Medication Adherence in Adult Patients with Bipolar Disorder: An Integrative Literature Review

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An estimated 35% to 65% of patients with BD do not adhere to their medication regimen, with a large portion discontinuing their treatment plan against medical advice within the first year. Generally known factors affecting adherence include age, gender, educational level, insight, beliefs, comorbidities, side effects, duration, polypharmacy, as well as alcohol dependence. Nonadherence in BD has the potential to result in impaired social functioning, difficulty in maintaining employment, higher rates of suicide, and higher rates of hospital admissions.

**Purpose and Research Questions**

Purpose: Examine factors contributing to nonadherence and methods for directly addressing these in an effect to offer providers information that can be used to assist clients.

- What are the factors that contribute to nonadherence among clients in treatment for Bipolar Disorder?
- What specific strategies have been devised to address factors contributing to nonadherence and what evidence exists for their effectiveness?

**Methods**

- A computerized search of the literature was conducted using Cumulative Index to Nursing and Health Literature (CINAHL) and PsycInfo
- The following keywords were used as search terms: ‘Medication AND Adherence AND Bipolar NOT HIV’
- The search was limited to peer-reviewed articles published between 2012-2017
- Case studies and clinical trials were excluded from the search. Additionally, articles focusing on pharmacological interventions, patients with HIV, inmates, and pediatric populations were also excluded
- A total of 10 articles were included and reviewed

**Conclusion**

- Alcohol and illicit substance use is the most documented reason for medication nonadherence
- Social support, coping strategies, disease perception, and spirituality are also factors contributing to non-adherence
- Technological aids have the capacity to improve medication adherence, as does in-depth patient education and motivational interviewing
- Providers must take the time to treat the person and not the disease, as BD treatment needs to be individualized and holistic

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