

Antidepressant Adherence Among Hispanics: Patients in an Integrated Health Care Model [Letter]

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Dear editor

We have read the paper by Alan Kunz-Lomelin et al, Antidepressant Adherence Among Hispanics: Patients in an Integrated Health Care Model.¹ We congratulate the authors for their valuable findings in the world of health for better mental health services for workers, especially women workers. We would like to share our views on this study as well as provide input that can build on and develop this research if it is to be continued in the future by other researchers who also wish to conduct studies on mental health related to the therapy provided.

The study conducted by Alan Kunz-Lomelin et al aims to see how the level of patient adherence to antidepressant treatment in mental health services over a period of 2 years. Alan Kunz-Lomelin et al in their study found a significant difference between samples prescribed antidepressant treatment, namely non-adherence to antidepressant treatment 13 weeks after initiation of treatment.¹ This is most likely due to the fact that most of the samples in this study were women where women here have a lot of business that gives them the opportunity to forget to take the antidepressant medication they are given. In addition, mental health services should prepare an application that can be used by patients as a reminder in taking medication in order to avoid interruption of treatment or forgetfulness in taking medication.²

The study conducted by Alan Kunz-Lomelin et al used a qualitative analysis method using a questionnaire to measure the level of adherence of patients who were prescribed antidepressants while receiving treatment at an integrated health service. The sampled patients will be assessed at two main time points, namely at 4 weeks and 13 weeks to identify factors that may increase or decrease the likelihood of patient adherence to antidepressant medication.¹ The method used is good enough, but we want to provide input regarding the additional content of the questionnaire that can be used for this study, namely the questionnaire used by Ayesha Abdulla in her research which is also related to mental health services by adding a questionnaire of beliefs and attitudes of health professionals to the health user rights scale. Mentally this is useful for assessing the beliefs and attitudes of patients before taking antidepressant drugs so as to minimize the possibility of not taking or forgetting to take the given antidepressant drugs.³

In conclusion, we agree that the level of adherence to antidepressant therapy will increase with increasing age of the patient according to the results obtained by researchers where a large role is needed from primary health services in controlling and supervising patients who use antidepressant drugs, but we still need commitment from the patient himself and also health care nurses who handle directly to prevent drug withdrawal and non-adherence in drug use in order to create a total recovery of the patient.⁴ This will help health services for workers in carrying out interventions and long-term follow-up so that the assessment system for the use of antidepressant drugs can have a big impact on workers because the mentality of workers is very vulnerable to stress.

Disclosure

The author reports no conflicts of interest in this communication.

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