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Adherence to treatment in epilepsy - An assessment of the experience of illness and psychodynamic conflicts via the Operationalized Psychodynamic Diagnosis.

Fach/Einrichtung: Psychosomatik
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Adherence to treatment has become an issue on its own. Its impact on health parameters, such as increased morbidity and mortality, augmented direct and indirect costs associated with treatment, as well as its economic and psychosocial impact, justify this concern. So far and despite the efforts devoted to their research, there are no comprehensive theories that account for the problem, thus allowing to identify and predict which patients are more likely to become non-adherent in order to develop interventions enhancing the engagement to treatment

Previous research had focused mainly on behavioral and psychosocial factors associated with adherence. Against this background, adherence had been conceptualized as a behavioral outcome rather than a psychological process. The past years have witnessed the emergence of new conceptualizations of adherence, which have emphasized its relational nature and its linkage to the meaning granted to medication and illness. In this new scenario becomes meaningful to research the factors related to the subjective experience of illness and treatment, namely the experience of illness and psychodynamic-related conflicts. Taking into account current research, it was hypothesized that adherence to treatment occurs more frequently in persons who have had attained more education and present better health-related quality of life and psychosocial adjustment. Besides, it was proposed that adherence was related to a more articulated stance in what concerns disease, i.e. it would occur in persons holding both a psychological and somatic concept and of illness, which are able to take responsibility for their own actions and develop strategies to cope with illness. Finally and considering psychoanalytic theory, it was raised that a dysfunctional working-through of the submission/control conflict may foster non-adherence to treatment.

To improve the identification of adherent / non-adherent patients, direct and indirect methods of assessing adherence were used concurrently. Psychosocial factors such as HRQoL, and subjective experience of illness, namely concept of illness, desired change and illness representation were assessed by means the Operationalized Psychodynamic Diagnosis (OPD-2), which was also used to evaluate patient's personal resources and psychodynamic conflicts.

After logistic regression, it was found that most of the proposed hypotheses were confirmed, excluding the hypotheses relating non-adherence to a dysfunctional processing of submission /control conflict and with lesser patient's personal resources. Besides, it was found that *social concept of illness* was strongly associated with non-adherence to treatment. After adjustment of a logistic regression model, it was found that the variables with higher explanatory power with regards adherence, were both the *psychological concept of illness* and *social concept of illness,* being the latter inversely related to adherence.

According to these data, adherence depends largely on how much importance is granted to intrapsychic and social issues as having an etiological/triggering role in the development of illness. In other words, adherence is strongly related to the degree to which the patient includes himself, his mental processes and its environment in a meaningful narrative of his illness. At the same time, they expect and desire that the treatment of their illness include both the somatic (e.gr. AEDs treatment) and the psychological factors related to their illness. These findings emphasize the importance of considering the patient's subjectivity in the process of adherence to treatment in epilepsy. These factors can establish the difference between adherents and non-adherents patients, including the related clinical, psychosocial, and economic consequences.

Due to the research design it was not possible to determine the directionality of adherence-related variables. Likewise a cohort study would have allowed capturing the dynamic nature of adherence. The sample size prevents to generalize findings from this Dissertation to the population of epileptic patients in Chile. However, further research should take into account a thoroughly assessment of the subjective

experience of illness, as well of psychodynamic factors related to adherence. Within this framework, it would be advisable that ulterior research using the OPD-2 as an assessment instrument includes other axes in order to gain insight about the relationships between experience of illness, relational patterns and personality structure.