

## **A study to assess the level of subjective distress related to side effects of psychotropic drugs among the patients with mental illness receiving psychotropic drugs at Dimhans Dharwad India: A pilot study**

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### **Abstract**

**Background:** Psychotropic drugs are one of the preferred treatment modalities for the psychiatric illnesses. These drugs produce variety of side effects like extra pyramidal symptoms, sedation, weight gain and sexual dysfunction. Due to side effects patients experience distress. Very few studies have been conducted in India about subjective distress related to side effects of psychotropic drugs. This research study was conducted to determine level of subjective distress related to side effects of psychotropic drugs among patients with psychiatric illness.

**Aim:** The aim of the study was to determine the level of subjective distress related to side effects of psychotropic drugs.

**Methods:** A descriptive-cross sectional pilot study was conducted involving 50 psychiatric patients receiving psychotropic drugs. The psychiatric patients receiving psychotropic drugs who agreed to participate in the study answered the questions asked by the researcher from antipsychotic side-effects checklist.

**Results:** The study revealed that out of 50 psychiatric patients receiving psychotropic drugs had 68% of moderate level of side effects and subjective distress, 28% of mild level of side effects and subjective distress and 04% of severe side effects and subjective distress.

**Conclusion:** The study showed that patient receiving psychotropic drugs had moderate level of side effects, which in turn will contribute to drug non compliance, and relapse of psychiatric illness. Nursing interventions like counseling, psycho-education can contribute to reduce distress related to side effects of psychotropic drugs.

**Keywords:** psychotropic drugs, side effects, subjective distress

### **Introduction**

Mental illness is the major problem all over the world. According to "National Mental Health Survey of India" 2015-2016 by R Srinivasa Murthy, "Every 6<sup>th</sup> Indian needs mental health help". "8% of people in Karnataka have mental illness". Different treatment modalities such as psychotropic drugs, electro convulsive therapy, counseling, psychosurgery and psychotherapy are used in the treatment of mental illness [1].

Psychotropic drugs are one of the preferred treatment modalities for the psychiatric illnesses. In the early 1950s, a few obscure chemicals tested in the back wards of mental hospitals ushered in the modern era of psychotropic drug treatments for mental disorders. Today, medication with antipsychotic drugs has become the principal form of treatment used in mental hospitals, nursing homes, institutions for the retarded, and board and care homes that house the mentally ill. After the antipsychotics came lithium, the antidepressants, and the minor tranquilizers.

Each year more than one-fifth of non-institutionalized adults receive prescriptions for psychotropic drugs [2].

Psychotropic drugs are prescribed to treat a variety of mental health issues when those issues cause significant impairment to healthy functioning. Psychotropic drugs typically work by changing or balancing the amount of important chemicals in the brain called neurotransmitters. Some mental health issues show improvement when neurotransmitters such as dopamine, serotonin, and norepinephrine are increased or decreased. Psychotropic drugs are usually prescribed by a psychiatrist, a psychiatric nurse practitioner (PMHNP), or a primary care physician; in some areas, clinical psychologists may have prescriptive privileges as well.

One in four individuals, or about 25% of the population, will experience a mental health issue at some point in their lives, according to the World Health Organization. Depression and anxiety are among the most common issues, and these issues can affect people regardless of age, gender,

ethnicity, or background. Researchers cannot say with certainty what causes most instances of mental health impairment. Environmental factors and genetics often combine to predispose someone to a particular problem. In other cases, traumatic events or serious injuries result in psychological symptoms that persist for years.

Some individuals feel that psychotropic drugs are often not enough by themselves to help someone overcome a mental health issue, and many healthcare providers recommend that an individual use them as a supplement to therapy, not as a replacement for therapy. Social support from family and friends, structured therapy, lifestyle changes, and other treatment protocols can all be important factors in the recovery process. Severe mental health issues may require inpatient rehabilitation before the person experiencing them can return to everyday life [3].

These drugs produce variety of side effects like extra pyramidal symptoms, sedation, weight gain and sexual dysfunction. Due to side effects patients experience distress. Subjective distress is a general term used to describe unpleasant feelings or emotions that impact your level of functioning. Here subjective distress due to side effects of antipsychotic is the discomfort that interferes with the activities of daily living. Subjective distress can result in negative view of the environment, others and the self [4]. Side effects of antipsychotics are considered a major source of subjective discomfort.

**Materials and Methods**

**Aim:**

The aim of the study was to determine the level of subjective distress related to side effects of psychotropic drugs.

**Design**

The present study used quantitative descriptive design.

**Participants**

The participants were 50 patients with mental illness receiving psychotropic drugs at DIMHANS Dharwad in Karnataka, India. The subjects were selected from both in-patient and out-patient department. The inclusive criteria for selection of subjects were, the patients receiving psychotropic drugs, having side effects, with the age between 20-65.

**Study instruments**

Section A includes socio-demographic details of participants such as age, gender, residence, type of family, education, occupation, income, duration of illness, type of treatment, duration of treatment.

Section B includes Antipsychotics side-effect checklist

(ASC) [17] which is a modified standardized tool which has 17 questionnaires which are asked by the researcher and information is collected by interview method. ASC assesses the side effects and subjective distress due to the side-effects of psychotropic drugs. The scores for side effects and subjective distress are categorized into three categories based on the scores, 0-5= Mild side-effects and subjective distress, 6-11= moderate side effects and subjective distress, 12-17 severe side effects and subjective distress. Tools were translated from English to Kannada language by Kannada language experts and retranslated back to English by English language experts.

**Data collection**

Study subjects were selected based on inclusive criteria from the in-patient and out-patient department of a DIMHANS Dharwad, Karnataka, India. Investigator (first author) approached each participant and assessed them for socio-demographic details, side-effects of psychotropic drugs and subjective distress due to side effects of psychotropic drugs using above tools, each participant took 30 minutes to complete the questionnaires.

**Ethical consideration**

The study was approved by institutional ethics committee and permission obtained from hospital authorities. Participants were explained about the purpose of the study, nature of involvement both in oral and written form. The researcher obtained written informed consent before proceeding with the study. The respondents were assured anonymity and confidentiality of the information provided by them.

**Data analysis**

Descriptive statistics were used to analyze the data and results were narrated in the form of tables.

**Results**

**Findings related to socio-demographic characteristics**

Distributing the subjects based on the socio-demographic characteristics, majority belonged to 20-40 years (60%) age groups. n=25 (50%) were females and n=25 (50%) were males respectively. 38% of respondents had primary education. The majority respondents were residing in the rural area (90%). 76% of respondents belonged to Hindu religion. 68% and 32% were unemployed and employed respectively. The majority respondents were married 60%. 48% Majority of the respondent's patient's duration of illness was more than 5 year. 48% of respondents had been taking treating for more than 5 years. 52% of the patients were on antipsychotics and mood stabilizers. (Table-1).

**Table 1:** Distribution of the subjects based on the socio-demographic characteristics N=50

SI No	Sociodemographic Variable	Frequency	Percentage
1	Age		
	1. 20-40 years	30	60
	2. 41-60 years	20	40
	3. 61 and above	00	00
2.	Sex		
	1. Male	25	50
	2. Female	25	50

3.	Religion			
	1. Hindu	38	76	
	2. Muslim	12	24	
4.	Education			
	1. No formal education	11	22	
	2. Primary	19	38	
	3. Secondary	15	30	
5.	Marital status			
	1. Single	15	30	
	2. Married	30	60	
6.	Occupation			
	1. Employed	16	32	
7.	Place of residence			
	1. Rural	45	90	
	2. Urban	05	10	
8.	Duration of illness			
	1. Less than one year	09	18	
	2. 1-5 years	14	28	
9.	Duration of treatment			
	1. Less than one year	05	10	
	2. 1-5 years	21	42	
10.	Type of treatment			
	1. Antipsychotics	06	12	
	2. Antipsychotics and mood stabilizers	23	46	
	3. Antipsychotics and anxiolytics	21	42	

**Findings related to level of side effects and subjective distress.**

The results showed that (28%) of the respondents had mild level of side effect and subjective distress and majority were reported with moderate level side effects and subjective distress, (68%). Only 04% of the respondents had severe level of side effects and subjective distress. (Table-2, Table -3).

The results also showed that out of 50 respondents the most commonly occurring side-effects were 44 (84%) had day time sedation or drowsiness and 43 (86%) dry mouth. The results showed that out of 50 respondents the most commonly distressing side-effect was 23 (46%) day time sedation or drowsiness and 24 (48%) dry mouth.

**Table 2:** Shows the level of side-effects. N=50

Sl no	Level	Frequency	Percentage
1	MILD 0-5	14	28
2	MODERATE 6-11	34	68
3	SEVERE 12-17	02	04

**Table 3:** Shows the level of subjective distress level N=50

Sl no	Level	Frequency	Percentage
1	MILD 0-5	14	28
2	MODERATE 6-11	34	68
3	SEVERE 12-17	02	04

**Discussion**

The findings of the study had been discussed with reference to the aim of the study and with findings of other related literature / studies. A descriptive-cross sectional pilot study

was conducted involving 50 psychiatric patients receiving psychotropic drugs. The psychiatric patients receiving psychotropic drugs answered the questions asked by the researcher from antipsychotic side-effects and subjective distress rating checklist. The study revealed that out of 50 psychiatric patients receiving psychotropic drugs had 68% of moderate level of side effects and subjective distress, 28% of mild level of side effects and subjective distress and 04% of severe side effects and subjective distress. The study result showed that there is moderate level of side effects and subjective distress related to the side effects of psychotropic drugs, following study results support the present study. A prospective interventional study was conducted in the psychiatric unit of a tertiary care hospital of Mysore, India. The study was conducted to identify and manage the adverse effects of antipsychotics among the 517 patients receiving antipsychotics, a total of 289 side effects were identified from 217 patients at an overall incidence rate of 41.97%. Sixty-seven different kinds of side effects were observed in the study patients. Central and peripheral nervous system was the most commonly affected system organ class (n = 59) and weight gain (n = 30) was the most commonly observed side effect [5].

A cross-sectional survey was conducted to assess the prevalence and extent of distress of adverse effects of antipsychotics among callers to a United Kingdom National Mental Health Helpline. The aim of the study was to assess the psychotic sufferers' perception of effectiveness of their medication, distress caused by the adverse effects and level of satisfaction with treatment. The results indicated that almost one-half of the respondents were dissatisfied with their medication, and almost all of them reported

experiencing at least one adverse effect and weight gain, difficulty thinking/concentrating, and depression was the extremely distressing [6].

The previous study on Subjective distress related to side effects and subjective well-being in first admitted adolescents with early-onset psychosis treated with atypical antipsychotics. Subjects enrolled were first hospitalized adolescent in-patients with diagnoses of Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) schizophrenia, or schizoaffective disorder. Subjects' Clinical Global Impression-Severity (CGI-S) and subjective well-being (SWN-K, BfS) were evaluated at baseline, week 2, and week 6. Side effects (UKU) and subjective distress under SE (Subjective Distress Scale, SDS) were evaluated at weeks 2 and 6. Twenty adolescents were included. Almost all subjects suffered from at least one distressing SE at both follow-up time points. The mean number of distressing SE decreased from weeks 2 to 6. The most prevalent distressing SE were psychic SE and weight gain. There was an association between distress related to psychic and neurological SE and negative subjective wellbeing ( $r = 0.60-0.70$ ). Subjective distress with these SE, especially neurological SE at both time points and sedation-increased sleep at week 6, did not correspond to clinician's severity ratings [7]. supports the present study results.

The previous study reports concludes that the mental health team must put efforts to improve medication adherence in patients with schizophrenia should target relevant risk factors [8].

Mental health team members may overlook subjective distress in the treatment with atypical antipsychotics, leading to negative subjective well-being and a high rate of non-adherence to treatment. Therefore, it is recommended to discuss the severity of, side effects and level subjective distress independently with patients. Mental health nurses are play a key role in identifying the subjective distress and level of side effects among patients with psychiatric illnesses. The study results emphasis that the psychiatric setting must have proper information or psycho-education units which are dealing with these type of issues separately and work on reducing subjective distress by proper coping strategies' to teach the patients and their caregivers to manage side effects.

### Limitations

The study is limited to only the patients of DIMHANS Dharwad, and also it is a pilot study, generalization of the results were limited, and also long term effects could not be established due to time constraint.

### Conclusion

The study revealed that more than half of the patients had moderate level of side effects and subjective distress. Subjective distress can contribute to drug non-compliance and relapse of psychiatric disorders. Interventions like pretreatment instructions, counseling, psycho education can help to reduce subjective distress, drug noncompliance and relapse.

**Funding:** This research received no specific grant from any funding agency.

**Conflict of interest:** No conflict of interest has been declared by the authors.'

**Author contributions:** All the authors have agreed on the final version and meet the criteria of journal.

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