FDA-approved for the treatment of behavioral disorders in patients with dementia [29].

**Side effects antipsychotic:** Most side effects go away after a few days and often can be managed successfully. People who are taking antipsychotics should not drive until they adjust to their new medication. Side effects of many antipsychotics include: Drowsiness, Dizziness when changing positions, Blurred vision ,Rapid heartbeat ,Sensitivity to the sun ,Skin rashes ,Menstrual problems for women. Atypical antipsychotic medications can cause major weight gain and changes in a person's metabolism. This may increase a person's risk of getting diabetes and high cholesterol. A person's weight, glucose levels, and lipid levels should be monitored regularly by a doctor while taking an atypical antipsychotic medication. Typical antipsychotic medications can cause side effects related to physical movement, such as: Rigidity, Persistent muscle spasms, Tremors, Restlessness.Long-term use of typical antipsychotic medications may lead to a condition called tardive dyskinesia (TD). TD causes muscle movements a person can't control. The movements commonly happen around the mouth. TD can range from mild to severe, and in some people the problem cannot be cured. Sometimes people with TD recover partially or fully after they stop taking the medication. Every year, an estimated 5 percent of people taking typical antipsychotics get TD. The condition happens to fewer people who take the new, atypical antipsychotics, but some people may still get TD. People who think that they might have TD should check with their doctor before stopping their medication .[30].

**Medications used to treat depression**: The most popular types of antidepressants are called selective serotonin reuptake inhibitors (SSRIs). These include: s Fluoxetine (Prozac) s Citalopram (Celexa) s Sertraline (Zoloft) s Paroxetine (Paxil) s Escitalopram (Lexapro).Other types of

antidepressants are serotonin and nor epinephrine reuptake inhibitors (SNRIs). SNRIs are similar to SSRIs and include venlafaxine (Effexor) and duloxetine (Cymbalta). Another antidepressant that is commonly used is bupropion (Wellbutrin). Bupropion, which works on the neurotransmitter dopamine, is unique in that it does no SSRIs and SNRIs are popular because they do not cause as many side effects as older classes of antidepressants. Older antidepressant medications include tricyclics, tetracyclics, and monoamine oxidase inhibitors (MAOIs). For some people, tricyclics, tetracyclics, or MAOIs may be the best medications [31].

**Side effects of antidepressant:** The most common side effects associated with SSRIs and SNRIs include: Headache, which usually goes away within a few days. Nausea (feeling sick to your stomach), which usually goes away within a few days. Sleeplessness or drowsiness, which may happen during the first few weeks but then, goes away. Sometimes the medication dose needs to be reduced or the time of day it is taken needs to be adjusted to help lessen these side effects. Agitation (feeling jittery). Sexual problems, which can affect both men and women and may include re s Bladder problems. It may be hard to empty the bladder, or the urine stream may not be as strong as usual. Older men with enlarged prostate conditions may be more affected. s Sexual problems, which can affect both men and women and may include reduced se(drive, and problems having and sex.tricyclic antidepressants can cause side effects, including: Dry mouth. .Constipation. Blurred vision, which usually goes away quickly. Drowsiness. Usually, antidepressants that make you drowsy are taken at bedtime. People taking MAOIs need to be careful about the foods they eat and the medicines they take. Foods and medicines that contain high levels of a chemical called tyramine are dangerous for people taking MAOIs. Tyramine is found in some cheeses,

wines, and pickles. The chemical is also in some medications, including decongestants and over-thecounter cold medicine. Mixing MAOIs and tyramine can cause a sharp increase in blood pressure, which can lead to stroke [31] [32].

**Medications that used to treat bipolar disorder**: is commonly treated with mood stabilizers. Sometimes, antipsychotics and antidepressants are used along with a mood stabilizer.

**Mood stabilizers**: People with bipolar disorder usually try mood stabilizers first. In general, people continue treatment with mood stabilizers for years. Lithium is a very effective mood stabilizer. It was the first mood stabilizer approved by the FDA in the 1970's for treating both manic and depressive episodes. Anticonvulsant medications also are used as mood stabilizers. They were originally developed to treat seizures, but they were found to help control moods as well. One anticonvulsant commonly used as a mood stabilizer is valproic acid, also called divalproex sodium (Depakote). For some people, it may work better than lithium.[6]other anticonvulsants used as mood stabilizers are carbamazepine (Tegretol), lamotrigine (Lamictal) and oxcarbazepine (Trileptal) [33].

**Atypical antipsychotics:** Atypical antipsychotic medications are sometimes used to treat symptoms of bipolar disorder. Often, antipsychotics are used along with other medications. Antipsychotics used to treat people with bi s Olanzapine (Zyprexa), which helps people with severe or psychotic depression, which often is accompanied by a break with reality, hallucinations, or delusions, Risperidone (Risperdal),Ziprasid for people who do not respond to lithium or anticonvulsants [34].

**Antidepressants**: Antidepressants are sometimes used to treat symptoms of depression in bipolar disorder. Fluoxetine (Prozac), paroxetine (Paxil), or sertraline (Zoloft) are a few that are used. However, people with bipolar disorder should not take an antidepressant on its own. Doing so can cause the person to rapidly switch from depression to mania, which can be dangerous. To prevent this problem, doctors give patients a mood stabilizer or an antipsychotic along with an antidepressant [34].

**Side effects Antidepressants**: Different medications for treating bipolar disorder may cause different side effects. Some medications used for treating bipolar disorder have been linked to unique and serious symptoms, which are described below. Lithium can cause several side .Loss of coordination .Excessive thirst .frequent urination .Blackouts .Seizures .Slurred speech .Fast, slow, irregular, or pounding heartbeat .Hallucinations (seeing things or hearing voices that do not exist) .Changes in vision .Itching, rash .Swelling of the eyes, face, lips, tongue, throat, hands, feet, ankles, or lower legs. If a person with bipolar disorder is being treated with lithium, he or she should visit the doctor regularly to check the levels of lithesome possible side effects linked with valproic acid/divalproex sodium include: Changes in weight, Nausea, Stomach pain, Vomiting, Anorexia, and Loss of appetite. ium in the blood, and make sure the Valproic acid may cause damage to the liver or pancreas, so people taking it should see their doctors regularly. Kidneys and the thyroid are wo Lamotrigine can cause a rare but serious skin rash that needs to be treated in a hospital. In some cases, this rash can cause permanent disability or be life threatening. Raking normally [35].

**Medications that used to treat anxiety disorders:** Antidepressants, anti-anxiety medications, and beta-blockers are the most common medications used for anxiety disorders.

**Antidepressants:** Antidepressants were developed to treat depression, but they also help people with anxiety disorders. SSRIs such as Fluoxetine (Prozac), sertraline. (Zoloft), Escitalopram (Lexapro), pa Some Tricyclic antidepressants work well for anxiety. For example, imipramine (Tofranil) is prescribed for panic disorder and GAD. Clomipramine (Anafranil) is used to treat OCD. Tricyclics are also MAOIs are also used for anxiety disorders. Doctors sometimes prescribe phenelzine (Nardil), tranylcypromine (Parnate), and isocarboxazid (Marplan). People who take MAOIs must avoid certain food and medicines that can interact with their medicine and cause dangerous increases in blood pressure. For more information, see the section on medications used to treat depression [36].

**Benzodiazepines (anti-anxiety medications):** The anti-anxiety medications called benzodiazepines can start working more quickly than antidepressants. The ones used to treat anxiety disorders include:

Clonazepam (Klonopin), which is used for social phobia and GAD Lorazepam (Ativan), which is used for panic disorder Alprazolam (Xanax), which is used for panic disorder and GAD. Buspirone (Buspar) is an anti-anxiety medication used to treat GAD. Unlike benzodiazepines, however, it takes at least two weeks for buspirone to begin working. Clonazepam, listed above, is an anticonvulsant medication. See FDA warning on anticonvulsants under the bipolar disorder section [37].

**Side effects Benzodiazepines**: Seethe sect the most common side effects for benzodiazepines are Drowsiness and dizziness. Other possible side effects include: Upset stomach Blurred vision Headache Confusion Grogginess Nigh Possible side effects from buspirone (Buspar) include: Dizziness Headaches Nausea Fatigue Cold hands Dizziness

Weakness. Nervousness, Lightheadedness, Excitement, Trouble sleeping

[38]

# *Chapter three*

# Materials methods

## 4-1 Study area and setting:

This study was carried from March 2018 to July 2018 in clinic in Atbara hospital of Atbara city.

The study was conducted in Atbara city which located in north Sudan between river Nile and Atbara River .Atbara teaching hospital located in the north police station west railway station consists of the following section: Medical and Surgical section, intensive care unit, cardiac care unit, nursery, obstetrics and gynecology, electrocardiogram, dialysis unit, ear, nose and throat ophthalmic.

The study was seated in Atbara hospital of psychiatric department in clinic refers.

## 4-2 Study design:

This study is descriptive cross sectional design was used to achieve the aim of study.

## 4-3 Study sample size:

The sample size need for this study was calculate using the formula for **descriptive studies:**

The sample size (n) $= \frac{z^2 \times p \times q}{d^2}$

N=138

Z= (1.96)

p= prevalence of psychiatric disorder (0.1)

q= (1-v)

d= degree per size (0.05)

**4-4 Sample technique:**

The sample selected through patient interview randomly

**4-5 Study population:**

Psychiatric patient was follow up in clinic in Atbara hospital.

**4-6 Inclusion criteria:**

Age 20 and <65 years' old

Adult psychiatric patient in clink refer

**4-7 Exclusion criteria:**

Age <20 above the 65

Admitted patient in psychiatric words

**4-8 Data collection**:

Data collection by interview using questionnaire.

**4-9 Data analysis:**

The data were analyzed by using statistical back age of social since (spss) frequency presented mean and stander deviation, paired. Test and cross tabulation were used to data analysis as statically test and excel program was used for figure and was presented in table, figures presentation include paragraph, pie graph.

**4-10 Ethical consideration**.

The study protocol was approved by the institutional ethics committee of the University of Elsheikh Abdallah prior to the commencement of the study .permission took from hospital director was taken, permission took from patients.

# *Chapter Four*

Table no (1) non compliance to psychiatric medications and the correlation with age and gender and marital status :-

| | variable | description | frequencies | Percentage | p-value |
|---|---|---|---|---|---|
| Distribution of participant<br><br>Sample size (n)=138 | Age | 18<20 | 6 | 4.3% | 0.338 |
| | | 20<40 | 68 | 49.3% | |
| | | 40<65 | 64 | 46.4% | |
| | Gender | Male | 72 | 52.2% | 0.655 |
| | | Female | 66 | 47.8% | |
| | Martial status | Single | 43 | 31.2% | 0.054 |
| | | married | 82 | 59.4% | |
| | | divorced | 11 | 8% | |
| | | Widowed | 2 | 1.4% | |
| Total | | | 138 | 100% | |

**Table No (2) non- compliance to psychiatric medications and the correlation with the years of diseases , occupation and disposition of the individual in family.**

| | variable | description | frequencies | percentage | p-value |
|---|---|---|---|---|---|
| Distribution of participant<br>Sample size (n)=138 | Year of disease | <3 years | 29 | 21% | 0.054 |
| | | >3 years | 23 | 16.7% | |
| | | >5 yeas | 86 | 62.3% | |
| | Occupation | Free work | 34 | 24.6% | -0.066 |
| | | Employee | 15 | 10.9% | |
| | | House keeper | 53 | 38.4% | |
| | | Un employed | 33 | 23.9% | |
| | | Other | 3 | 2.2% | |
| | Disposition of the individual In the family | First | 39 | 28.3% | 0.026 |
| | | Middle | 59 | 42.8% | |
| | | Last | 40 | 29% | |
| Total | | | 138 | 100% | |

Table No (3) bipolar affective disorder: -

| | | | | |
|---|---|---|---|---|
| Distribution of participant<br><br>Sample size (n)=138 | variable | Description | Frequencies | percentage |
| | Bipolar affective disorder | mania with psychosis | 77 | 55.8% |
| | | without psychosis | 12 | 8.7% |
| | | depression with psychosis | 33 | 23.9% |
| | | without psychosis | 3 | 2.2% |
| | | No | 13 | 9.4% |
| Total | | | 138 | 100% |

Table no (4) schizophrenia disorder: -

| | | | | |
|---|---|---|---|---|
| Distribution of participant<br><br>Sample size (n)=138 | Variable | description | Frequencies | Percentage |
| | schizophrenia | Simple | 2 | 1.4% |
| | | Paranoid | 11 | 8% |
| | | Catatonic | 1 | 0.7% |
| | | Residual | 0 | 0% |
| | | Disorganized | 1 | 0.7% |
| | | Un differentiated | 0 | 0% |
| | | No | 123 | 89.1% |
| Total | | | 138 | 100% |



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Table no (5) medications used for bipolar affective disorder :-

| Percentage | Frequencies | Description | Variable | |
|---|---|---|---|---|
| 0.7% | 1 | Lithium | medications used for bipolar effective disorder | Pharmacological treatment |
| 25.4% | 35 | Valproate | | |
| 11.6% | 16 | Carbamazepine | | |
| 8.7% | 12 | Olanzapine | | |
| 11.6% | 16 | Haloperidol | | |
| 18.1% | 25 | Risperidone | | |
| 4.3% | 6 | Chlorpromazine | | |
| 11.6% | 16 | Citalopram | | |
| 8% | 11 | No drug | | |
| 100% | 138 | Total | | |

Table no (6) side effects and correlation with non-compliance to psychiatric medications :-

| Variable | Description | frequencies | percentage | variable | p-value |
|---|---|---|---|---|---|
| Side effect | | slight shaking of hand | 3 | 2.2% | 0.042 |
| | | dry mouth | 1 | 0.7% | |
| | | tiredness | 19 | 13.8% | |
| | | weight gain | 3 | 2.2% | |
| | | Thirst | 4 | 2.9% | |
| | | Lithium toxicity | 1 | 0.7% | |
| | | Nausea | 12 | 8.7% | |
| | | Vomiting | 8 | 5,8% | |
| | | Drowsiness | 6 | 4.3% | |
| | | Other | 15 | 10.9% | |
| | | NO side effect | 66 | 47.8% | |
| Total | | | 138 | 100% | |

Table no (7) medications used for schizophrenia: -

| Variable | | description | frequencies | Percentage |
|---|---|---|---|---|
| medications used for schizophrenia | Typical anti-psychotic | Haloperidol | 7 | 5,1% |
| | | Chlorpromazine | 3 | 2.2% |
| | | Thiordazine | 3 | 2.2% |
| | | NO drug | 125 | 90.6% |
| | | olanzapine | 15 | 10.9% |
| | | clozapine | 1 | 0.7% |
| | | risperidone | 5 | 3.9% |
| | | quetiapine | 4 | 2.9% |
| | | No | 113 | 81.9% |
| Total | | | 138 | 100% |

Table No (8) compliance and non-compliances to psychiatric medication, non-compliance and correlation with causes of non-compliance :-

| Variable | | Description | frequencies | Percentage | p-value |
|---|---|---|---|---|---|
| Is the patient compliance to the medications? | | Yes | 121 | 87.7% | 0.000 |
| | | No | 17 | 12.3% | |
| If no | Forget to take your medications? | Yes | 6 | 4.3% | 0.000 |
| | | No | 132 | 95.7% | |
| | Careless at time about taking your medications? | Yes | 2 | 1.4% | 0.000 |
| | | No | 136 | 98.6% | |
| | When you feel better sometime stop taking your medications? | Yes | 4 | 97.1% | 0.000 |
| | | No | 134 | 2.9% | |
| | Sometime if feel worse when taking ,do you stop? | Yes | 4 | 97.1% | 0.000 |
| | | No | 134 | 2.9% | |
| | Take my medications only when I felt sick? | Yes | 3 | 2.2% | 0.138 |
| | | No | 135 | 97.8% | |
| Total | | | 138 | 100% | |

**Figure No(1)**

Bipolar affective disorder

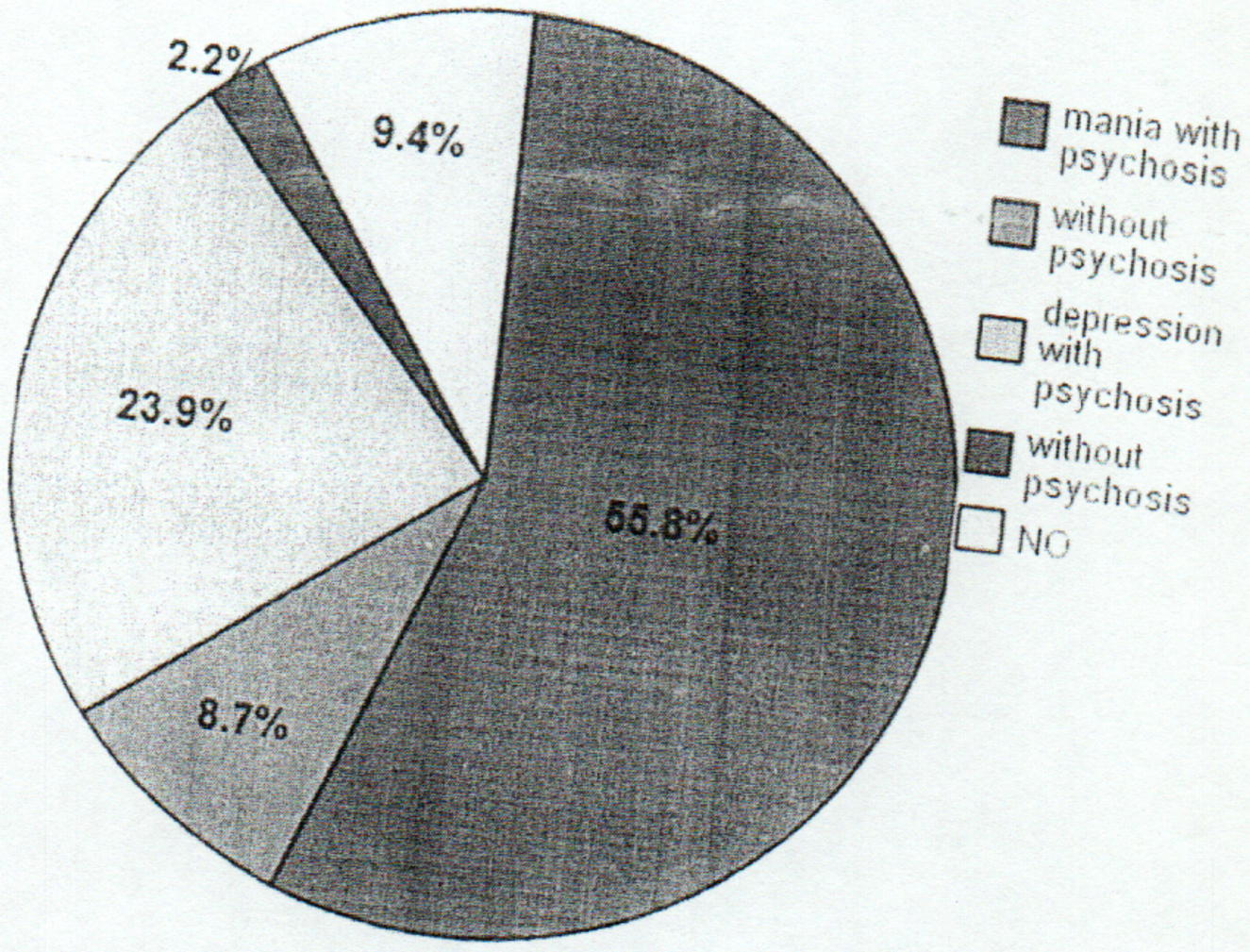
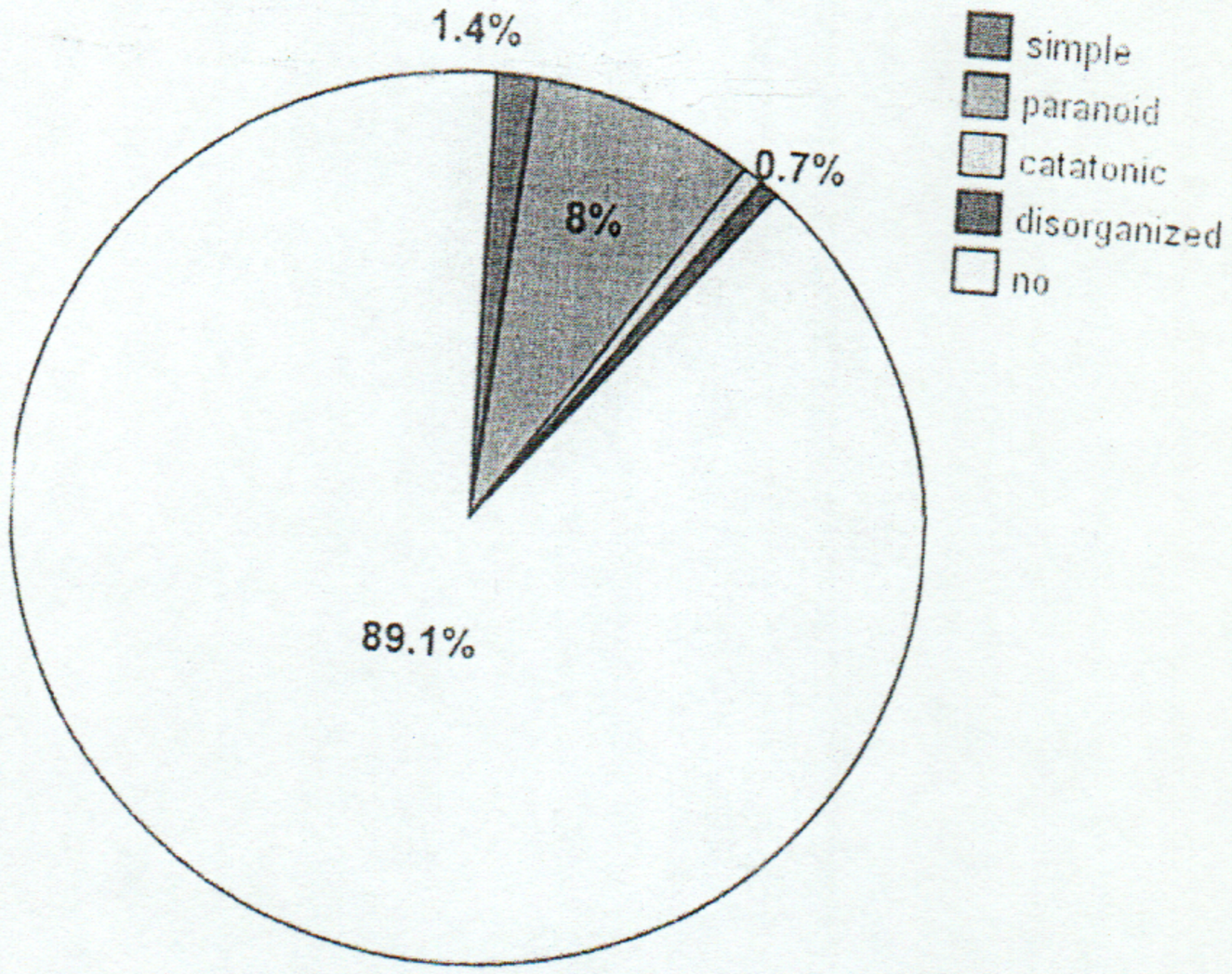


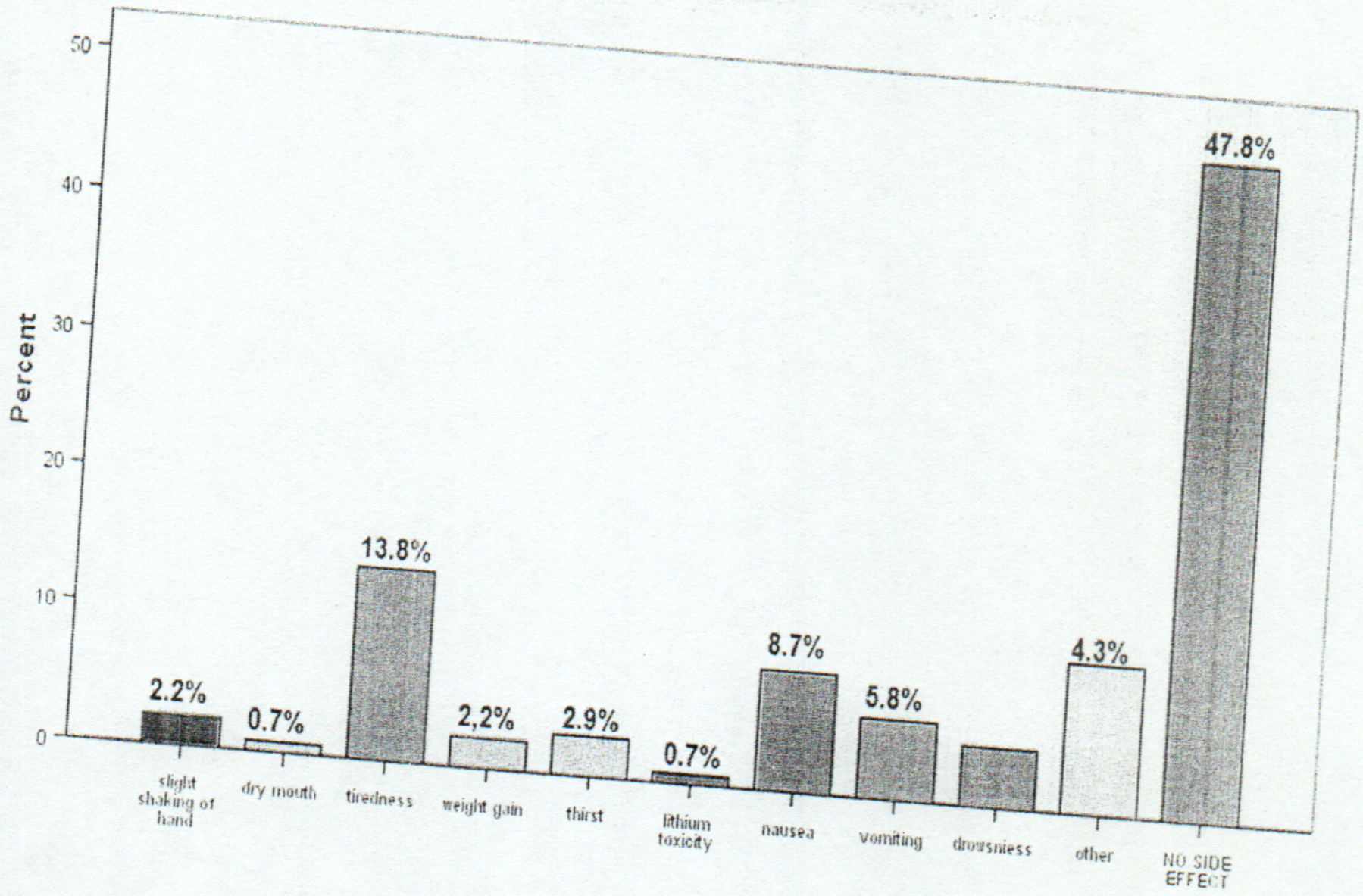
**Figure No (2)**

Schizophrenia disorder



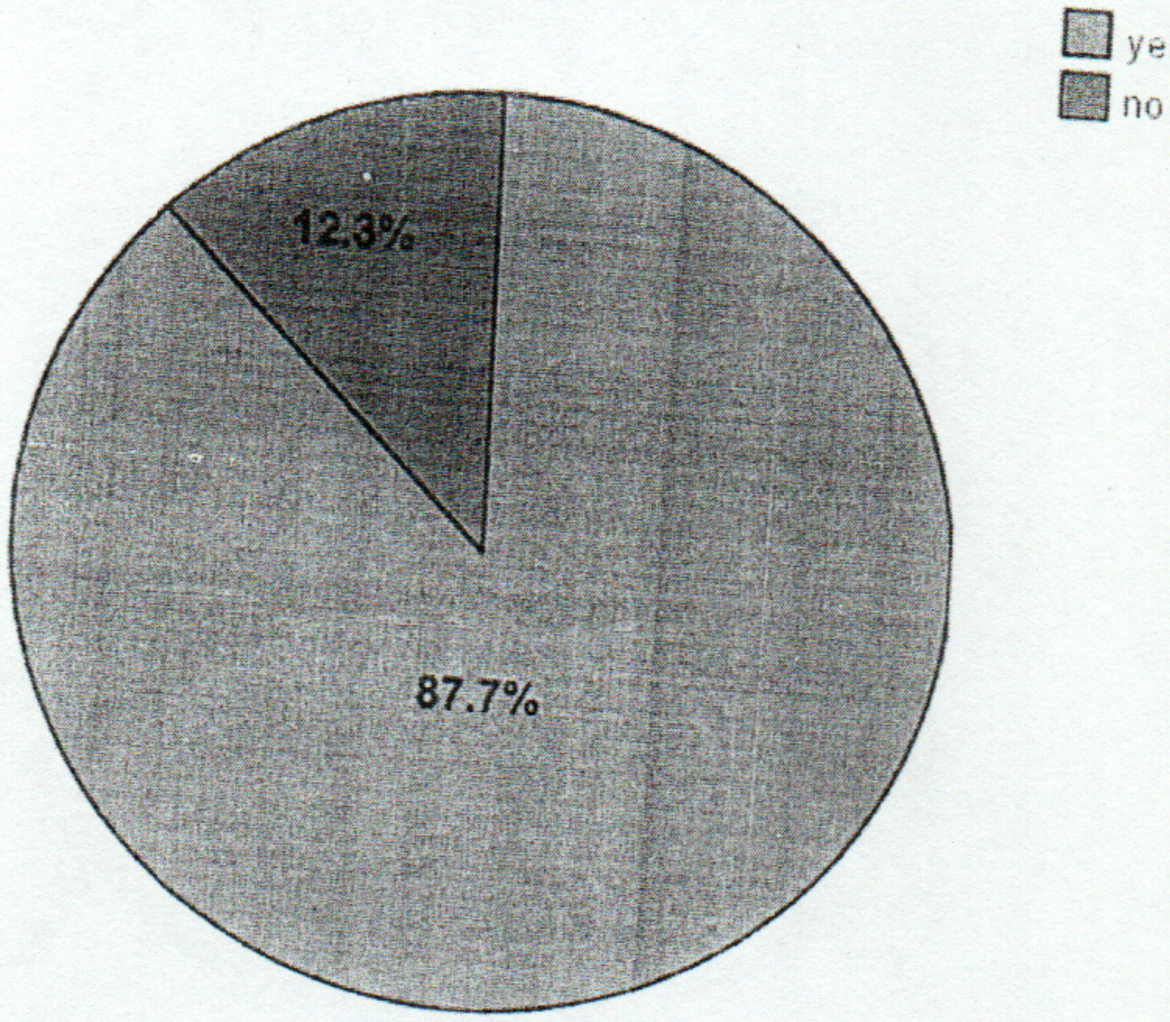
**FigureNo (3)**

Side effectof psychiatric medications



**FigureNo (4)**

compliance and non-compliance of patient to psychiatric medications



## Results

The total number of study population was 138 from both gender, 72 male (52.2%) and 66 female (47.8%), 31.2% were single while 59.4% were married, 8% were divorced and 1.4 % were widowed. Characteristics of male and female patient their age ranging between 18-65 years .

Table (1) shows the characteristic of correlation between the age, gender, marital status and non-compliance to medications as fallow: 52. 2% were males while 47. 8% were females. 4. 3% of them their average age less than 20 years, while 49.3% were with age between 20 to 40 years old and 46.4% were with age between 40 to 65 years old.

The study revealed that 52.2% of male's were compliance to their psychiatric medications, while 47.8% of females were compliance to psychiatric medications. The result shows p value (0.655) there was no correlation between gender and non-compliance to psychiatric medications.

According to result 4.3% of group age less than 20 years old compliance to their psychiatric medications, while 49.3% of them group age from 20 to 40 years old were compliance to psychotic medications, while 46.4% of group age from 40 to 65 years old compliance to psychiatric medications. The result shows p value (0.338) there was no correlation between age and non-compliance to psychiatric medications.

According to result 31.2% were single, while 59.4% were married, 8% were divorced and 1.4% were widowed. The result shows p value (0.054) there was correlation between marital status and non-compliance to psychiatric medications.

Table (2) shows the characteristic correlation between years of disease, occupation , disposition of individual in the family and non-compliance

to psychiatric medications as the fallow: 21% were <3 years of disease , while 16.7% were >3 years of disease, while 62.3% > 5 years of disease, the result shows p value (0.054) there is no correlation between years of disease and non-compliance to psychiatric medications while , 24.6% were free work, while 10.9% were employee, while 38.4% were house keeper, while 23.9% un employee, while 2.2% were others of occupation, the result shows p value (0.066) , there is no correlation between occupation and non-compliance to psychiatric medications while, 28.3% were first, while 42.8% were middle, while 29% were last, shows p value (0.026) there was no correlation between disposition of the individual in the family and non-compliance to psychiatric medications.

Table (3) shows characteristic of bipolar affective disorder as fallow: 55.8% were patient of mania with psychosis, 8.7% were patient of mania without psychosis, 23.9% were patient of depression with psychosis, 2.2% were patient of depression without psychosis, 9.4% were patient without bipolar affective disorder as appears in figure No (1).

Table (4) shows characteristic of schizophrenia as fallow: 1.4% were patient with simple schizophrenia, 8% were patient with paranoid schizophrenia, while 0.7% were patient with catatonic schizophrenia, while 0% were patient with residual schizophrenia, while 0.7% were patient with disorganized schizophrenia, while 0% were patient with un differentiated schizophrenia, 89% were patient without schizophrenia disorder as appears in figure No (2).

Table (5) shows characteristic of medications used for bipolar affective disorder, 0.7% was patient take lithium, 25.4% were patient take valproate, 11.6% were patient take carbamazepine, haloperidol and citalopram, 8.7% were patient take olanzapine, 18.1% were patient take

risperidone, 4.3% were patient take chlorpromazine, 8% were patient do not take medications for bipolar affective disorder.

Table (6) shows characteristic of correlation between side effects of medications and non-compliance to psychiatric medications as fallow: 2.2% were patient with slight shaking of hand and weight gain, 0.7% were patient with dry mouth and lithium toxicity, 13.8% were patient with tiredness, 2.9% were patient with thirst, 8.7% were patient with nausea, 5.8% were patient with vomiting, 4.3% were patient with drowsiness, 10.9% were patient with other side effects, 47.8% were patient without side effects, the result shows p value (0.042) there was no correlation between side effects and non-compliance as appears in figure No (3).

Table (7) shows characteristic of medications use for schizophrenia, 5,1% were patient take haloperidol, 2.2% were patent take chlorpromazine and thordazine, 90.6% were patient do not use atypical anti psychotic medications for schizophrenia, 10.9% were patient take olanzapine, 0.7% were patient take clozapine, 3.9% were patient take risperidone, 2.9% were patient take quetiapine, while 81.9% were patient do not use typical anti psychotic medications.

Table (8) shows characteristic compliance and non-compliance to psychiatric medications, 87.7% were patient compliance to medications, while 12.3% were patient non- compliance to medications, 4.3% were patient Forget to take your medications? Show p value (0.000) ,1.4% were patient carless at time about taking your medication? Show p value (0.000), 2, 9% were patient when feel better sometime stop taking your medications, sometime if feel worse when taking, do you stop, show p value (0.000) ,2.2% were patient take their medications only when they felt sick ? Show p value (0.138). as appears in figure No (4)

## Discussion

The current study was reflect that the majority of psychiatric patients were compliance to their medications and few of them were non-compliance.

Most of non-compliance patients were forgets to take their dose on time and less of them they were careless about time.

Our study was similar to study conducted by Iram T –etal 2013 the aim of the study was to determine the extent of compliance with treatment of psychiatric patient and examine the factor effecting compliance and non compliance with treatment, Result: 62.4% of patients were complaint to treatment and 37.6% were non complaint [39].

Few of current investigated patients were suffering from schizophrenia, while the majority of them were suffering from bipolar affective disorders this result is compared with and other study conducted by Zaid Demoz etal 2014, the aim of this study was to assess medication adherence and its correlates among psychiatric patient clinic referral hospital, and northern Ethiopia. The Result: total of 387 patient completed the interview to hundred and sixteen (55.8%) and 113(29.2%) were patients with the diagnosis of schizophrenia [40]. The result is not similar because they investigated 387 and we investigate 138 according to our country disease prevalence.

Our study was agreement to another study conducted by Chieozie Donald Chukwujekwu, Olufisayo Kola Adesokun 2017, the aim of the study was design to ascertain the prevalence of medication non adherence among psychiatric patients and identify factors that aid this malaty . the result : the rate of medication non adherence among the subjects in this study was 39.6%. [41].

Our study was not similar to another study conducted by Peter O et al 2014. The aim of the study was to evaluate the level of patients' adherence to psychotropic drugs and also to explore factors associated with poor medication the result of the study is adherence varied from poor adherence (55.5%) through moderate (36%) to high adherence (8.5%) among participants. No significant associations were observed between poor medication adherence and the socio-demographics" characteristics of patients. More than half of the psychiatric out patients' were poorly adherent to prescribed medications because population of this study was (200) while our population was (138) [11].

# *Chapter five*

**Conclusion:**

This study reflects that few of the psychiatric patients have low non-compliance level to their prescribed medications and majority of them were compliance to psychiatric medications.

**Recommendation:**

- Instruct patient to make alarm about the time of medications.
- Make group counseling to teach patient and family about non-compliance.
- Design schedule for medications time put in the room

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## Appendix:

BD: Bipolar Disorder

MDD: Measure Depressed Disorder

BPD: Borderline Personality Disorder

ED: Eating Disorder

SAD: Seasonal Affective Disorder

EEG: Electro Encephalo Graph

ASSESSMENT OF MEDICATIONS COMPLIANCE AMONG PSYC HATRIC PATIENT

**A- Personal data:**

1. Age : 18-<20 ( ) 20-<40 ( ) 40-<65 ( )
2. Gender : Female ( ) Male ( )
3. Occupation: .....
4. Religion : Muslim ( ) Christian ( ) Other ( )
5. Marital status : Single ( ) Married ( ) Divorced ( ) widowed ( )
6. Years of disease : <3years( ) >3years ( ) >5 years ( )
7. Disposition of the individual in the family : First ( ) Middle ( ) Last ( )

**B- Psychiatric disorder:**

1- Bipolar affective disorder :

Mania with psychosis ( ) Without psychosis ( )

Depression with psychosis ( ) Without psychosis ( )

2- Schizophrenia:

Simple ( ) Paranoid ( ) Catatonic ( )

Residual ( ) Disorganized ( ) UN differentiated ( )

3- Obsessive compulsive disorder: ( )

4- Anxiety disorder :

Generalize anxiety disorder ( )

Phobia : Social ( ) Specific ( ) Agoraphobia ( )

C- **Pharmacological treatment :**

1- medications used for bipolar effective disorder:

Lithium ( ) Valproate ( ) Carbamazepine ( )

Olanzapine ( ) Haloperidol ( ) Risperidone ( )

Quetiapeine ( ) Chlorpromazine ( )

- **side effect :-**

| | | | | | |
|---|---|---|---|---|---|
| 1. | Slight shaking of hand | ( ) | 6. | Lithium Toxicity | ( ) |
| 2. | Dry mouth | ( ) | 7. | Nausea | ( ) |
| 3. | Tiredness | ( ) | 8. | Vomiting | ( ) |
| 4. | Weight gain | ( ) | 9. | Drowsiness | ( ) |
| 5. | Thirst | ( ) | 10. | Other | ( ) |

**2- medications used for schizophrenia:**

❖ **Typical anti-psychotic :**

Haloperidol ( ) Chlorpromazine ( ) Stelazine ( )

Perphenazine ( ) Thiordazine ( )

❖ **A Typical anti-psychotic :**

Olanzapine ( ) Clozapine ( )

Risperidone ( ) Quetiapine ( )

- **EPS (Extra Pyramidal symptom ) Side effect :**

1. Dystonia ( )
2. Oculogyric crises ( )
3. Tremor ( )
4. Tardive ( )
5. Dyskinesia ( )
6. Akasthesia ( )
7. Torticollis ( )

**3- medications used for obsessive compulsive disorder:**

- Antidepressant :

fluoxetine ( )

Lexapro(escitalopram) ( )

Celexa(citalopram) ( )

luvox(fluvoxamine) ( )

Pexva(citalopram) ( )

Zoloft (sertraline) ( )

- **Side effect of SSRI:**

1. Agitation ( )
2. Anorexi ( )
3. Anxiety ( )
4. Stress ( )
5. Binge eating disorder ( )
6. Bipolar disorder ( )
7. Depression ( )
8. Bulimia ( )

**3- medications used for phobia disorder:**

Antidepressent(SSRI) ( )

Monoamine oxide inhibitors ( )

Benzodizepine ( )

Antihypertensive agen ( )

- **Side effect :-**

1. Insomnia ( )
2. Insomnia ( )
3. Fatigue ( )
4. Nausea ( )
5. Sexual dysfunction ( )
6. Cardiac arrhythmia ( )

**Is the patient compliance to the medications?**

Yes ( )  No ( )

If No. . . . . .

**What are the causes of Non compliance?**

1-Forget to take your medications? ( )

2- Careless at time about taking your medications? ( )

3-When you feel better sometime stop taking your medications? ( )

4-Sometime if feel worse when taking, do you stop? ( )

5-Take my medications only when felt sick? ( )

6-Unnatural to be controlled by medications? ( )

7-Thoughts are clearer on medications? ( )

8-Staying on medications prevent getting sick? ( ).

بسم الله الرحمن الرحيم


RIVER NILE STATE

MINISTERY OF HEALTH

Atbara Teaching Hospital

ولايـــة نهر النيل

وزارة الصـــحة والسكان

مســـتشفى عطبره التعليمى


الثمرة:٣/أ/١٧

التاريخ :١١ / ٣ /٢٠١٨م

السيد / رئيس قسم التمريض

كلية العلوم الصحية بجامعة الشيخ عبد الله البدري

السلام عليكم ورحمة الله وبركاته

الموضوع/ اعداد بحث تخرج

بالإشارة للموضوع أعلاه وبناءاً على خطابكم بتاريخ ٢٠١٨/٣/٥ لنفس الموضوع نفيدكم بأننا لا نمانع من إجراء بحث التخرج التكميلي لنيل درجة البكلاريوس في علوم التمريض بالمستشفى، مرفق لكم كشف بأسماء الطلاب.

ولكم جزيل الشكر:::: ::::

محمد صابرك عبد اللطيف

المدير الطبي العام