Reliability of the methods		Methods commonly used
	Recording of administration of injectable drugs	Recording of administration of injectable drugs
Very reliable /used	Your clinical impression as nurse Clinical impression of psychiatrist Ask the caregiver	Your clinical impression as nurse Clinical impression of psychiatrist Ask the caregiver As the principal caregiver
Reliable/used	Clinical impression of other professionals Blood analysis Compliance evaluation scales	Supervision of dose taking in the Acute Unit Blood analysis Compliance evaluation scales Pill count Methods of oral antipsychotic treatment compliance evaluation are not generally used
Not reliable /used	Urine analysis Ask the patient Pill count	Urine analysis

## FACTORS INVOLVED IN THERAPEUTIC ADHERENCE

### Conclusion 4: Evaluation of the conditioning factors of low adherence (questions 9-12)

Treatment intensity (dose and drug number) and its complexity were evaluated as the most conditioning factors of the care plan. Lack of awareness of the disease and toxic

consumption were the individual factors most related with lack of adherence. However, the therapeutic plan was considered to be the least important factor

Care plan		Individuals
Very important	Treatment complexity (polytherapy) Treatment intensity Bad relationship with family/ principal caregiver Absence of relationship with significant persons Duration of the treatment Bad relation with significant persons Incompatibility of therapeutic plan with other daily activity	Lack of awareness of disease Toxic consumption Lack of motivation to initiate or comply with the therapeutic plan Lack of skills to complete the therapeutic plan proposed Cognitive deterioration / memory problems Personal beliefs Other styles of life incompatible with the therapeutic plan Lack of skills to complete the therapeutic plan correctly
Important	Cost associated to therapeutic plan	Cultural influences



The most important health system factors related with lack of adherence were lack of continuity between the different devices and resources of the network and lack of confidence in the health care personnel.

In regards to the support networks, it was considered that absence of a principal caregiver or of his/her overload was the most important causal factors of lack of adherence.

Health system		Support networks
Very important	Lack of continuity among the different resources or devices of the network Lack of confidence in the health care network Lack of resources in the community, lack of knowledge, failures in the health care system Inadequate language in the health care personnel-patient communication Dissatisfaction with the type of cares or therapeutic plan Insufficient information by the health care personnel Lack of resources of access to the cares Prejudices on therapeutic indications Problems to access the health care team	Absence of principal caregiver Overload of principal caregiver Lack of therapeutic skills of the principal caregiver Lack of institutional support Impact of prejudice on the patient Lack of informal support networks
Important	Lack of confidence in the health care network Bureaucratic problems to access the therapies prescribed	

## INTERVENTION STRATEGIES IN NURSING FOR THE IMPROVEMENT OF THERAPEUTIC ADHERENCE

### GENERAL STRATEGIES

#### Conclusion 5: Intervention (questions 13-14)

The nurses considered that most of the situations proposed require intervention, but stress the need of intervention when the patient has suffered relapses due to lack of awareness of disease or when there is a compliance problem.

In relationship with the drug treatment, intervention in patients who stop taking the treatment prescribed or when they stop taking more than 80% is considered particularly important.

	Clinical situations in which intervention is required	Situations related with the drug treatment in which intervention is required
First line	Lack of awareness of disease Relapses due to a treatment compliance problem from the disease onset Lack of family or social support Drug or alcohol consumption Previous relapses without known cause Lack of memory and/or cognitive deficit	When the patient has totally stopped taking the medication When the patient stops taking approximately more than 80% of the medication prescribed When the patient stops taking approximately 50% of the medication prescribed When the patient stops taking approximately 20% of the medication prescribed When the patient stops taking approximately 20 % of the medication prescribed When drug compliance is not known by the health care professional
Second line	When the patient is stable	When the patient stops taking any dose incidentally

#### Conclusion 6: General strategies and interventions to facilitate therapeutic adherence (questions 15-21)

In non-complying or partial complying patients (between 42% and 71% of the treatment prescribed, according to the evaluation of the nurses), the interventions that obtained the greatest consensus were those aimed

at achieving adequate administration of the medication, and achieving an agreement with the patient. In the patients with adequate compliance (more than 82% of the treatment prescribed made), the information on the me-

dication prescribed was the strategy considered to be the most adequate.

Compliance levels with the oral treatment	Complier	Partial complier	Non-complier
First line	Information on the medication prescribed Interventions to achieve the adequate administration of the medication Information of the guidelines or resources of the health care system	Interventions to achieve the adequate administration of the medication Interventions directed at achieving an agreement with the patient Information on the medication prescribed Information of the guidelines or resources of the health care system	Interventions to achieve the adequate administration of the medication Interventions directed at achieving an agreement with the patient Information on the medication prescribed Information of the guidelines or resources of the health care system
Second line	Interventions directed at achieving an agreement with the patient		

Among the interventions directed towards achieving an agreement with the patient, all the proposals were considered important, highlighting the identification with the patient of the consequences of not taking the medication, showing interest in his/her problems and needs, encouraging the patient to explain his/her problems to take the medication and developing specific psychoeducation for the patient.

The intervention with the greatest consensus to achieve adequate administration of the medication was that of indicating the consequences to the patient on his/her life and

setting of poor compliance. However, it was not considered appropriate to force the patient to take the medication.

All the information related with the medication, especially that related with the benefits provided for compliance, was considered important.

In relationship with the information related to the guidelines and resources of the health care system, the information to access the emergency services was considered to have the greatest importance.

Interventions	Directed at achieving an agreement with the patient	To achieve adequate administration of the medication
First line	Show interest in the patient's problems and needs Identify, with the patient, the consequences of not taking the medication Encourage the patient to explain his/her problems to take the medication Develop specific psychoeducation for the patient Develop specific psychoeducation for the principal caregiver Have an adequate environment to favor agreement	Indicate to the patient the consequences in his/her life and setting, of not taking the medication prescribed adequately Teach ways to compensate the adverse effects of the medication Teach the principal caregiver to detect side effects Observe the adequate response to treatment Recommend compliance of the treatment prescribed Convince the patient to take the medication prescribed
Third line		Make the patient, with possible measures of coercion / intimidation, to take the medication

Information	On the medication prescribed	On the guidelines or resources of the health care system
First line	Inform on the benefits of drug compliance Inform the patient on the purpose and action of each drug Inform on interaction and side effects	Inform on how to access the emergency services Inform on the persons they should contact Inform on the health care resources existing in their area Information on family and user associations Inform on hours, telephones, etc. Provide knowledge of the user care service Inform on the financial resources they have a right to



## STRATEGIES IN COMMUNITY PATIENTS

All the strategies proposed to improve therapeutic adherence in outpatients were considered first line. This indicates the value that the nurses give to the reinforce-

ment of therapeutic adherence as an essential element to achieve improvement/middle and long term control in schizophrenia.

## Conclusion 7: Strategies to improve therapeutic adherence in outpatients (questions 22-28)

### 7.A. Factors related with the treatment and the patient (questions 23-24)

In the case of patients with side effects and in those with low family or social support, reinforcing positive attitudes and reaching an agreement with the patient on the

importance of carrying out the treatment were the interventions with the highest evaluation.

	Side effects	Low family and/or social support
Very important	<p>Reach an agreement with the patient on the importance of the treatment and give him/her incentive to self responsibility</p> <p>Reinforce his/her positive behaviors and attitudes towards the treatment</p> <p>Establish a therapeutic relationship with the patient and his/her principal caregiver</p> <p>Instruct the patient on the possible side effects and ways to relieve them</p> <p>Inform the patient on the possible consequences of irregular compliance or treatment dropout</p> <p>Inform the patient on the purpose and action of the treatment</p> <p>Include the principal caregiver as support in the therapeutic plan</p> <p>Give him/her emotional support</p> <p>Consult the psychiatrist so that treatment can be adjusted or modified</p> <p>Explain why the medication and its administration form have been chosen</p> <p>Develop specific psychoeducational, compliance and/or rehabilitation programs</p> <p>Monitor treatment compliance</p> <p>Reminder measures (telephone follow-up, SMS, pocket diary...) to patients and caregivers</p> <p>Favor coordination with the primary care teams</p> <p>Provide information related with acquiring and storing the medication</p> <p>Inform on the support systems, putting them in contact with patient and family associations</p> <p>Home follow-up</p>	<p>Reach an agreement with the patient on the importance of the treatment and give him/her incentive to self responsibility</p> <p>Reinforce his/her positive behaviors and attitudes towards the treatment</p> <p>Inform the patient on the possible consequences of irregular compliance or treatment dropout</p> <p>Give him/her emotional support</p> <p>Develop specific psychoeducational, compliance and/or rehabilitation programs</p> <p>Inform the patient on the purpose and action of the treatment</p> <p>Home follow-up</p> <p>Reminder measures (telephone follow-up, SMS, pocket diary...) to patients and caregivers</p> <p>Favor coordination with the primary care teams</p> <p>Instruct the patient on the possible side effects and ways to relieve them</p> <p>Inform on the support systems, putting him/her in contact with patient and family associations</p> <p>Explain why the medication and its administration form have been chosen</p> <p>Monitor treatment compliance</p> <p>Establish a therapeutic relationship with the patient and his/her principal caregiver</p> <p>Provide information related with acquiring and storing the medication</p> <p>Consult the psychiatrist so that treatment can be adjusted or modified</p> <p>Include the principal caregiver as support in the therapeutic plan</p>

In outpatients with lack of awareness of the disease and in those with drug and/or alcohol abuse, the interventions with the greatest consensus were reinforcing positive behaviors and attitudes of the patient towards the treatment and reach an agreement with the patient on the importance of the treatment, among others.

When there is a background of suicide attempts and aggressiveness, reinforcement of his/her positive behaviors and attitudes were the most important consensuses.

In the case of recent onset patients, the best strategies were considered to be including the principal caregiver as support in the therapeutic plan and reinforcing the positive behaviors and attitudes of the patient toward the treatment.

	Lack of awareness of disease	Drug and/or alcohol consumption
First line	<p>Reinforce his/her positive behaviors and attitudes towards the treatment</p> <p>Establish a therapeutic relationship with the patient and his/her principal caregiver</p> <p>Reach an agreement with the patient on the importance of the treatment</p> <p>Inform the patient on the possible consequences of irregular compliance or treatment dropout</p> <p>Include the principal caregiver as support in the therapeutic plan</p> <p>Give him/her emotional support</p> <p>Develop specific psychoeducational, compliance and/or rehabilitation programs</p> <p>Inform the patient on the purpose and action of the treatment</p> <p>Explain why the medication and its administration form have been chosen</p> <p>Instruct the patient on the possible side effects and ways to relieve them</p> <p>Reminder measures to patients and caregivers</p> <p>Favor coordination with the Primary Care teams</p> <p>Consult the psychiatrist so that treatment can be adjusted or modified</p> <p>Provide information related with acquiring and storing the medication</p> <p>Monitor treatment compliance</p> <p>Home follow-up</p> <p>Inform on support systems</p>	<p>Reach an agreement with the patient on the importance of the treatment</p> <p>Reinforce his/her positive behaviors and attitudes towards the treatment</p> <p>Inform the patient on the possible consequences of irregular compliance or treatment dropout</p> <p>Establish a therapeutic relationship with the patient and his/her principal caregiver</p> <p>Inform the patient on the purpose and action of the treatment</p> <p>Include the principal caregiver as support in the therapeutic plan</p> <p>Develop specific psychoeducational, compliance and/or rehabilitation programs</p> <p>Give him/her emotional support</p> <p>Inform on the support systems, putting him/her in contact with patient and family associations</p> <p>Favor coordination with the Primary Care teams</p> <p>Explain why the medication and its administration form have been chosen</p> <p>Instruct the patient on the possible side effects and ways to relieve them</p> <p>Monitor compliance</p> <p>Consult the psychiatrist so that treatment can be adjusted or modified</p> <p>Reminder measures to patients and caregivers</p> <p>Provide information related with acquiring and storing the medication</p> <p>Home follow-up</p>
	Background of suicide attempts	Background of aggressiveness
First line	<p>Reinforce his/her positive behaviors and attitudes towards the treatment</p> <p>Give him/her emotional support</p> <p>Establish a therapeutic relationship with the patient and his/her principal caregiver</p> <p>Include the principal caregiver as support in the therapeutic plan</p> <p>Reach an agreement with the patient on the importance of the treatment</p> <p>Inform the patient on the possible consequences of irregular compliance or treatment dropout</p> <p>Inform the patient on the purpose and action of the treatment</p> <p>Develop specific psychoeducational, compliance and/or rehabilitation programs</p> <p>Inform on the support systems</p> <p>Consult the psychiatrist so that treatment can be adjusted or modified</p> <p>Favor coordination with the Primary Care teams</p> <p>Explain why the medication and its administration form have been chosen</p> <p>Reminder measures to patients and caregivers</p> <p>Monitor compliance</p> <p>Instruct the patient on possible side effects and ways to relieve them</p> <p>Home follow-up</p> <p>Provide information related with acquiring and storing the medication</p>	<p>Reinforce his/her positive behaviors and attitudes towards the treatment</p> <p>Reach an agreement with the patient on the importance of the treatment</p> <p>Establish a therapeutic relationship with the patient and his/her principal caregiver</p> <p>Inform the patient on the possible consequences of irregular compliance or treatment dropout</p> <p>Include the principal caregiver as support in the therapeutic plan</p> <p>Give him/her emotional support</p> <p>Inform the patient on the purpose and action of the treatment</p> <p>Develop specific psychoeducational, compliance and/or rehabilitation programs</p> <p>Consult the psychiatrist so that treatment can be adjusted or modified</p> <p>Explain why the medication and its administration form have been chosen</p> <p>Monitor compliance</p> <p>Favor coordination with the Primary Care teams</p> <p>Instruct the patient on possible side effects and ways to relieve them</p> <p>Reminder measures to patients and caregivers</p> <p>Inform on the support systems</p> <p>Provide information related with acquiring and storing the medication</p> <p>Home follow-up</p>

Recent onset patients	
First line	Reinforce his/her positive behaviors and attitudes towards the treatment Include the principal caregiver as support in the therapeutic plan Reach an agreement with the patient on the importance of the treatment and give incentive to his/her self-responsibility Give him/her emotional support Establish a therapeutic relationship with the patient and his/her principal caregiver Inform the patient on the purpose and action of the treatment Inform the patient on the possible consequences of irregular compliance or treatment dropout Explain why the medication and its administration form have been chosen Instruct the patient on possible side effects and ways to relieve them Develop specific psychoeducational, compliance and/or rehabilitation programs Provide information related with acquiring and storing the medication Monitor treatment compliance Consult the psychiatrist so that treatment can be adjusted or modified Favor coordination with the Primary Care teams Inform on the support systems, putting him/her in contact with patient and family associations Reminder measures (telephone follow-up, SMS, pocket diary...) to patients and caregivers Home follow-up

## STRATEGIES IN PATIENTS IN ACUTE UNITS

### Conclusion 8: Relapses according to compliance levels (questions 29-32)

In relapses due to treatment non-compliance or partial compliance, reinforcing the positive behaviors and attitudes towards the treatment and reaching an agreement with the patient on the importance of the treatment were the strategies with the most consensus.

In relapses with adequate treatment compliance, the strategies considered the most important were reinforcing

positive attitudes towards treatment and emotional support.

In relapses in patients of recent onset, reinforcing positive attitudes towards the treatment and reaching an agreement with the patient on the importance of the treatment were the strategies that had the most consensus.

Patients in acute units (question 29)	
Choice	Perform a family intervention aimed at adherence Give him/her emotional support Promote coordination to guarantee continuity of the cares Appointment and follow-up to administer a long-acting atypical injectable antipsychotic drug Give incentive to self-responsibility over the treatment Reinforce his/her positive behaviors and attitudes towards the treatment Reach an agreement with the patient on the importance of the treatment
First line	Inform on the support systems, putting him/her in contact with patient and family associations Appointment and follow-up to administer a conventional depot antipsychotic drug prescribed Explain both positive and side effects of the medications prescribed Develop specific psychoeducational, compliance and/or rehabilitation programs Explain the course of his/her disease Teach him/her new skills to cope with the disease
Second line	Administration of the oral medication prescribed to be taken at home

Patients with relapse due to partial treatment compliance (question 30)	
Choice	Teach him/her new skills to cope with his/her problems Appointment and follow-up to administer a long-acting atypical injectable antipsychotic drug Give him/her emotional support Promote coordination to guarantee continuity of the cares

	Give incentive to self-responsibility over the treatment Reach an agreement with the patient on the importance of the treatment Reinforce his/her positive behaviors and attitudes towards the treatment Make a family intervention aimed at adherence
First line	Inform on the support systems, putting him/her in contact with patient and family associations Appointment and follow-up to administer a conventional depot antipsychotic drug prescribed Develop specific psychoeducational, compliance and/or rehabilitation programs Explain both positive and side effects of the medications prescribed Explain the course of his/her disease
Second line	Administration of the oral medication prescribed to be taken at home

### Patients with adequate treatment compliance (question 31)

Choice	Teach him/her new skills to cope with his/her problems Give him/her emotional support Promote coordination to guarantee continuity of the cares Reinforce his/her positive behaviors and attitudes towards the treatment
First line	Perform a family intervention aimed at adherence Give incentive to self-responsibility over the treatment Reach an agreement with the patient on the importance of the treatment Appointment and follow-up to administer a long-acting atypical injectable antipsychotic drug Inform on the support systems, putting him/her in contact with patient and family associations Appointment and follow-up to administer a conventional depot antipsychotic drug prescribed Develop specific psychoeducational, compliance and/or rehabilitation programs Explain both positive and side effects of the medications prescribed Explain the course of his/her disease
Second line	Administration of the oral medication prescribed to be taken at home

### Patients with psychotic relapse of recent onset (question 32)

Choice	Teach him/her new skills to cope with his/her problems Appointment and follow-up to administer a long-acting atypical injectable antipsychotic drug Give him/her emotional support Promote coordination to guarantee continuity of the cares Give incentive to self-responsibility over the treatment Reach an agreement with the patient on the importance of the treatment Reinforce his/her positive behaviors and attitudes towards the treatment Perform a family intervention aimed at adherence
First line	Inform on the support systems, putting him/her in contact with patient and family associations Appointment and follow-up to administer a conventional depot antipsychotic drug prescribed Develop specific psychoeducational, compliance and/or rehabilitation programs Explain both positive and side effects of the medications prescribed Explain the course of his/her disease
Second line	Administration of the oral medication prescribed to be taken at home

## Conclusion 9: Most adequate times to intervene based on compliance level (questions 33–36)

In patients with treatment non-compliance, partial compliance or adequate compliance, and in recent onset patients, the best time to initiate the interventions, ac-

cording to the nurses, was when the acute symptoms subsided, while the least adequate time selected was before receiving the discharge.

Most adequate time to begin the interventions in a patient with treatment non-compliance (question 33)	
First line	When the acute symptoms have subsided
Second line	At any time, independently of the indication of the psychiatrist When indicated by the psychiatrist Do it independently of the symptoms, whenever possible From the onset of admission Between the first and second week of admission In the first week of admission
Third line	Before discharge (the planned date)
Most adequate time to begin the interventions in a patient with partial treatment compliance (question 34)	
First line	When the acute symptoms have subsided
Second line	At any time, independently of the indication of the psychiatrist When indicated by the psychiatrist Do it independently of the symptoms, whenever possible From the onset of admission Between the first and second week of admission In the first week of admission
Third line	Before discharge (the planned date)
Most adequate time to begin the interventions in a patient with adequate treatment compliance (question 35)	
First line	When the acute symptoms have subsided
Second line	At any time, independently of the indication of the psychiatrist When indicated by the psychiatrist Do it independently of the symptoms, whenever possible From the onset of admission Between the first and second week of admission In the first week of admission
Third line	Before discharge (the planned date)
Most adequate time to begin the interventions in patients with recent onset (question 36)	
First line	When the acute symptoms have subsided
Second line	At any time, independently of the indication of the psychiatrist When indicated by the psychiatrist Do it independently of the symptoms, whenever possible From the onset of admission Between the first and second week of admission In the first week of admission
Third line	Before discharge (the planned date)

## STRATEGIES FOR THE MANAGEMENT OF LONG-ACTING INJECTABLE (LAI) ANTIPSYCHOTICS

### Conclusion 10: Strategies related with long-acting injectable (LAI) antipsychotics (questions 37-43)

The strategies to prepare the patient for the use of LAI antipsychotic drugs with the best evaluation by the nurses were to inform the patient on the advantages of this administration route and on the possible consequences of irregular compliance.

Reaching agreements with the patients on the way to identify how this treatment contributes to reaching their objectives and the establishment of the appointments, their reminder and control of absences was a strategy that was greatly valued by the nurses.

Within the management of this medication, the importance of control of the adverse effects and control of compliance regarding the appointments of the administration of the drug was highlighted.

Evaluation of other interventions shows that facilitating and promoting the capacity of processing and understanding the information on the treatment and of encoura-

ging the patient to assume more responsibility in treatment compliance were the actions that had the most consensus.

The disadvantages of the treatment that were most emphasized by the nurses were discomforts derived from a periodic treatment (travel, keeping appointments, etc.) and the lack of acceptance by the patients.

The advantages that stood out the most were the greater capacity of assuring compliance and the possibility of knowing the moment when the patient dropped out of the treatment immediately.

The differences between the long-acting injectable antipsychotic drugs (atypical and conventional) that acquired a higher degree of consensus were lower sedation produced by atypical LAI atypical antipsychotics in comparison with that generated by the conventional depot antipsychotic drug and greater efficacy of the atypical ones regarding the negative and affective symptoms.

#### Strategies for the management of long-acting injectable (LAI) antipsychotic drugs (question 37)

Choice	<p>Inform on why the medication and its administration form have been chosen</p> <p>Provide counting strategies on the date of administration of the LAI antipsychotic drug</p> <p>Inform the patient on the drug purpose and action</p> <p>Information the patient on the advantages of the administration pathway</p> <p>Inform the patient on the possible consequences of irregular compliance or treatment dropout</p>
First line	<p>Evaluate knowledge the patient has on this treatment</p> <p>Evaluate the negative considerations of the patient on the injectable administration form</p> <p>Provide information related with acquiring and storing of the medication</p> <p>Instruct the patient on possible side effects and ways to relieve them</p> <p>Inclusion of the principal caregiver in this strategy as support to the compliance of this treatment</p>

#### Strategies to establish agreement with the patient who is going to use an LAI antipsychotic drug (question 38)

Choice	<p>Establecer con el paciente la citas, según procedimiento del centro, estrategias de recuerdo de las mismas y control de ausencias</p>
First line	<p>Help the patient to realistically identify his/her problems derived from the disease</p> <p>Inclusion of the principal caregiver in this strategy as support to the compliance of this treatment</p> <p>Plan with the patient with whom you are going to work in the appointment, in addition to the administration of the LAI antipsychotic drug</p> <p>Evaluate what importance the patient gives to this treatment as help to reach his/her objectives</p> <p>Establish, together with the patient, these objectives as easily identifiable behaviors</p> <p>Help the patient to establish objectives of the cares</p> <p>Help the patient to identify how this treatment contributes to achieving his/her objectives</p>



### Strategies of management of the LAI antipsychotic medication (question 39)

Choice	Observe the therapeutic effects of the medication on the patient Help the patient and/or principal caregiver to identify the benefits of adequately complying with the treatment Observe if any adverse effects are produced Control compliance of appointments for the drug administration
First line	Determine the knowledge of the patient on the medication Identify the problems derived from the acquiring and storing the drug Explain the possible side effects of the treatment to the patient and/or principal caregiver Determine the treatment impact in the usual life of the patient Control the efficacy of the drug administration modality

### Strategies of other types of interventions (question 40)

Choice	Facilitate and encourage in the patient his/her capacity to process and understand the information provided on his/her treatment
First line	Consult by telephone for support, information or teaching on problems of the patient with his/her treatment Facilitate adequate usage of the health care services (pharmacy-approval, administration in case of travel expenses, emergency services or programmed care to the patient) Offer advice to the patient and/or principal caregiver on everything regarding these drugs and their administration Facilitate support to the patient by the principal caregiver, involving him/her in the therapeutic procedure Encourage the patient to assume more responsibility for the compliance of his/her treatment with LAI antipsychotic drug

### Disadvantages of the use of LAI (question 41)

First line	Discomfort derived from a periodic injectable treatment (travels, comply with appointments, pain, fear of the administration, etc.) Lack of acceptance by the patient
Second line	Stigma associated to the injections Difficulty to identify its positive effects

### Advantages of the use of LAI (question 42)

Choice	Periodic contact with the patient Contribute to stabilization: less risk of relapses/hospitalizations Know immediately when the patient drops out of the treatment Assure administration of the medication
First line	Tranquility for the principal caregiver and setting of the patient Comfort for the patient Know that the relapse occurred in spite of the correct compliance of the drug treatment Increase of adherence of the patient to the pharmacological treatment

### Differences between the two main types (atypical/conventional) of long-acting injectable (LAI) antipsychotics (question 43)

First line	Greater facility in the preparation of administration of the conventional depot vs. atypical LAI Less painful administration of the atypical LAI antipsychotics vs conventional depot one Greater facility of storage (cold is not needed) in the conventional depot vs atypical LAI Greater acceptance by the principal caregiver of the LAI atypical antipsychotic vs conventional depot Greater flexibility in the administration period in the conventional depot vs atypical LAI Better acceptance by the patient of the LAI atypical antipsychotics vs conventional depot
Second line	Therapeutic effects observed that suggest stable and maintained release in atypical LAI antipsychotics vs conventional depot Less presence of immediate sedation after administration of atypical LAI antipsychotics vs conventional depot LAI Better global tolerability of the atypical antipsychotic vs conventional depot Efficacy against negative and affective symptoms of the LAI atypical antipsychotics vs conventional depot Less sedation provoked by treatment with atypical LAI antipsychotics vs conventional depot

## Annex 2

## Results of the questions for the elaboration of the Consensus of Nurse Practitioners in Mental Health on Treatment adherence in Schizophrenia

## GENERAL COMMENTS

The following definitions regarding compliance levels (following the most frequent definitions in the scientific literature) were used in the elaboration of this consensus:

- Compliant patient: complied with more than 80% of the treatment prescribed.
- Partially compliant patient: complied with 20 to 80% of the treatment prescribed.
- Non-compliant/non-compliant Patient: complied with less than 20% of the treatment prescribed.

## Question 1. Levels of compliance of the patients you attend

We are interesting in finding out what proportion of the patients with schizophrenia you attend are compliers, partial compliers and non-compliers based on the above-indicated definitions

Compliance level	Total
Compliant	
Mean (SD)	53.34 (28.00)
Median	60.0
(Min; Max)	(0.0; 100.0)
Partially compliant	
Mean (SD)	27.04 (17.90)
Median	20.0
(Min; Max)	(0.0; 85.0)
Non-compliant patient	
Mean (SD)	19.62 (20.53)
Median	10.0
(Min; Max)	(0.0; 98.0)
Min: minimum; Max: maximum; SD: standard deviation	

## Question 2. How do you classify compliance?

We would like to know how you classify compliance in your daily practice to be able to compare your opinion with the previously-mentioned definitions.

Compliance level	Total
Compliant	
Mean (SD)	81.79 (12.32)
Median	80.0
(Min; Max)	(7.0; 100.0)
Partially compliant (lower limit)	
Mean (SD)	41.76 (24.23)
Median	30.0
(Min; Max)	(2.0; 100.0)
Partially compliant (upper limit)	
Mean (SD)	71.33 (20.59)
Median	80.0
(Min; Max)	(7.0; 100.0)
Non-compliant	
Mean (SD)	28.72 (16.86)
Median	20.0
(Min; Max)	(1.0; 90.0)
Min: minimum; Max: maximum; SD: standard deviation.	

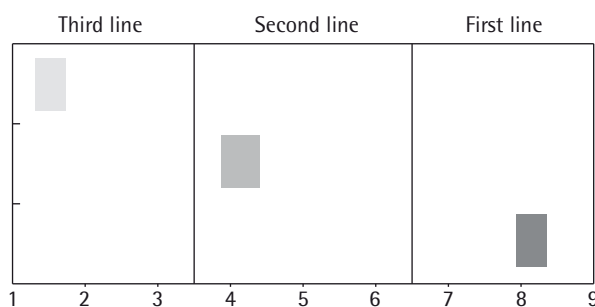
## Question 3. Role of adherence in healthy behavior of the patient with schizophrenia.

Indicate to what degree you consider that adherence is related with a healthy behavior pattern of the patient with schizophrenia.

## Comments

The nurses consider that good adherence to treatment is a healthy behavior of the patient with schizophrenia, and that there is an association between adherence to treatment of the patient with schizophrenia and a greater number of healthy behaviors.

## 95% Confidence intervals



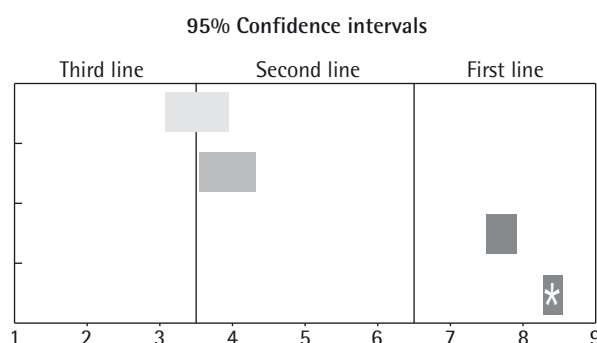
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	1.58 (0.96)	(1.4; 1.7)	0	98	2	1	There is no relationship between good adherence and healthy behaviors of the patient with schizophrenia
160	4.13 (2.04)	(3.8; 4.4)	3.8	48	38	14	Good adherence may improve healthy behaviors in schizophrenia only in some specific cases
160	8.09 (1.01)	(7.9; 8.2)	40.6	0	6	94	Good adherence provides healthier behaviors in the patient with schizophrenia

#### Question 4. Importance of the problem represented by lack of therapeutic compliance

Indicate to what degree you consider that lack of therapeutic compliance in the patient with schizophrenia is a problem.

##### Comments

Lack of adherence to treatment was assessed as a serious problem in the manifestations of the disease. They consider lack of adherence important in the healthy behaviors of the patient and worsening of the symptoms.



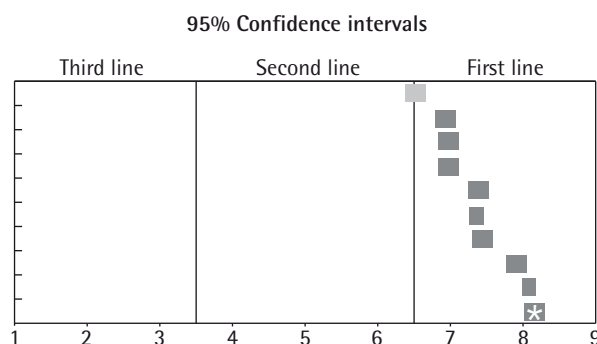
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	3.53 (2.80)	(3.1; 4.0)	6.3	66	12	23	Unimportant in the manifestation of the symptoms
160	3.96 (2.43)	(3.6; 4.3)	4.4	56	26	18	Less in the healthy behaviors of the patient
160	7.61 (1.30)	(7.4; 7.8)	25.6	2	13	85	Important in the healthy behaviors of the patients
160	8.40 (0.74)	(8.3; 8.5)	53.1	0	2	98	Important in the worsening of the symptoms

#### Question 5. Reasons for relapse

The following factors have been described as a reason for relapse in patients with schizophrenia. Indicate your opinion on their importance in the patients who you commonly attend.

##### Comments

In general, all the factors evaluated were considered to be important. However, consumption of drugs, alcohol or the fact of being a non-compliant patient, were those that obtained the highest score.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	6.51 (1.76)	(6.2; 6.8)	15	6	39	56	Insufficient efficacy of antipsychotic treatment
160	6.88 (1.42)	(6.7; 7.1)	14.4	1	38	61	Insufficient systems of family support

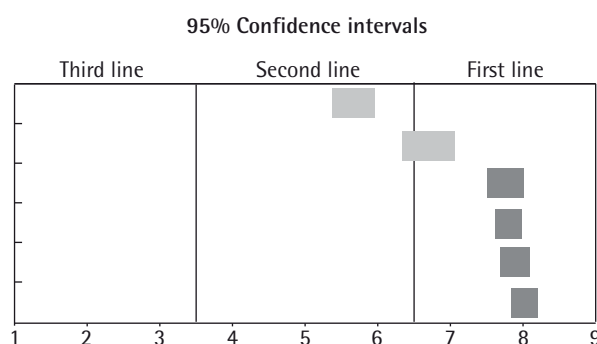
160	6.98 (1.27)	(6.8; 7.2)	13.1	0	33	68	Lack of rehabilitation therapy
160	6.99 (1.36)	(6.8; 7.2)	11.9	2	29	69	Partial compliance of antipsychotic treatment (partial compliant patient is the one who does not take 20 to 80% of the medication prescribed)
160	7.34 (1.51)	(7.1; 7.6)	28.8	1	23	76	Lack of insight associated to the disease
160	7.32 (1.31)	(7.1; 7.5)	17.5	1	24	75	Stressful life events
160	7.36 (1.38)	(7.1; 7.6)	21.9	1	24	75	Lack of support or family involvement
160	7.84 (1.38)	(7.6; 8.1)	38.1	3	9	89	Loss of follow-up of the patient in the out-patient setting
160	8.13 (0.95)	(8.0; 8.3)	42.5	0	6	94	Drug or alcohol consumption
160	8.24 (1.28)	(8.0; 8.4)	53.8	2	3	95	Non-compliance of the antipsychotic treatment (Non-compliant patient is the one who stops taking more than 80% of the medication)

### Question 6. Consequences of the lack of adherence

Indicate to what degree you consider that the following situations are a direct consequence of the lack of therapeutic adherence.

#### Comments

All the proposals were well accepted except for that of suicide attempt and increase of the usage of health care resources, whose relationship was considered to be more controversial.



N	Mean (SD)	95% CI	Criterion of 3rd line choice	2nd line	1st line	
160	5.74 (1.84)	(5.5; 6.0)	7.5	14	52	34 Suicide attempt
160	6.74 (2.12)	(6.4; 7.1)	18.1	11	24	65 Increase of the utilization of health care resources
160	7.66 (1.07)	(7.5; 7.8)	21.9	0	13	88 Worsening of social functioning of the patient
160	7.83 (1.00)	(7.7; 8.0)	26.3	0	7	93 Loss of quality of life of the patient and his/her coexistence nucleus
160	7.98 (1.06)	(7.8; 8.1)	37.5	0	9	91 Worsening of disease symptoms
160	8.07 (1.15)	(7.9; 8.2)	45	1	9	91 Relapses and/or re-hospitalizations

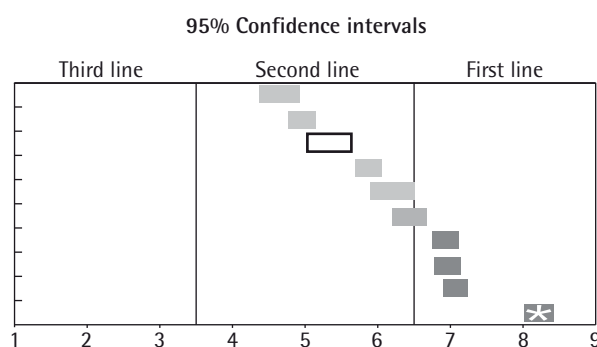
## EVALUATION OF THERAPEUTIC ADHERENCE

### Question 7. Reliability of the methods to evaluate compliance

Indicate to what degree you consider that the following methods are reliable for the evaluation of drug treatment compliance for schizophrenia.

#### Comments

Pill count and information provided by the patient were the methods evaluated as being the least reliable, while the recording of the administration of injectable drugs was the best-evaluated system.



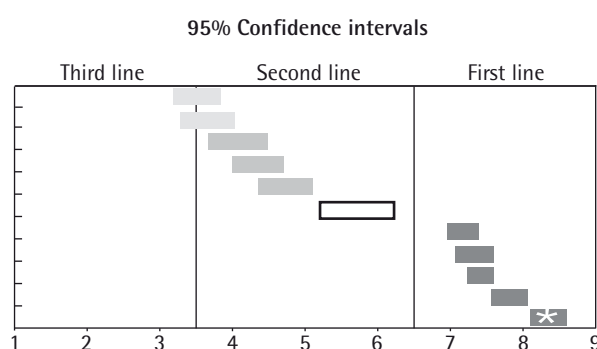
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	4.57 (2.09)	(4.2; 4.9)	1.9	38	40	22	Drug count
160	4.84 (1.85)	(4.6; 5.1)	1.3	26	53	21	Ask the patient
160	5.22 (2.48)	(4.8; 5.6)	10	33	30	38	Urine analysis
160	5.86 (1.68)	(5.6; 6.1)	1.9	8	54	38	Compliance evaluation scales
160	6.09 (2.43)	(5.7; 6.5)	17.5	21	26	53	Blood analysis
160	6.47 (1.44)	(6.2; 6.7)	3.8	4	44	53	Clinical impression of other professionals of the team
160	6.97 (1.30)	(6.8; 7.2)	10	1	30	69	Ask the caregiver
160	7.04 (1.31)	(6.8; 7.2)	11.9	0	34	66	Clinical impression of the psychiatrist
160	7.07 (1.29)	(6.9; 7.3)	10	0	34	66	Your clinical impression as nurse
160	8.21 (1.03)	(8.0; 8.4)	53.8	0	9	91	Recording of administration of injective drugs, if this formulation is used

### Question 8. Methods you use to evaluate compliance

Indicate the methods you normally use in your clinical practice for the evaluation of treatment compliance for schizophrenia.

#### Comments

Recording the administration of injectable drugs and clinical impression as nurse are the methods used most, while pill count and urine analysis are the least common.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	Question 13
160	3.51 (2.69)	(3.1; 3.9)	6.9	63	18	19	Urine analysis
160	3.67 (2.65)	(3.3; 4.1)	6.3	53	30	17	Compliance evaluation methods of oral antipsychotic treatment are not commonly used
160	3.96 (2.43)	(3.6; 4.3)	4.4	53	28	19	Pill count
160	4.28 (2.51)	(3.9; 4.7)	4.4	49	29	23	Compliance evaluation scales
160	4.74 (2.85)	(4.3; 5.2)	12.5	38	30	33	Blood analysis
160	5.66 (3.46)	(5.1; 6.2)	33.1	36	7	58	Supervision of intake in the Acute Unit
160	7.21 (1.68)	(7.0; 7.5)	23.8	4	23	73	Ask the principal caregiver
160	7.41 (1.71)	(7.1; 7.7)	35	2	23	76	Ask the patient
160	7.49 (1.41)	(7.3; 7.7)	28.8	1	21	78	Clinical impression of the psychiatrist
160	7.88 (1.19)	(7.7; 8.1)	37.5	0	13	87	Your clinical impression as nurse/o
160	8.39 (1.32)	(8.2; 8.6)	68.1	3	1	97	Recording of administration of injective drugs, if this formulation is used

## FACTORS INVOLVED IN THE THERAPEUTIC ADHERENCE

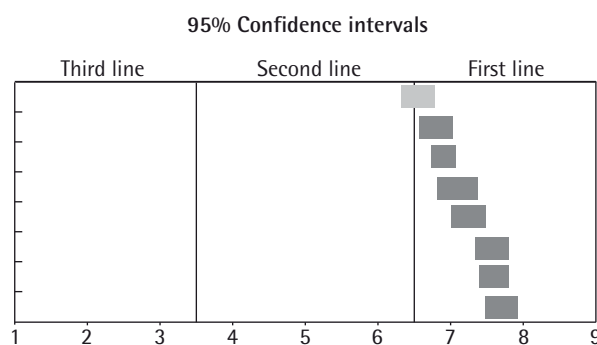
### Question 9

#### Factors of care plan related with lack adherence or therapeutic non-compliance

We are interesting in knowing what grade of importance you give to the following care factors of the patients attended in your medical office, hospital or at their home.

#### Comments

All the factors were considered responsible for lack of adherence, especially the treatment complexity.



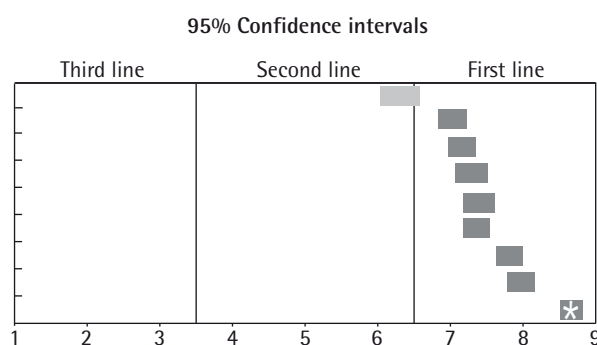
N	Mean (SD)	95% CI	Criterion of 3rd line choice	3rd line	2nd line	1st line	
160	6.61 (1.97)	(6.3; 6.9)	14.4	9	26	65	Cost associated to the therapeutic plan (travel, permissions, loss of work days)
160	6.86 (1.59)	(6.6; 7.1)	13.8	3	28	69	Incompatibility of therapeutic plan with other daily activity.
160	6.95 (1.43)	(6.7; 7.2)	12.5	3	32	65	Bad relation with significant persons
160	7.09 (1.54)	(6.8; 7.3)	18.8	3	31	66	Duration of the treatment
160	7.26 (1.50)	(7.0; 7.5)	19.4	3	21	76	Absence of relationship with significant persons
160	7.50 (1.33)	(7.3; 7.7)	24.4	2	16	82	Bad relationship with family/ principal caregiver
160	7.56 (1.11)	(7.4; 7.7)	18.8	0	13	87	Treatment intensity (dose, drug no.)
159	7.71 (1.20)	(7.5; 7.9)	29.4	1	11	89	Treatment complexity (polytherapy)

### Question 10. Individual factors related with lack of adherence or therapeutic non-compliance

We are interesting in knowing what grade of importance you give to these factors in the patients you attend.

#### Comments

Cultural influences are considered the least important factor - although this does not mean that it is not considered as a factor to take into account. The most outstanding factor is lack of awareness of the disease.



N	Mean (SD)	95% CI	Criterion of 3rd line choice	3rd line	2nd line	1st line	
159	6.28 (1.77)	(6.0; 6.6)	8.1	10	38	52	Cultural influences
160	7.02 (1.60)	(6.8; 7.3)	18.8	3	31	66	Lack of skills to complete the therapeutic plan correctly
160	7.18 (1.41)	(7.0; 7.4)	16.9	2	24	74	Other styles of life incompatible with the therapeutic plan
160	7.34 (1.45)	(7.1; 7.6)	23.1	3	19	79	Personal beliefs on health, disease or the therapeutic plan
160	7.43 (1.47)	(7.2; 7.7)	28.8	1	23	76	Cognitive deterioration / memory problems



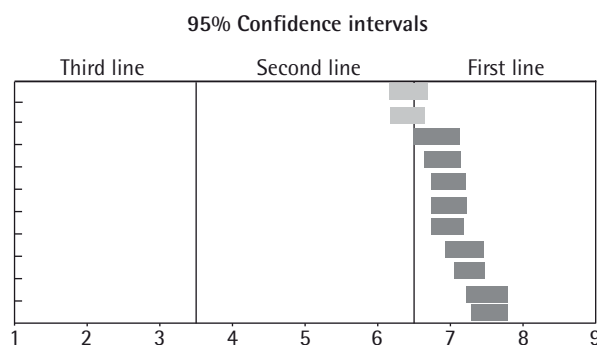
160	7.38 (1.34)	(7.2; 7.6)	23.1	1	24	75	Lack of awareness on the therapeutic plan proposed
160	7.83 (1.08)	(7.7; 8.0)	33.8	0	13	87	Lack of motivation to initiate or follow the therapeutic plan
160	8.00 (0.96)	(7.8; 8.2)	35	0	9	91	Consumption of toxics
158	8.58 (0.76)	(8.5; 8.7)	68.1	0	2	98	Lack of awareness of the disease

### Question 11. Factors of the health system related with lack of adherence or therapeutic non-compliance.

We are interesting in knowing what grade of importance you give to these factors in the patients you attend.

#### Comments

All the factors were considered very important except for the bureaucratic problems and lack of confidence in the health care system, which was considered as between important and very important.



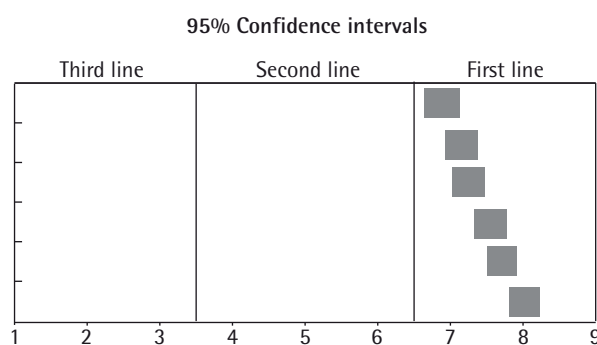
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	6.49 (1.92)	(6.2; 6.8)	13.1	9	33	58	Bureaucratic problems to access the therapies prescribed
160	6.47 (1.74)	(6.2; 6.7)	8.1	8	32	60	Lack of confidence in the health care network
159	6.80 (1.81)	(6.5; 7.1)	14.4	8	24	68	Problems to access the care team
159	6.81 (1.62)	(6.6; 7.1)	13.1	4	30	65	Prejudices on therapeutic indications
159	7.00 (1.66)	(6.7; 7.3)	17.5	6	21	72	Lack of resources to access the care
160	7.01 (1.65)	(6.7; 7.3)	14.4	5	24	71	Insufficient information by the health care personnel
160	6.91 (1.60)	(6.7; 7.2)	15.6	6	26	68	Dissatisfaction with the type of cares or therapeutic plan
160	7.20 (1.77)	(6.9; 7.5)	24.4	6	20	74	Inadequate language in the health care personnel-patient mmunication
159	7.29 (1.38)	(7.1; 7.5)	19.4	1	23	76	Lack of resources in the community, lack of knowledge, failures in the health care system
160	7.42 (1.65)	(7.2; 7.7)	28.1	5	14	81	Lack of confidence with the health care personnel
160	7.53 (1.40)	(7.3; 7.7)	26.9	2	16	82	Lack of continuity among the different resources or devices of the network

### Question 12. Networks of support related with lack of adherence or therapeutic non-compliance

We are interested in knowing what grade of importance you give to these factors in the patients you attend.

#### Comments

All the proposals were considered very important, especially in the absence of a principal caregiver.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	6.93 (1.54)	(6.7; 7.2)	13.8	4	28	68	Lack of informal support networks for the follow-up of the therapeutic plan

160	7.11 (1.44)	(6.9; 7.3)	18.8	3	27	71	Impact of prejudice on the patient
160	7.24 (1.50)	(7.0; 7.5)	23.8	2	26	73	Lack of institutional support for the follow-up of the therapeutic plan
160	7.47 (1.30)	(7.3; 7.7)	22.5	1	20	79	Lack of therapeutic skills of the principal caregiver to have an effective influence on the patient care plan
159	7.70 (1.21)	(7.5; 7.9)	29.4	0	18	82	Overload of principal caregiver
160	8.02 (1.27)	(7.8; 8.2)	46.9	1	10	89	Absence of principal caregiver

## INTERVENTION STRATEGIES FOR THE IMPROVEMENT OF THERAPEUTIC ADHERENCE IN NURSING

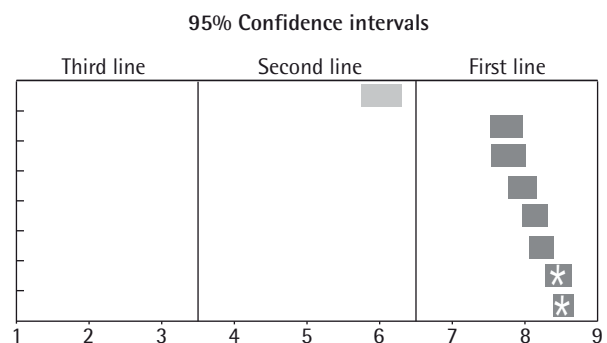
### GENERAL STRATEGIES

#### Question 13. Clinical situations in which intervention is required

Indicate to what degree you consider it is appropriate to intervene to improve their therapeutic adherence in the following clinical situations.

#### Comments

Except for the case in which the patient is under control, with good tolerability to treatment and compliance, in the remaining situations proposed, the nursing personnel consider a common intervention.



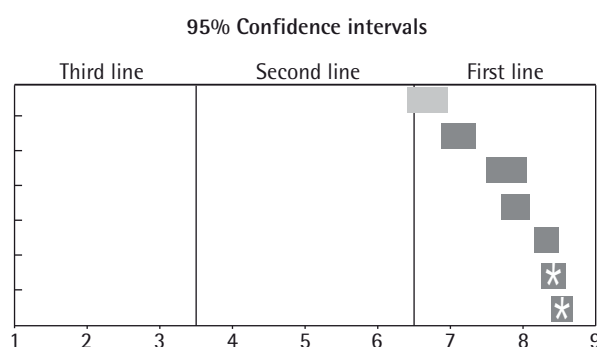
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
159	5.94 (2.20)	(5.6; 6.3)	15	17	42	42	When the patient is stable in the symptomatic control, with good tolerability of the treatment and/or adequately complies with the treatment
159	7.81 (1.26)	(7.6; 8.0)	38.1	0	14	86	When the patient has lack of memory and/or cognitive deficit
160	7.84 (1.21)	(7.6; 8.0)	35	1	12	88	When the patient has suffered previous relapses without known cause
160	7.94 (1.14)	(7.8; 8.1)	41.3	0	14	86	When the patient consumes drugs or alcohol
160	8.15 (1.00)	(8.0; 8.3)	44.4	1	6	93	When the patient lacks family or social support
160	8.24 (1.17)	(8.1; 8.4)	57.5	1	6	93	From the onset of the disease (first episode)
160	8.44 (0.81)	(8.3; 8.6)	60	0	2	98	When the patient has suffered previous relapses due to a treatment compliance problem
160	8.49 (0.73)	(8.4; 8.6)	62.5	0	1	99	When the patient shows clear lack of awareness of the disease

### Question 14. Situations related with the drug treatment in which intervention is required

Indicate to what degree you consider it is appropriate to intervene in order to improve the therapeutic adherence under the following drug treatment related situations.

#### Comments

The common intervention is considered in all the cases except in the case in which the patient does not take any dose incidentally - in which the intervention would not occur in such a common way.



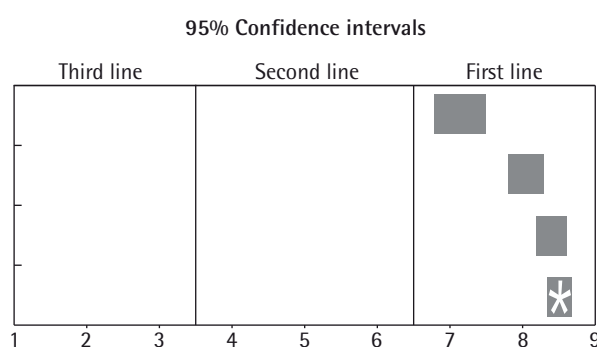
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	6.68 (1.86)	(6.4; 7.0)	20	8	29	63	When the patient stops taking any dose incidentally
159	7.16 (1.80)	(6.9; 7.4)	26.9	6	19	75	When drug compliance is not known by the health care professional
160	7.72 (1.69)	(7.5; 8.0)	44.4	4	11	86	When the drug is not known by the patient
160	7.79 (1.35)	(7.6; 8.0)	42.5	1	14	84	When the patient stops taking approximately 20% of the medication prescribed
160	8.23 (0.87)	(8.1; 8.4)	47.5	0	4	96	When the patient stops taking approximately 50% of the medication prescribed
160	8.33 (0.94)	(8.2; 8.5)	56.3	0	5	95	When the patient stops taking approximately more than 80% of the medication prescribed
160	8.49 (0.96)	(8.3; 8.6)	70.6	0	6	94	When the patient has totally stopped taking the medication

### Question 15. Strategies in a non-compliant patient

Indicate to what degree you consider the following strategies appropriate to improve therapeutic adherence in a treatment non-compliant patient (less than 20% of the treatment prescribed).

#### Comments

The four proposals were considered appropriate.



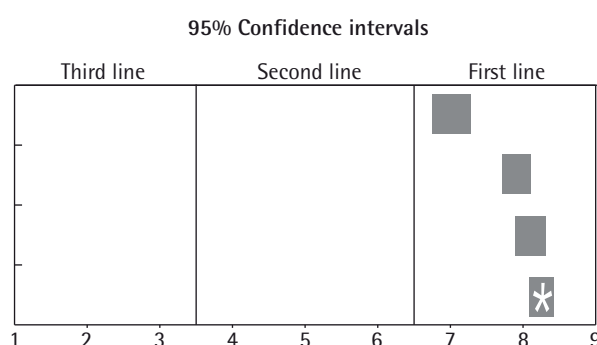
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
159	7.02 (1.66)	(6.8; 7.3)	23.8	5	31	64	Information of the guidelines or resources of the health care system
159	8.03 (1.39)	(7.8; 8.2)	50	3	7	90	Information on the medication prescribed
159	8.26 (1.14)	(8.1; 8.4)	59.4	0	8	92	Interventions directed at achieving an agreement with the patient
159	8.43 (0.92)	(8.3; 8.6)	60.6	0	2	98	Interventions to achieve the adequate administration of the medication

### Question 16. Strategies in a partially compliant patient

Indicate to what degree you consider the following strategies appropriate to improve therapeutic adherence in a treatment partially compliant patient (between 20 and 80% of the treatment prescribed).

#### Comments

Along the same line as the previous question, all the strategies were considered very appropriate.



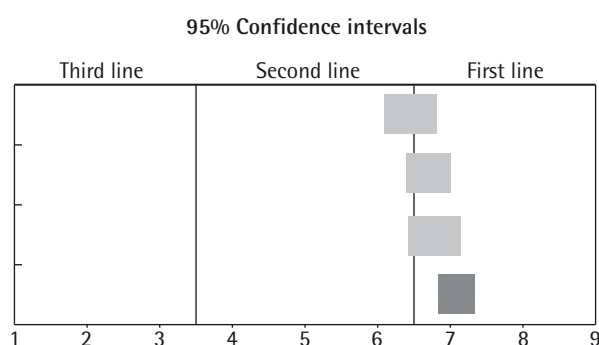
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	6.96 (1.61)	(6.7; 7.2)	24.4	3	34	63	Information of the guidelines or resources of the health care system
160	7.95 (1.18)	(7.8; 8.1)	43.1	1	7	93	Information on the medication prescribed
160	8.08 (1.12)	(7.9; 8.3)	46.3	1	8	92	Interventions directed at achieving an agreement with the patient
160	8.28 (0.94)	(8.1; 8.4)	53.1	0	4	96	Interventions to achieve the adequate administration of the medication

### Question 17. Strategies in a patient with adequate compliance

Indicate to what degree you consider the following strategies appropriate to improve therapeutic adherence in a patient that currently has adequate treatment compliance (more than 80% of the treatment prescribed).

#### Comments

The strategies were considered very appropriate except for interventions aimed at achieving an agreement with the patient, which were considered between appropriate and very appropriate.



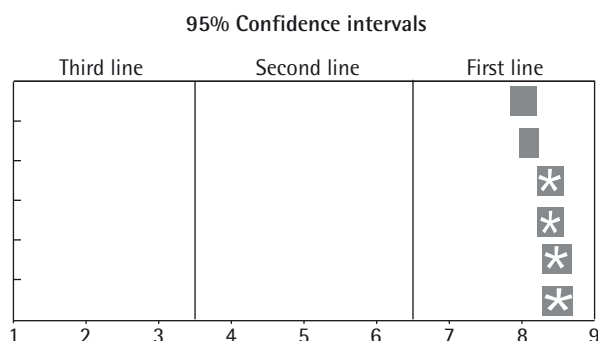
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	6.44 (2.28)	(6.1; 6.8)	23.8	17	29	54	Interventions directed at achieving an agreement with the patient
160	6.70 (1.89)	(6.4; 7.0)	23.1	6	33	61	Information of the guidelines or resources of the health care system
159	6.74 (2.04)	(6.4; 7.1)	26.9	8	31	60	Interventions to achieve adequate administration of the medication
160	6.99 (1.75)	(6.7; 7.3)	26.3	5	32	63	Information on the medication prescribed

### Question 18. Interventions aimed at achieving an agreement with the patient

Indicate to what degree you consider appropriate the following actions to improve treatment adherence in a patient with non-compliance problems.

#### Comments

All the interventions were considered very appropriate.



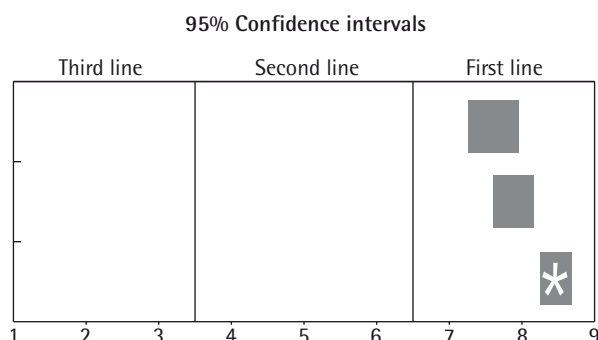
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	8.00 (1.10)	(7.8; 8.2)	41.9	1	9	90	Have an adequate environment to favor agreement
160	8.06 (1.11)	(7.9; 8.2)	46.3	0	11	89	Develop specific psychoeducation for the principal caregiver
160	8.36 (0.93)	(8.2; 8.5)	58.1	0	6	94	Develop specific psychoeducation for the patient
160	8.31 (0.95)	(8.2; 8.5)	56.9	0	6	94	Encourage the patient to explain his/her problems to take the medication
160	8.48 (0.83)	(8.3; 8.6)	64.4	0	2	98	Identify, with the patient, the consequences of not taking the medication
160	8.43 (0.85)	(8.3; 8.6)	61.3	0	5	95	Show interest in the patient's problems and needs

### Question 19. Information on the medication prescribed

Indicate to what degree you consider appropriate the following actions to improve treatment adherence in a patient with non-compliance problems.

#### Comments

The three strategies were considered very appropriate.



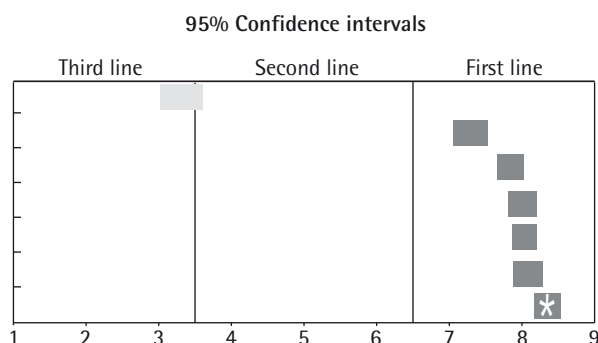
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	7,61 (1.70)	(7.3; 7.9)	38.8	4	18	78	Inform on interaction and side effects
160	7.84 (1.42)	(7.6; 8.1)	41.3	3	12	86	Inform the patient on the purpose and action of each drug
160	8.46 (0.98)	(8.3; 8.6)	66.3	1	3	96	Inform on the benefits of drug compliance

### Question 20. Interventions to achieve the adequate administration of the drug

Indicate to what degree the following actions are appropriate to improve treatment adherence in the patients with non-compliance problems.

#### Comments

All the interventions were considered very adequate except those that implied forcing the patient, which was not considered adequate.



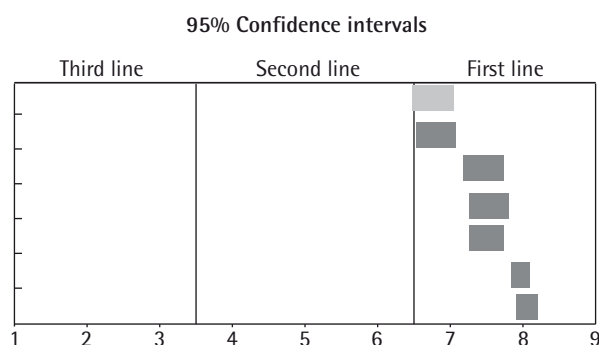
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	3.24 (1.97)	(2.9; 3.6)	1.9	70	22	8	Force the patient, with possible measures of coercion /intimidation, to take the medication
160	7.24 (1.66)	(7.0; 7.5)	27.5	4	24	71	Convince the patient to take the medication prescribed
160	7.83 (1.31)	(7.6; 8.0)	40	1	15	84	Recommend compliance of the treatment prescribed
159	7.98 (1.15)	(7.8; 8.2)	40	1	10	89	Observe the adequate response to treatment
160	8.06 (1.07)	(7.9; 8.2)	42.5	0	9	91	Teach the principal caregiver to detect side effects
160	8.08 (1.17)	(7.9; 8.3)	47.5	0	8	92	Teach ways to compensate the adverse effects of the medication
159	8.36 (0.90)	(8.2; 8.5)	57.5	0	4	96	Indicate to the patient the consequences in his/her life and setting, of not taking adequately the medication prescribed

### Question 21. Information on the guidelines or resources of the health care system

Indicate to what degree the following actions are considered appropriate to improve treatment adherence in a patient with non-compliance problems.

#### Comments

All the strategies were considered appropriate.

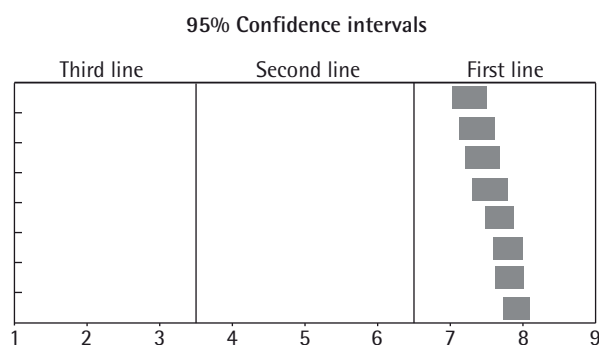


N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	6.76 (1.83)	(6.5; 7.0)	20.6	6	36	58	Inform on the financial resources they have a right to
160	6.88 (1.75)	(6.6; 7.1)	25	3	41	56	Provide knowledge of the user care service
160	7.47 (1.66)	(7.2; 7.7)	40	3	24	73	Inform on hours, telephones, etc.
160	7.53 (1.54)	(7.3; 7.8)	35.6	3	22	76	Information on family and user associations
160	7.52 (1.42)	(7.3; 7.7)	36.3	0	23	77	Inform on the health care resources existing in their area
160	7.88 (1.37)	(7.7; 8.1)	45	1	11	88	Inform on the persons they should contact
160	7.96 (1.27)	(7.8; 8.2)	48.8	0	18	82	Inform on how to access the emergency services

### STRATEGIES IN COMMUNITY PATIENTS

#### Question 22. Strategies in outpatients with lack of awareness of disease

Indicate to what degree each one of the following strategies is considered important to improve therapeutic adherence in an outpatient who partially complies with the treatment and who shows lack of awareness of the disease.

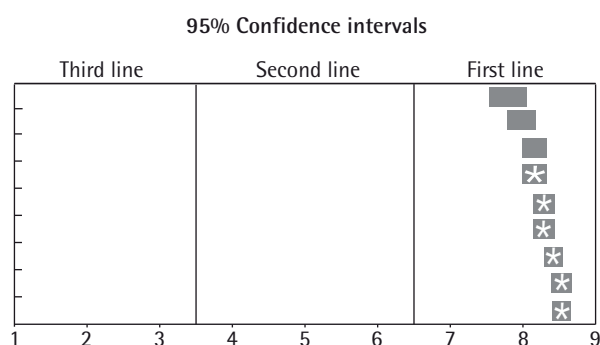




## Comments

All the strategies were considered very important.

N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	7.21 (1.30)	(7.0; 7.4)	18.1	1	27	73	Inform on the support systems, putting him/her in contact with patient and family associations
160	7.37 (1.57)	(7.1; 7.6)	30	3	21	76	Home follow-up
160	7.48 (1.56)	(7.2; 7.7)	33.1	3	21	76	Monitor treatment compliance
160	7.52 (1.54)	(7.3; 7.8)	36.9	2	24	74	Provide information related with acquiring and storing the medication
160	7.74 (1.27)	(7.5; 7.9)	36.3	1	13	86	Consult the psychiatrist so that treatment can be adjusted or modified
160	7.79 (1.19)	(7.6; 8.0)	36.3	1	12	88	Favor coordination with the primary care teams
160	7.76 (1.30)	(7.6; 8.0)	35	1	16	84	Reminder measures (telephone follow-up, SMS, pocket diary) to patients and caregivers
159	7.89 (1.35)	(7.7; 8.1)	43.8	2	11	87	Instruct the patient on the possible side effects and ways to relieve them



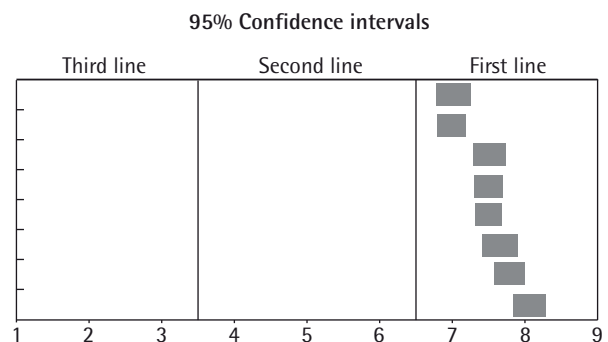
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	7.88 (1.28)	(7.7; 8.1)	42.5	1	12	87	Explain why the medication and its administration form have been chosen
160	8.06 (1.17)	(7.9; 8.2)	48.1	1	9	91	Inform the patient on the purpose and action of the treatment
160	8.12 (0.97)	(8.0; 8.3)	44.4	0	6	94	Develop specific psychoeducational, compliance and/or rehabilitation programs
160	8.13 (1.08)	(8.0; 8.3)	46.9	0	6	94	Give him/her emotional support
160	8.27 (0.89)	(8.1; 8.4)	50.6	0	3	97	Include the principal caregiver as support in the therapeutic plan
160	8.28 (0.96)	(8.1; 8.4)	55	0	5	95	Inform the patient on the possible consequences of irregular compliance or treatment dropout
160	8.39 (0.82)	(8.3; 8.5)	58.1	0	3	97	Reach an agreement with the patient on the importance of the treatment and give him/her incentive to self responsibility
160	8.49 (0.76)	(8.4; 8.6)	63.1	0	2	98	Establish a therapeutic relationship with the patient and his/her principal caregiver
160	8.50 (0.77)	(8.4; 8.6)	65	0	2	98	Reinforce his/her positive behaviors and attitudes towards the treatment

### Question 23. Strategies in outpatients with side effects

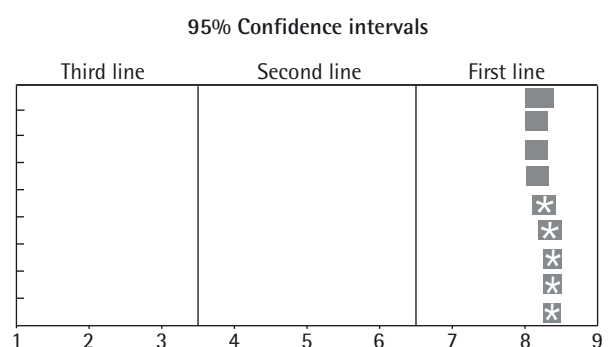
Indicate to what degree you consider important each one of the following strategies to improve therapeutic adherence in an outpatient who partially complies with the treatment and who manifest side effects that are being caused by their low compliance.

#### Comments

All the strategies were considered very important for the nurses.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
159	7.05 (1.81)	(6.8; 7.3)	24.4	5	29	66	Home follow-up
160	7.01 (1.56)	(6.8; 7.2)	20.6	3	32	65	Inform on the support systems, putting him/her in contact with patient and family associations
160	7.59 (1.52)	(7.3; 7.8)	36.9	3	17	80	Provide information related with acquiring and storing the medication
159	7.50 (1.38)	(7.3; 7.7)	31.9	1	21	78	Favor coordination with the primary care teams
159	7.49 (1.40)	(7.3; 7.7)	30	1	22	77	Reminder measures (telephone follow-up, SMS, pocket diary...) to patients and caregivers
160	7.66 (1.44)	(7.4; 7.9)	36.9	2	18	81	Monitor treatment compliance
160	7.81 (1.33)	(7.6; 8.0)	41.3	1	14	86	Develop specific psychoeducational, compliance and/or rehabilitation programs
160	8.09 (1.10)	(7.9; 8.3)	45.6	1	8	92	Explain why the medication and its administration form have been chosen



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	8.20 (0.99)	(8.0; 8.4)	50.6	0	5	95	Consult the psychiatrist so that treatment can be adjusted or modified
160	8.14 (1.06)	(8.0; 8.3)	46.9	0	8	92	Give him/her emotional support
160	8.16 (0.94)	(8.0; 8.3)	43.1	0	6	94	Include the principal caregiver as support in the therapeutic plan
159	8.18 (1.03)	(8.0; 8.3)	46.9	1	6	94	Inform the patient on the purpose and action of the treatment
159	8.28 (0.86)	(8.1; 8.4)	50	0	3	97	Inform the patient on the possible consequences of irregular compliance or treatment dropout

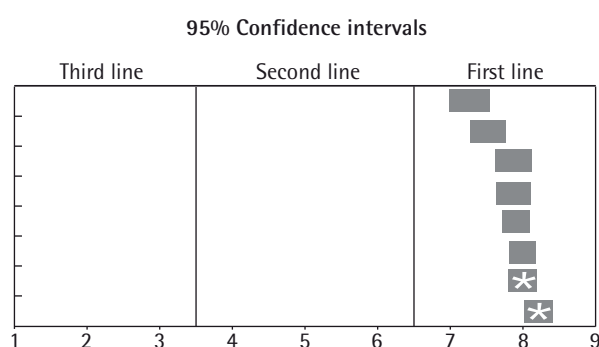
160	8.39 (0.96)	(8.2; 8.5)	60.6	1	3	97	Instruct the patient on the possible side effects and ways to relieve them
159	8.42 (0.81)	(8.3; 8.5)	58.8	0	2	98	Establish a therapeutic relationship with the patient and his/her principal caregiver
160	8.42 (0.81)	(8.3; 8.5)	59.4	0	2	98	Reinforce his/her positive behaviors and attitudes towards the treatment
160	8.41 (0.81)	(8.3; 8.5)	57.5	0	4	96	Reach an agreement with the patient on the importance of the treatment and give him/her incentive to self responsibility

### Question 24. Strategies in outpatients with low family and/or social support

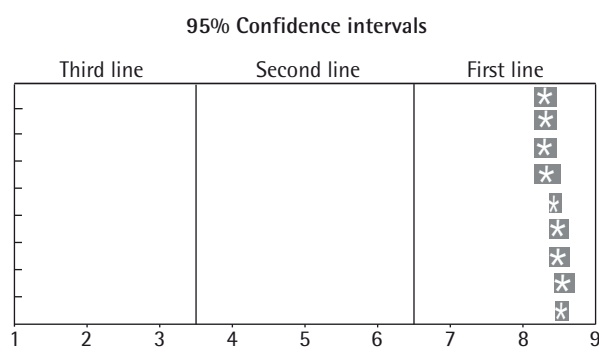
Indicate to what degree you consider each one of the following strategies important to improve therapeutic adherence in an outpatient who partially complies with the treatment, who has low family and/or social support and who suffers frequent relapses.

#### Comments

All the strategies were considered very important.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
158	7.33 (2.04)	(7.0; 7.6)	39.4	8	18	75	Include the principal caregiver as support in the therapeutic plan
160	7.67 (1.43)	(7.4; 7.9)	35.6	2	17	81	Consult the psychiatrist so that treatment can be adjusted or modified
158	7.94 (1.36)	(7.7; 8.2)	46.9	2	11	87	Provide information related with acquiring and storing the medication
159	7.97 (1.74)	(7.7; 8.2)	55.6	5	7	88	Establish a therapeutic relationship with the patient and his/her principal caregiver
160	7.96 (1.29)	(7.8; 8.2)	45	2	8	91	Monitor treatment compliance
159	8.11 (1.16)	(7.9; 8.3)	48.1	1	9	91	Explain why the medication and its administration form have been chosen
159	8.14 (1.29)	(7.9; 8.3)	56.3	1	11	89	Inform on the support systems, putting him/her in contact with patient and family associations
160	8.17 (1.21)	(8.0; 8.4)	54.4	1	6	93	Instruct the patient on possible side effects and ways to relieve them



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	8.25 (0.95)	(8.1; 8.4)	52.5	0	5	95	Favor coordination with the Primary Care teams

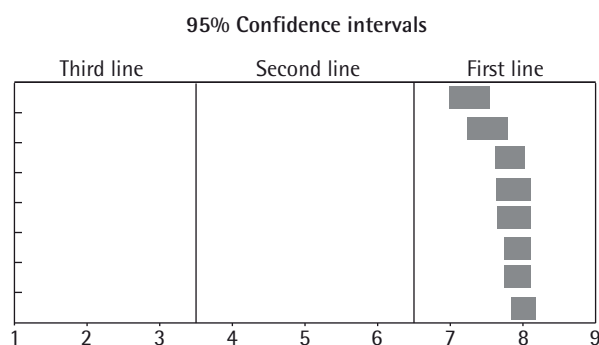
160	8.28 (1.00)	(8.1; 8.4)	56.9	0	6	94	Reminder measures (telephone follow-up, SMS, pocket diary...) to patients and caregivers
160	8.24 (1.18)	(8.1; 8.4)	56.9	2	6	93	Home follow-up
160	8.31 (1.07)	(8.1; 8.5)	56.9	1	4	95	Inform the patient on the purpose and action of the treatment
160	8.41 (0.84)	(8.3; 8.5)	59.4	0	4	96	Develop specific psychoeducational, compliance and/or rehabilitation programs
160	8.46 (0.86)	(8.3; 8.6)	63.8	0	4	96	Give him/her emotional support
160	8.47 (0.93)	(8.3; 8.6)	65.6	0	3	97	Inform the patient on the possible consequences of irregular compliance or treatment dropout
160	8.56 (0.77)	(8.4; 8.7)	67.5	0	2	98	Reinforce his/her positive behaviors and attitudes towards the treatment
159	8.50 (0.85)	(8.4; 8.6)	66.9	0	3	97	Reach an agreement with the patient on the importance of the treatment and give him/her incentive to self-responsibility

### Question 25. Strategies in an outpatient with history of suicide attempts

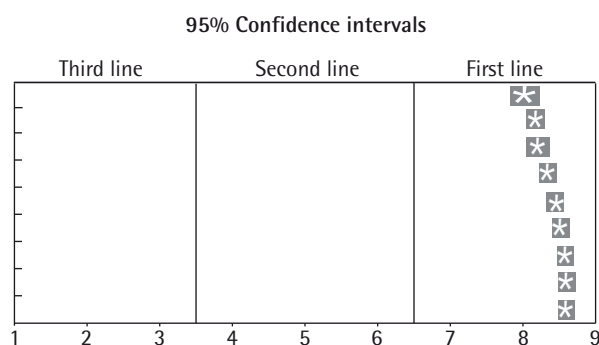
Indicate to what degree you consider each one of the following strategies important to improve treatment adherence in an outpatient who partially complies with the treatment and who has a history of suicide attempts.

#### Comments

All the strategies were considered very important, especially reinforcing positive behaviors and attitudes of the patient regarding the treatment.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
159	7.31 (1.83)	(7.0; 7.6)	35.6	7	21	72	Provide information related with acquiring and storing the medication
160	7.60 (1.74)	(7.3; 7.9)	43.1	4	16	79	Home follow-up
160	7.79 (1.54)	(7.6; 8.0)	45	3	14	84	Instruct the patient on possible side effects and ways to relieve them
160	7.87 (1.43)	(7.6; 8.1)	45.6	2	11	87	Monitor treatment compliance
159	7.81 (1.60)	(7.6; 8.1)	45.6	3	14	84	Reminder measures (telephone follow-up, SMS, pocket diary...) to patients and caregivers
160	7.88 (1.36)	(7.7; 8.1)	43.8	1	13	86	Explain why the medication and its administration form have been chosen
160	7.90 (1.35)	(7.7; 8.1)	43.8	2	10	88	Favor coordination with the Primary Care teams
159	7.96 (1.32)	(7.8; 8.2)	45.6	1	12	87	Consult the psychiatrist so that treatment can be adjusted or modified



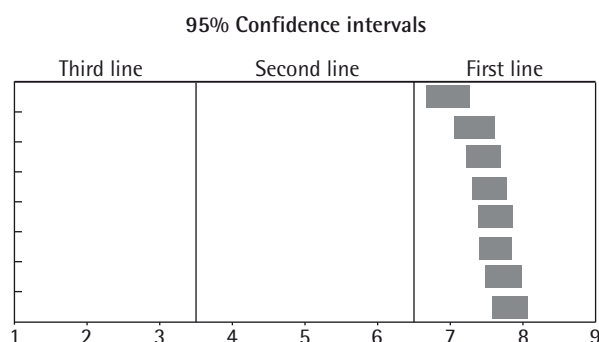
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	7.98 (1.42)	(7.8; 8.2)	48.1	3	9	89	Inform on the support systems, putting him/her in contact with patient and family associations
160	8.15 (1.15)	(8.0; 8.3)	51.9	1	6	93	Develop specific psychoeducational, compliance and/or rehabilitation programs
160	8.21 (1.13)	(8.0; 8.4)	54.4	1	4	94	Inform the patient on the purpose and action of the treatment
160	8.34 (1.09)	(8.2; 8.5)	64.4	1	5	94	Inform the patient on the possible consequences of irregular compliance or treatment dropout
159	8.41 (0.96)	(8.3; 8.6)	61.9	1	4	96	Reach an agreement with the patient on the importance of the treatment and give him/her incentive to self-responsibility
160	8.53 (0.81)	(8.4; 8.7)	66.9	0	2	98	Include the principal caregiver as support in the therapeutic plan
159	8.57 (0.74)	(8.5; 8.7)	68.8	0	2	98	Establish a therapeutic relationship with the patient and his/her principal caregiver
160	8.63 (0.77)	(8.5; 8.7)	74.4	0	3	98	Give him/her emotional support
160	8.59 (0.72)	(8.5; 8.7)	70.6	0	1	99	Reinforce his/her positive behaviors and attitudes towards the treatment

### Question 26. Strategies in outpatients with history of aggressiveness

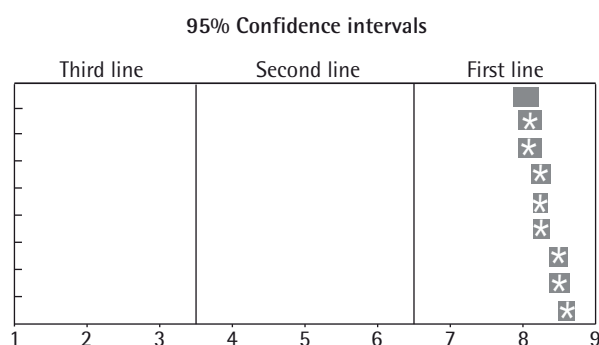
Indicate to what degree you consider each one of the following strategies important to improve therapeutic adherence in an outpatient who partially complies with the treatment and who has a history of aggressiveness.

#### Comments

Although all the strategies were considered very important, home follow-up was considered the least important and reinforcing positive behaviors and attitudes was considered to have the greatest importance.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	7.03 (1.88)	(6.7; 7.3)	28.1	8	27	66	Home follow-up
159	7.28 (1.80)	(7.0; 7.6)	32.5	6	22	72	Provide information related with acquiring and storing the medication
159	7.42 (1.69)	(7.2; 7.7)	33.8	4	19	77	Inform on the support systems, putting him/her in contact with patient and family associations
160	7.58 (1.60)	(7.3; 7.8)	38.1	3	17	80	Reminder measures (telephone follow-up, SMS, pocket diary...) to patients and caregivers
160	7.67 (1.58)	(7.4; 7.9)	41.3	3	16	81	Instruct the patient on possible side effects and ways to relieve them
160	7.66 (1.49)	(7.4; 7.9)	38.1	1	19	80	Favor coordination with the Primary Care teams
160	7.73 (1.49)	(7.5; 8.0)	41.9	2	16	82	Monitor treatment compliance
159	7.82 (1.54)	(7.6; 8.1)	45.6	3	13	84	Explain why the medication and its administration form have been chosen



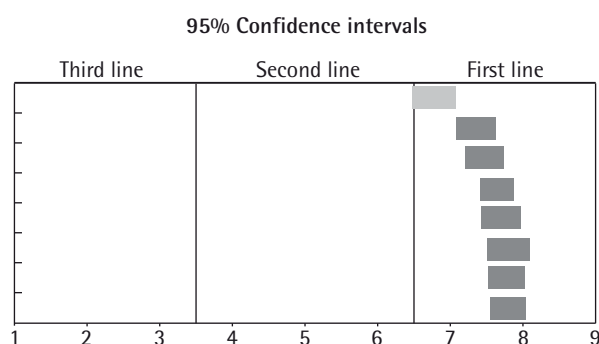
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
8	7.97 (1.23)	(7.8; 8.2)	44.4	1	13	87	Consult the psychiatrist so that treatment can be adjusted or modified
160	8.06 (1.26)	(7.9; 8.3)	51.3	1	11	88	Develop specific psychoeducational, compliance and/or rehabilitation programs
160	8.13 (1.18)	(7.9; 8.3)	51.9	1	6	93	Inform the patient on the purpose and action of the treatment
160	8.30 (1.11)	(8.1; 8.5)	56.9	1	4	95	Give him/her emotional support
160	8.28 (0.95)	(8.1; 8.4)	53.1	0	6	94	Include the principal caregiver as support in the therapeutic plan
160	8.31 (1.03)	(8.1; 8.5)	57.5	1	3	96	Inform the patient on the possible consequences of irregular compliance or treatment dropout
160	8.43 (0.85)	(8.3; 8.6)	61.3	0	4	96	Establish a therapeutic relationship with the patient and his/her principal caregiver
160	8.41 (0.91)	(8.3; 8.6)	61.3	0	3	97	Reach an agreement with the patient on the importance of the treatment and give him/her incentive to self-responsibility
160	8.57 (0.70)	(8.5; 8.7)	66.3	0	1	99	Reinforce his/her positive behaviors and attitudes towards the treatment

### Question 27. Strategies in outpatients who consume drugs and/or alcohol

Indicate to what degree you consider each one of the following strategies important to improve therapeutic adherence in an outpatient who partially complies with the treatment and uses drugs and/or alcohol.

#### Comments

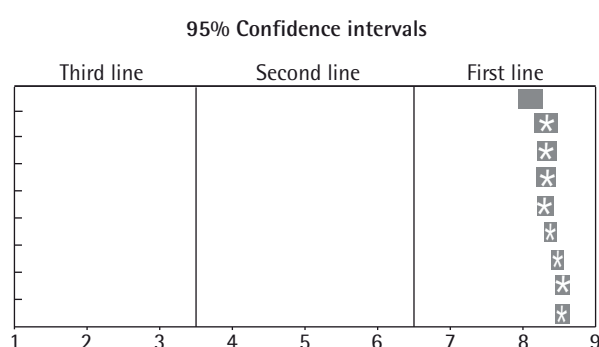
Home follow-up was considered between very important and of certain importance. The rest of the strategies were considered very important, especially giving incentive to self-responsibility of the patient, establishing agreements with him/her.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
159	6.81 (1.97)	(6.5; 7.1)	23.8	9	31	60	Home follow-up
159	7.40 (1.69)	(7.1; 7.7)	33.8	4	19	77	Provide information related with acquiring and storing the medication
159	7.54 (1.68)	(7.3; 7.8)	36.9	4	16	80	Reminder measures (telephone follow-up, SMS, pocket diary...) to patients and caregivers



159	7.70 (1.33)	(7.5; 7.9)	36.3	0	21	79	Consult the psychiatrist so that treatment can be adjusted or modified
159	7.75 (1.51)	(7.5; 8.0)	43.1	3	16	81	Monitor treatment compliance
159	7.84 (1.50)	(7.6; 8.1)	43.8	2	11	87	Instruct the patient on possible side effects and ways to relieve them
158	7.78 (1.39)	(7.6; 8.0)	39.4	1	15	84	Explain why the medication and its administration form have been chosen
159	7.83 (1.35)	(7.6; 8.0)	41.3	1	16	84	Favor coordination with the Primary Care teams



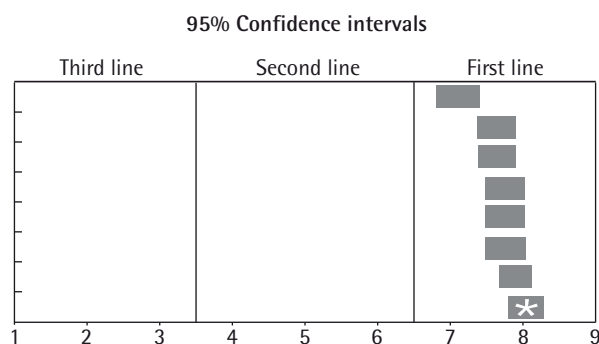
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
159	8.06 (1.19)	(7.9; 8.2)	48.1	1	11	89	Inform on the support systems, putting him/her in contact with patient and family associations
159	8.31 (1.09)	(8.1; 8.5)	58.1	1	4	95	Give him/her emotional support
158	8.32 (1.05)	(8.2; 8.5)	58.8	1	4	95	Develop specific psychoeducational, compliance and/or rehabilitation programs
159	8.32 (0.95)	(8.2; 8.5)	55.6	0	6	94	Include the principal caregiver as support in the therapeutic plan
159	8.30 (0.88)	(8.2; 8.4)	51.9	0	3	97	Inform the patient on the purpose and action of the treatment
159	8.40 (0.89)	(8.3; 8.5)	60	0	4	96	Establish a therapeutic relationship with the patient and his/her principal caregiver
159	8.52 (0.71)	(8.4; 8.6)	63.8	0	1	99	Inform the patient on the possible consequences of irregular compliance or treatment dropout
159	8.60 (0.66)	(8.5; 8.7)	68.1	0	1	99	Reinforce his/her positive behaviors and attitudes towards the treatment
159	8.60 (0.65)	(8.5; 8.7)	67.5	0	1	99	Reach an agreement with the patient on the importance of the treatment and give him/her incentive to self-responsibility

### Question 28. Strategies in outpatients of recent onset

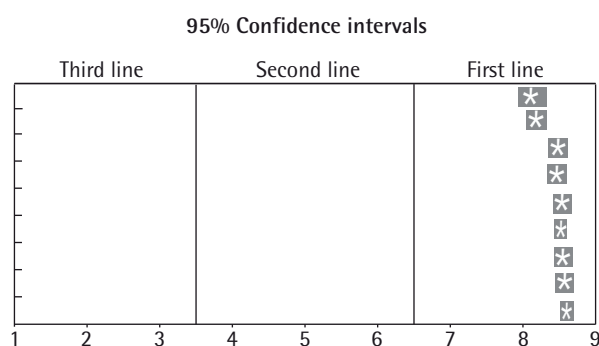
Indicate to what degree you consider each one of the following strategies important to improve therapeutic adherence in an outpatient who partially complies with the treatment, who has recently been diagnosed of schizophrenia.

#### Comments

Although all the strategies were considered very important, home follow-up was considered, once again, the least important.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	7.08 (2.04)	(6.8; 7.4)	34.4	8	23	69	Home follow-up
159	7.67 (1.68)	(7.4; 7.9)	42.5	4	14	82	Reminder measures (telephone follow-up, SMS, pocket diary...) to patients and caregivers
159	7.67 (1.71)	(7.4; 7.9)	47.5	3	20	77	Inform on the support systems, putting him/her in contact with patient and family associations
160	7.74 (1.53)	(7.5; 8.0)	42.5	3	13	84	Favor coordination with the Primary Care teams
158	7.75 (1.32)	(7.5; 8.0)	37.5	1	17	82	Consult the psychiatrist so that treatment can be adjusted or modified
160	7.74 (1.62)	(7.5; 8.0)	46.9	4	14	81	Monitor treatment compliance
160	7.91 (1.39)	(7.7; 8.1)	47.5	1	14	85	Provide information related with acquiring and storing the medication
159	8.06 (1.41)	(7.8; 8.3)	54.4	2	9	89	Develop specific psychoeducational, compliance and/or rehabilitation programs



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	8.07 (1.36)	(7.9; 8.3)	54.4	1	9	90	Instruct the patient on possible side effects and ways to relieve them
160	8.16 (1.20)	(8.0; 8.3)	53.1	1	8	92	Explain why the medication and its administration form have been chosen
160	8.49 (0.92)	(8.3; 8.6)	68.1	0	4	96	Inform the patient on the possible consequences of irregular compliance or treatment dropout
160	8.46 (1.01)	(8.3; 8.6)	66.9	1	3	96	Inform the patient on the purpose and action of the treatment
159	8.55 (0.77)	(8.4; 8.7)	68.8	0	3	97	Establish a therapeutic relationship with the patient and his/her principal caregiver
160	8.51 (0.92)	(8.4; 8.6)	67.5	1	2	98	Give him/her emotional support
159	8.55 (0.97)	(8.4; 8.7)	72.5	1	3	96	Reach an agreement with the patient on the importance of the treatment and give him/her incentive to self-responsibility
160	8.56 (0.75)	(8.4; 8.7)	68.1	0	3	97	Include the principal caregiver as support in the therapeutic plan
160	8.60 (0.86)	(8.5; 8.7)	73.8	1	1	98	Reinforce his/her positive behaviors and attitudes towards the treatment

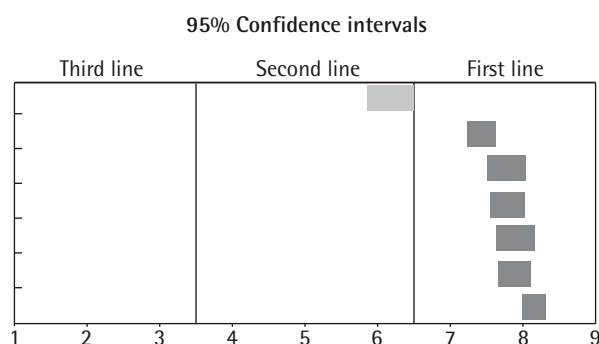
## STRATEGIES IN PATIENTS IN ACUTE UNITS

### Question 29. Relapse due to treatment non-compliance

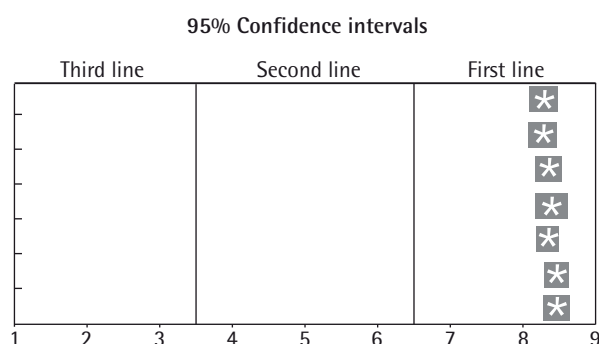
Indicate to what degree you consider each one of the following actions adequate to improve therapeutic adherence after discharge, in a patient hospitalized due to relapse due to total non-compliance of the psychopharmacological treatment indicated (taking less than 20% of the medication prescribed).

#### Comments

All the proposals were considered very adequate except for the administration of the oral medication prescribed to be taken at home, that was considered adequate.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	6.09 (2.42)	(5.7; 6.5)	22.5	23	27	50	Administration of the oral medication prescribed to be taken at home
160	7.41 (1.46)	(7.2; 7.6)	29.4	2	23	75	Inform on the support systems, putting him/her in contact with patient and family associations
159	7.77 (1.60)	(7.5; 8.0)	43.8	4	14	82	Appointment and follow-up to administer a conventional depot antipsychotic drug prescribed
160	7.81 (1.46)	(7.6; 8.0)	40	2	13	85	Explain both positive and side effects of the medications prescribed
160	7.96 (1.40)	(7.7; 8.2)	46.3	4	6	91	Develop specific psychoeducational, compliance and/or rehabilitation programs
160	7.89 (1.34)	(7.7; 8.1)	42.5	1	13	86	Explain the course of his/her disease
159	8.18 (1.0)	(8.0; 8.3)	48.8	0	8	92	Teach him/her new skills to cope with the disease



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	8.23 (1.10)	(8.1; 8.4)	56.9	0	8	92	Make a family intervention aimed at adherence
160	8.25 (1.08)	(8.1; 8.4)	55	0	9	91	Give him/her emotional support
160	8.39 (0.97)	(8.2; 8.5)	60.6	1	3	96	Promote coordination to assure continuity of the cares
159	8.36 (1.21)	(8.2; 8.6)	63.8	2	5	93	Appointment and follow-up to administer a long-acting atypical injectable antipsychotic drug

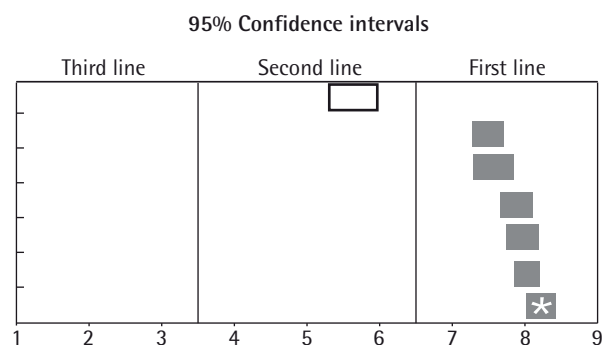
159	8.33 (1.09)	(8.2; 8.5)	60.6	1	6	93	Give incentive to self-responsibility over the treatment
160	8.46 (0.79)	(8.3; 8.6)	60	0	2	98	Reinforce his/her positive behaviors and attitudes towards the treatment
159	8.46 (0.94)	(8.3; 8.6)	64.4	1	3	96	Reach an agreement with the patient on the importance of the treatment

### Question 30. Relapse due to partial treatment compliance

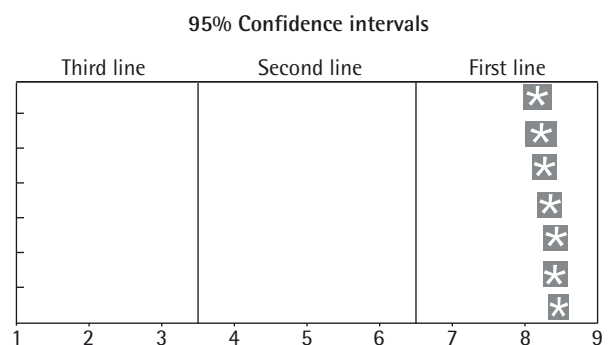
Indicate to what degree you consider each one of the following actions adequate to improve therapeutic adherence after discharge of a patient due to relapse and who is partially complying with the psychopharmacological treatment indicated (takes between 20 and 80% of the medication prescribed).

#### Comments

All the proposals were considered very adequate except for the administration of the oral medication prescribed to be taken at home, that was considered adequate.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	5.60 (2.39)	(5.2; 6.0)	16.3	28	33	40	Administration of the oral medication prescribed to be taken at home
160	7.50 (1.45)	(7.3; 7.7)	32.5	1	24	75	Inform on the support systems, putting him/her in contact with patient and family associations
160	7.60 (1.65)	(7.3; 7.9)	39.4	3	19	78	Appointment and follow-up to administer a conventional depot antipsychotic drug prescribed
159	7.94 (1.34)	(7.7; 8.1)	44.4	3	10	87	Develop specific psychoeducational, compliance and/or rehabilitation programs
160	7.96 (1.29)	(7.8; 8.2)	43.8	2	8	91	Explain both positive and side effects of the medications prescribed
160	8.04 (1.09)	(7.9; 8.2)	43.1	0	8	93	Explain the course of his/her disease
160	8.19 (1.07)	(8.0; 8.4)	52.5	0	7	93	Make a family intervention aimed at adherence



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	8.18 (1.04)	(8.0; 8.3)	50	0	9	91	Teach him/her new skills to cope with the problems

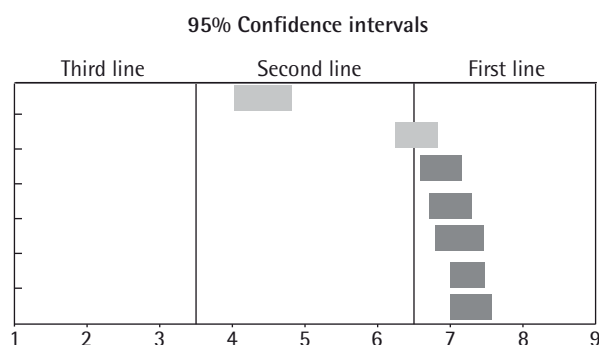
160	8.20 (1.29)	(8.0; 8.4)	56.3	3	8	90	Appointment and follow-up to administer a prescribed long-acting injectable atypical antipsychotic drug
160	8.23 (1.03)	(8.1; 8.4)	53.1	0	7	93	Give him/her emotional support
160	8.32 (1.04)	(8.2; 8.5)	58.8	1	5	94	Promote coordination to assure continuity of the cares
160	8.41 (1.02)	(8.3; 8.6)	65	1	4	95	Give incentive to self-responsibility over the treatment
159	8.42 (0.88)	(8.3; 8.6)	60	0	3	97	Reach an agreement with the patient on the importance of the treatment
159	8.50 (0.67)	(8.4; 8.6)	59.4	0	1	99	Reinforce his/her positive behaviors and attitudes towards the treatment

### Question 31. Relapse with adequate treatment compliance

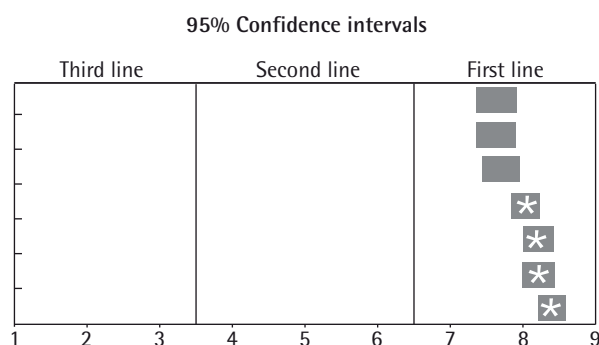
Indicate to what degree you consider each one of the following actions adequate to maintain therapeutic adherence after discharge in a patient admitted due to relapse and who adequately complies with the psychopharmacological treatment prescribed (takes more than 80% of the medication prescribed).

#### Comments

Home administration of the drug prescribed was only considered adequate, while the appointment and follow-up to administer a conventional depot antipsychotic drug was considered between adequate and very adequate. The remaining strategies were considered very adequate.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	4.44 (2.72)	(4.0; 4.9)	11.9	50	23	28	Administration of the oral medication prescribed to be taken at home
159	6.56 (2.30)	(6.2; 6.9)	27.5	17	25	58	Appointment and follow-up to administer a conventional depot antipsychotic drug prescribed
159	6.89 (2.05)	(6.6; 7.2)	30.6	9	28	62	Make a family intervention aimed at adherence
159	7.02 (2.14)	(6.7; 7.4)	33.1	10	23	67	Reach an agreement with the patient on the importance of the treatment
160	7.14 (2.15)	(6.8; 7.5)	38.8	13	14	73	Appointment and follow-up to administer a prescribed atypical long-acting injectable antipsychotic drug
160	7.27 (1.79)	(7.0; 7.5)	33.1	6	23	72	Inform on the support systems, putting him/her in contact with patient and family associations
160	7.28 (1.97)	(7.0; 7.6)	38.8	7	22	71	Give incentive to self-responsibility over the treatment



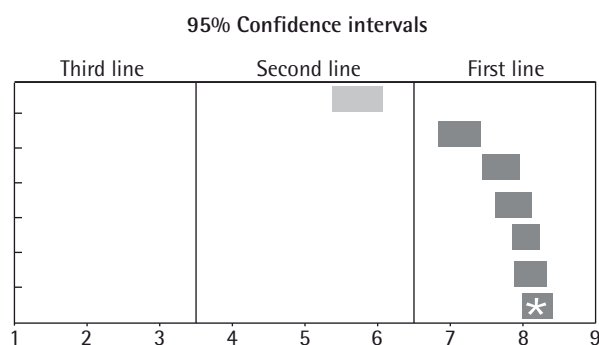
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	7.58 (1.72)	(7.3; 7.8)	41.3	4	17	79	Develop specific psychoeducational, compliance and/or rehabilitation programs
160	7.53 (1.64)	(7.3; 7.8)	37.5	3	19	78	Explain both positive and side effects of the medications prescribed
159	7.62 (1.59)	(7.4; 7.9)	40.6	3	18	80	Explain the course of his/her disease
160	7.98 (1.36)	(7.8; 8.2)	50	1	14	85	Promote coordination to assure continuity of the cares
160	8.19 (1.22)	(8.0; 8.4)	55	1	7	92	Teach him/her new skills to cope with the problems
160	8.20 (1.23)	(8.0; 8.4)	56.3	1	7	92	Reinforce his/her positive behaviors and attitudes towards the treatment
160	8.37 (0.97)	(8.2; 8.5)	61.3	0	6	94	Give him/her emotional support

### Question 32. Relapse in patients of recent onset

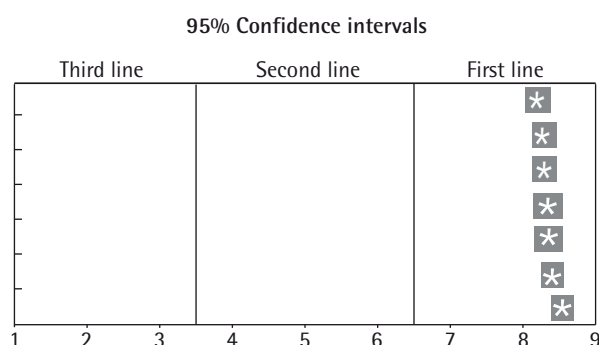
Indicate to what degree you consider each one of the following actions adequate to maintain therapeutic adherence after discharge in a patient admitted due to relapse with less than two years evolution of his/her schizophrenia (of recent onset).

#### Comments

Except for the home administration of the medication prescribed, evaluated as adequate, the rest of the proposals were evaluated as very adequate.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	5.72 (2.51)	(5.3; 6.1)	20.6	26	32	42	Administration of the oral medication prescribed to be taken at home
159	7.10 (2.14)	(6.8; 7.4)	37.5	10	21	69	Appointment and follow-up to administer a conventional depot antipsychotic drug prescribed
158	7.63 (1.47)	(7.4; 7.9)	36.9	2	18	80	Inform on the support systems, putting him/her in contact with patient and family associations
160	7.86 (1.60)	(7.6; 8.1)	47.5	3	11	86	Appointment and follow-up to administer a prescribed atypical long-acting injectable antipsychotic drug
160	8.04 (1.22)	(7.9; 8.2)	46.9	2	7	91	Develop specific psychoeducational, compliance and/or rehabilitation programs
160	8.09 (1.29)	(7.9; 8.3)	49.4	1	8	91	Explain both positive and side effects of the medications prescribed
159	8.20 (1.15)	(8.0; 8.4)	54.4	1	7	92	Make a family intervention aimed at adherence



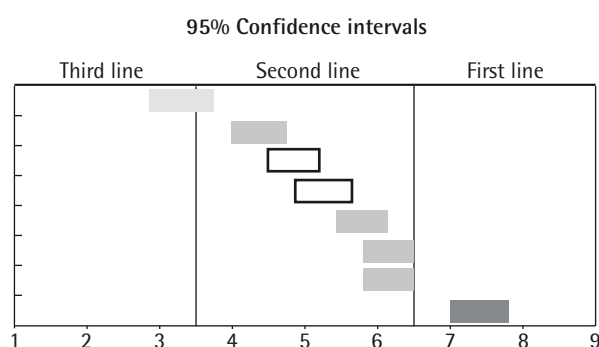
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	8.24 (1.14)	(8.1; 8.4)	55.6	1	7	93	Explain the course of his/her disease
160	8.36 (0.93)	(8.2; 8.5)	59.4	0	5	95	Promote coordination to assure continuity of the cares
160	8.31 (0.98)	(8.2; 8.5)	56.9	0	8	93	Teach him/her new skills to cope with the problems
160	8.44 (0.87)	(8.3; 8.6)	61.3	0	5	95	Give him/her emotional support
159	8.47 (0.91)	(8.3; 8.6)	65	0	4	96	Give incentive to self-responsibility over the treatment
160	8.49 (0.86)	(8.4; 8.6)	65	0	3	97	Reach an agreement with the patient on the importance of the treatment
160	8.59 (0.68)	(8.5; 8.7)	68.8	0	1	99	Reinforce his/her positive behaviors and attitudes towards the treatment

### Question 33. Most adequate time to begin the interventions in a patient with treatment non-compliance

Indicate at what time you consider the different interventions of nursing service adequate, indicated in questions 28 to 30, to improve therapeutic adherence after discharge in a patient admitted due to relapse due to total non-compliance with the psychopharmacological treatment (takes less than 20% of the medication prescribed).

#### Comments

The most adequate time chosen is after remission of the acute symptoms, while the least adequate time is before being discharged.



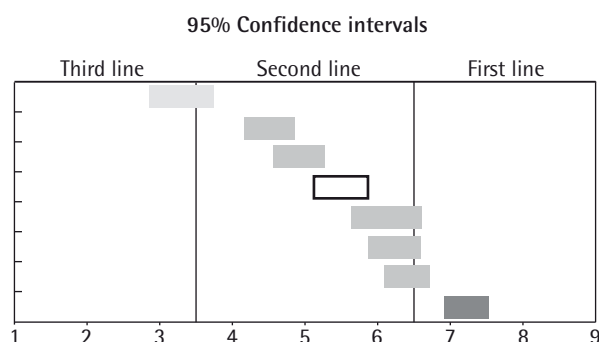
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	3.24 (2.79)	(2.8; 3.7)	10	66	16	18	Before discharge (the planned date)
160	4.43 (2.50)	(4.0; 4.8)	10.6	44	34	23	At any time, independently of the indication of the psychiatrist
160	4.87 (2.40)	(4.5; 5.2)	6.9	34	38	29	When indicated by the psychiatrist
160	5.28 (2.52)	(4.9; 5.7)	15	31	33	37	Do it independently of the symptoms, whenever possible
160	5.83 (2.67)	(5.4; 6.2)	25	26	29	45	From the onset of admission
160	6.14 (2.06)	(5.8; 6.5)	9.4	13	36	51	Between the first and second week of admission
159	6.15 (2.11)	(5.8; 6.5)	11.3	13	36	50	In the first week of admission
160	7.36 (2.05)	(7.0; 7.7)	40.6	7	19	74	When the acute symptoms have subsided

### Question 34. Most adequate time to begin the interventions in a patient with partial treatment compliance

Indicate at what time you consider different interventions of nursing service adequate, indicated in questions 28 to 30, to improve therapeutic adherence after discharge in a patient admitted due to relapse and who partially complies with the treatment indicated (takes between 20 and 80% of the medication prescribed).

#### Comments

The best time selected is after remission of acute symptoms, while the least adequate time is before being discharged.



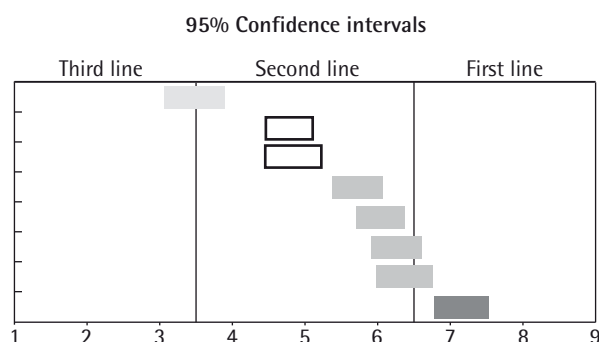
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
159	3.28 (2.79)	(2.8; 3.7)	9.4	66	15	19	Before discharge (the planned date)
160	4.46 (2.49)	(4.1; 4.9)	10	43	36	21	At any time, independently of the indication of the psychiatrist
160	4.92 (2.33)	(4.6; 5.3)	6.3	30	44	26	When indicated by the psychiatrist
159	5.48 (2.60)	(5.1; 5.9)	17.5	27	35	38	Do it independently of the symptoms, whenever possible
160	6.14 (2.64)	(5.7; 6.6)	29.4	20	30	50	From the onset of admission
160	6.26 (2.13)	(5.9; 6.6)	11.9	14	33	54	Between the first and second week of admission
160	6.43 (1.97)	(6.1; 6.7)	11.9	9	34	56	In the first week of admission
160	7.21 (2.03)	(6.9; 7.5)	33.8	8	19	74	When the acute symptoms have subsided

### Question 35. Most adequate time to begin the interventions in a patient with adequate treatment compliance

Indicate at what time you consider the different interventions of nursing service adequate, indicated in questions 28 to 30, to maintain therapeutic adherence after discharge in a patient admitted due to relapse and who is adequately complying with the treatment prescribed (takes more than 80% of the medication prescribed).

#### Comments

The dynamics shown in the previous two questions is maintained.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	3.43 (2.85)	(3.0; 3.9)	10	63	18	19	Before discharge (the planned date)
159	4.75 (2.52)	(4.4; 5.1)	10	38	35	27	At any time, independently of the indication of the psychiatrist
160	4.83 (2.44)	(4.4; 5.2)	9.4	33	41	27	When indicated by the psychiatrist
159	5.75 (2.73)	(5.3; 6.2)	22.5	25	26	48	Do it independently of the symptoms, whenever possible





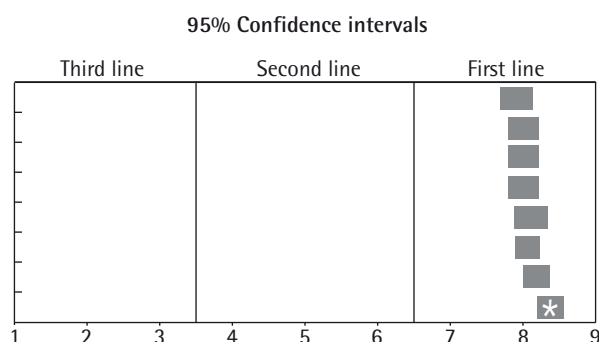
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
159	7.80 (1.34)	(7.6; 8.0)	36.9	1	13	86	Evaluate knowledge the patient has on this treatment
159	7.87 (1.33)	(7.7; 8.1)	40	1	11	88	Evaluate the negative considerations of the patient on the injectable administration form
160	8.03 (1.28)	(7.8; 8.2)	50.6	1	11	88	Provide information related with acquiring and storing of the medication
160	8.01 (1.24)	(7.8; 8.2)	46.9	1	11	88	Instruct the patient on possible side effects and ways to relieve them
159	8.13 (1.06)	(8.0; 8.3)	47.5	1	7	92	Inclusion of the principal caregiver in this strategy as support to the compliance of this treatment
160	8.16 (1.22)	(8.0; 8.4)	55	1	8	91	Inform why the medication is chosen and its administration form was chosen
159	8.26 (1.06)	(8.1; 8.4)	57.5	0	9	91	Provide counting strategies on the date of administration of the LAI antipsychotic drug
160	8.24 (1.03)	(8.1; 8.4)	54.4	0	6	94	Inform the patient on the drug purpose and action
160	8.39 (0.98)	(8.2; 8.5)	60	1	4	96	Information the patient on the advantages of the administration pathway
160	8.42 (0.81)	(8.3; 8.5)	60	0	1	99	Inform the patient on the possible consequences of irregular compliance or treatment dropout

### Question 38. Agreement with the patient who is going to use the LAI antipsychotic drug

Indicate your degree of agreement with the activities aimed at favoring agreement with the patient with schizophrenia for the administration of the LAI antipsychotic drug.

#### Comments

The nurses manifested that they were very much in agreement with all the activities proposed.



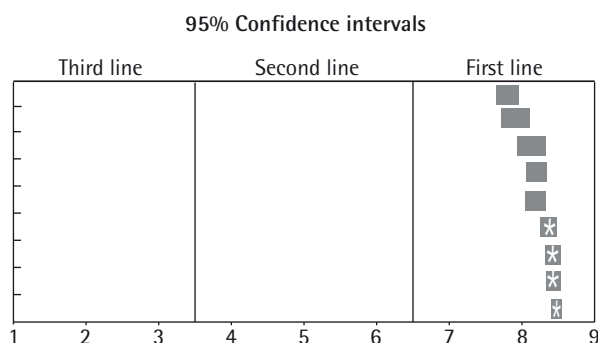
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	7.92 (1.17)	(7.7; 8.1)	41.3	0	13	87	Help the patient to realistically identify his/her problems derived from the disease
159	7.99 (1.18)	(7.8; 8.2)	43.1	1	9	90	Inclusion of the principal caregiver in this strategy as support to the compliance of this treatment
160	7.98 (1.27)	(7.8; 8.2)	45.6	1	13	86	Plan with the patient with whom you are going to work in the appointment, in addition to the administration of the LAI antipsychotic drug
160	7.98 (1.11)	(7.8; 8.2)	39.4	0	9	91	Evaluate what importance the patient gives to this treatment as help to reach his/her objectives
160	8.09 (1.06)	(7.9; 8.3)	45	0	8	92	Establish, together with the patient, these objectives as easily identifiable behaviors
160	8.03 (1.12)	(7.9; 8.2)	43.1	0	10	90	Help the patient to establish objectives of the cares
160	8.18 (0.98)	(8.0; 8.3)	46.9	0	6	94	Help the patient to identify how this treatment contributes to achieving his/her objectives
160	8.36 (0.94)	(8.2; 8.5)	60.6	0	5	95	Establish, with the patient, the appointments, according to the center's procedure, strategies of remembering them and control of absences.

### Question 39. Management of the LAI antipsychotic medication

Indicate the importance of the following activities when it comes to providing the safe and effective usage of the LAI antipsychotic drug.

#### Comments

All the activities were considered very important.



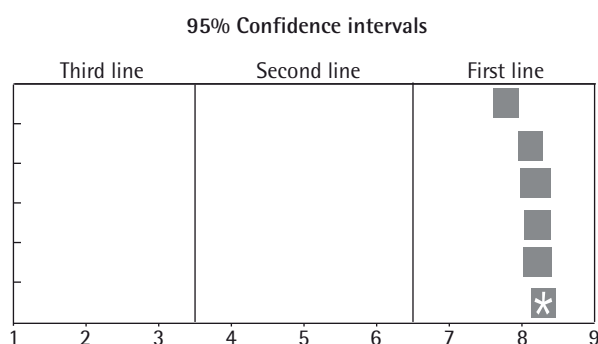
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
159	7.67 (1.30)	(7.5; 7.9)	32.5	1	16	84	Determine the knowledge of the patient on the medication
159	7.86 (1.39)	(7.6; 8.1)	44.4	1	15	84	Identify the problems derived from the acquiring and storing the drug
159	8.12 (1.17)	(7.9; 8.3)	49.4	1	7	92	Explain the possible side effects of the treatment to the patient and/or principal caregiver
158	8.12 (1.06)	(8.0; 8.3)	46.3	0	8	92	Determine the treatment impact in the usual life of the patient
159	8.12 (1.05)	(8.0; 8.3)	45.6	1	7	92	Control the efficacy of the drug administration modality
159	8.35 (0.89)	(8.2; 8.5)	55.6	0	4	96	Observe the therapeutic effects of the medication on the patient
158	8.46 (0.75)	(8.3; 8.6)	57.5	0	2	98	Help the patient and/or principal caregiver to identify the benefits of adequately complying with the treatment
159	8.45 (0.79)	(8.3; 8.6)	60	0	3	97	Observe if any adverse effects are produced
159	8.52 (0.78)	(8.4; 8.6)	65.6	0	3	97	Control compliance of appointments for the drug administration

### Question 40. Other interventions

Indicate which one of the following interventions of nursing you consider important when it comes to contributing to the adequate compliance of a LAI antipsychotic drug by a patient with schizophrenia.

#### Comments

All the interventions were evaluated as very important.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	7.67 (1.28)	(7.5; 7.9)	33.1	1	18	82	Consult by telephone for support, information or teaching on problems of the patient with his/her treatment
160	8.04 (1.07)	(7.9; 8.2)	44.4	0	9	91	Facilitate adequate usage of the health care services (pharmacy-approval, administration in case of travel expenses, emergency services or programmed care) to the patient)
159	8.09 (1.14)	(7.9; 8.3)	48.1	1	9	90	Offer advice to the patient and/or principal caregiver on everything regarding these drugs and their administration
160	8.12 (1.04)	(8.0; 8.3)	47.5	0	8	92	Facilitate support to the patient by the principal caregiver, involving him/her in the therapeutic procedure

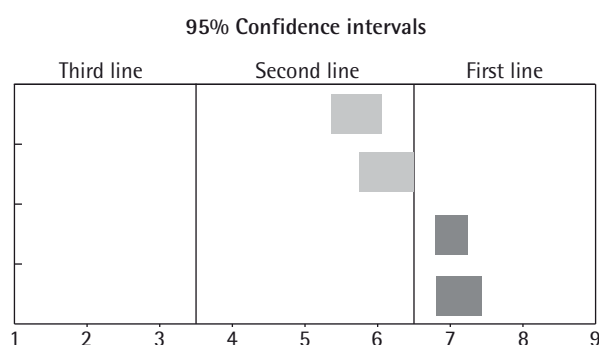
160	8.18 (1.10)	(8.0; 8.3)	52.5	1	9	91	Encourage the patient to assume more responsibility for the compliance of his/her treatment with LAI antipsychotic drug
160	8.22 (0.98)	(8.1; 8.4)	51.3	0	6	94	Facilitate and encourage in the patient his/her capacity to process and understand the information provided on his/her treatment

### Question 41. Disadvantages of the usage of LAI

Indicate the importance perceived of the following disadvantages for the patients treated with long-acting injectable antipsychotic drugs (LAI).

#### Comments

Lack of acceptance by the patient was considered the most important disadvantage, while the stigma associated to the injections was evaluated as the least important of the proposals.



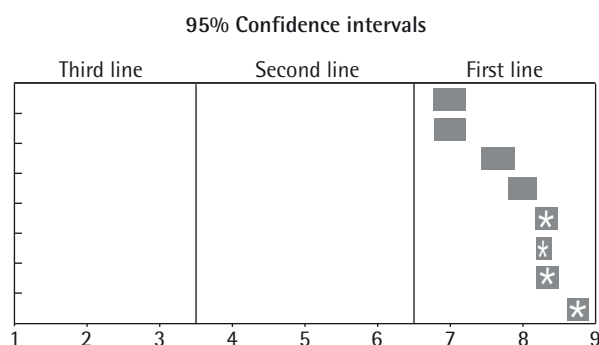
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	5.70 (2.13)	(5.4; 6.0)	7.5	20	38	42	Stigma associated to the injections
160	6.17 (2.04)	(5.8; 6.5)	11.9	14	35	51	Difficulty to identify its positive effects
160	6.97 (1.67)	(6.7; 7.2)	18.8	3	32	65	Discomfort derived from a periodic injectable treatment (travels, comply with appointments, pain, fear of the administration, etc.)
160	7.05 (1.94)	(6.7; 7.4)	27.5	6	24	70	Lack of acceptance by the patient

### Question 42. Advantages of the usage of LAI

Indicate the importance perceived of the following advantages for the patients treated with long-acting injectable (LAI) antipsychotics.

#### Comments

Assure the administration of medication was the most outstanding advantage, but they considered all to be very important.



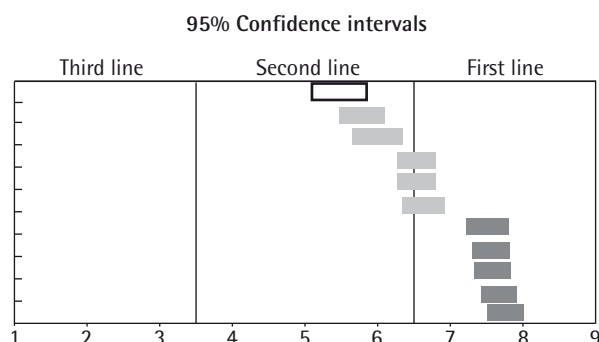
N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	6.99 (1.55)	(6.7; 7.2)	45	0	6	94	Tranquility for the principal caregiver and setting of the patient
160	6.99 (1.55)	(6.7; 7.2)	18.1	4	31	66	Comfort for the patient
160	7.65 (1.68)	(7.4; 7.9)	37.5	4	12	84	Know that the relapse occurred in spite of the correct follow-up of the drug treatment
160	8.00 (1.06)	(7.8; 8.2)	40	0	9	91	Increase of adherence of the patient to the pharmacological treatment
160	8.34 (0.97)	(8.2; 8.5)	56.9	1	4	96	Periodic contact with the patient
160	8.30 (0.90)	(8.2; 8.4)	53.8	0	4	96	Contribute to stabilization: less risk of relapses/hospitalizations
160	8.38 (0.89)	(8.2; 8.5)	58.1	0	3	98	Know immediately when the patient drops out of the treatment
160	8.68 (0.62)	(8.6; 8.8)	75.6	0	1	99	Assure administration of the medication

### Question 43. Differences between the two main types (atypical/conventional) of long-acting injectable antipsychotics (LAI)

Indicate the importance perceived of the following differences between the LAI atypical antipsychotic and conventional LAI ones.

#### Comments

The difference considered most important was the lower sedation produced by an atypical LAI antipsychotic in comparison with that generated by a conventional depot antipsychotic drug.



N	Mean (SD)	95% CI	Criterion of choice	3rd line	2nd line	1st line	
160	5.41 (2.49)	(5.0; 5.8)	13.1	31	31	38	Greater facility in the preparation of administration of the conventional depot vs. atypical LAI
160	5.77 (2.12)	(5.4; 6.1)	10.6	21	38	41	Less painful administration of the atypical LAI antipsychotics vs conventional depot one
160	5.93 (2.36)	(5.6; 6.3)	15	23	29	48	Greater facility of storage (cold is not needed) in the conventional depot vs atypical LAI
159	6.47 (1.89)	(6.2; 6.8)	16.9	9	37	53	Greater acceptance by the principal caregiver of the LAI atypical antipsychotic vs conventional depot
159	6.48 (1.94)	(6.2; 6.8)	15	7	37	56	Greater flexibility in the administration period in the conventional depot vs atypical LAI
160	6.59 (1.88)	(6.3; 6.9)	16.3	9	34	57	Better acceptance by the patient of the LAI atypical antipsychotics vs conventional depot
159	7.55 (1.37)	(7.3; 7.8)	28.8	1	18	82	Therapeutic effects observed that suggest stable and maintained release in atypical LAI antipsychotics vs conventional depot
160	7.60 (1.27)	(7.4; 7.8)	26.9	2	14	84	Less presence of immediate sedation after administration of atypical LAI antipsychotics vs conventional depot LAI
158	7.63 (1.38)	(7.4; 7.8)	31.3	1	15	84	Better global tolerability of the atypical antipsychotic vs conventional depot
160	7.68 (1.41)	(7.5; 7.9)	32.5	3	13	84	Efficacy against negative and affective symptoms of the LAI atypical antipsychotics vs conventional depot
160	7.84 (1.22)	(7.6; 8.0)	35.6	2	14	84	Less sedation provoked by treatment with atypical LAI antipsychotics vs conventional depot