**A COMPARISION OF NON-COMPLIANCE TOWARDS PSYCHOTHERAPY AND PHARMACO THERAPY
BETWEEN LGBT AND HETROSEXUAL POPULATION WITH DEPRESSION AND ANXIETY**

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BACKGROUND:

While antidepressants have played an important role in the treatment of depression, good compliance to medications is prerequisite to maintain those therapeutic benefits. Despite this self-evident fact, the available evidence has generally shown low adherence rates to antidepressant treatment in patients with a major depressive disorder. [Akincigil A. etal(2007) and Cantrell CR and etal 2006].A review of controlled therapeutic studies suggests a dropout rate of to 33% irrespective of the class of drug used. [Akincigil A. etal (2007)]. Psychotherapy is the most common non pharmacological intervention for the treatment of Depression. Compliance may be simply defined as 'The extent to which the patient's behaviour matches the prescriber's recommendations' (Haynes, Taylor and Sackett, 1979). Non-adherence is one of the major barriers to successful treatment. Non-adherence in mood disorders has been estimated to the range from 10% to 60%. However study about non-adherence in LGBT group is scanty. Studies have found that non-hetrosexual people face up to twice as much abuse or violence (including physical, mental, sexual or emotional) than their heterosexual counter parts, which can lead to depression and anxiety.

Aim & Objectives:

The objective of the study was to compare the non-compliance towards psychotherapy and pharmacotherapy between LGBT & heterosexual population in depression and anxiety disorder.

Materials and Methods:

Research Design:

- A case control design was adopted.

Selection of Sample:

- 32 LGBT and 32 Heterosexual Clients were purposefully selected for a period of two years (Dec'16 to Dec'18) study.

Inclusion Criteria: All the samples of age between 18 to 40 years.

Exclusion Criteria:

- No alcohol or substance use.
- No chronic physical illness.
- No other past and current history of any concomitant psychiatry illness other than depression and anxiety.

Tools Used:

- Data sheet
- HAM-A and HAM –D

Treatment:

- SSRI, SNRI, Benzodiazepine
- Psychotherapy

Procedure:

The study was conducted in a private clinic in the city of Cuttack, Odisha from Dec 2016 to Dec 2018.The LGBT and heterosexual patients who had diagnosis of MDD and GAD on the basis of ICD 10 and met the inclusion and exclusion criteria were included for study. A consent form was provided to those who were interested to be included in the study. Socio demographical details of all clients were collected and HAM A and HAM D were given to the participants. Then after evaluation anti-depressants SSRI group and SNRI group started along with Benzodiazepine in some cases. They were advised to report after fifteen days for future follow up. Psycho-therapy interventions like C.B.T. started. Intervention programme was consists of twelve sessions. In case of depression techniques like psycho-education, cognitive conceptualisation, Socratic questioning, DTR, cognitive distraction, behavioural activation techniques, graded task assignment, exercise etc. and in case of anxiety self-monitoring and early cue detection, stimulus control methods, relaxation methods etc. were used.

Data Analysis: The data was manually analysed.

Results:

(1)Non- compliance to pharmacotherapy at the end of one month was 30% and at the end of three months was found to be 63%.Whereas non-compliance to psychotherapy at the end of one month(4 sessions) was found to be 9% whereas at the end of three months(12 sessions) it was found to be 34% in LGBT population.

MONTH	Pharmaco therapy	Psycho therapy
ONE	30%	9%
THREE	63%	34%

Table 1 - Showing percentage of non-compliance to pharmacotherapy and psychotherapy in LGBT group at the end of one and three months.

(2)Non- compliance to Pharmacotherapy at the end of one month was 9% and at the end of three months was found to be 28%. Whereas non-compliance to Psychotherapy at the end of one month (4 sessions) was found to be 0% whereas at the end of three months(12 sessions) it was found to be 13% in Heterosexual population.

MONTH	Pharmaco therapy	Psycho therapy
ONE	9%	0%
THREE	28%	13%

Table 2 - Showing percentage of non- compliance to medication and psychotherapy in Heterosexual group at the end of one and three months.

(3)Non-compliance to pharmacotherapy at the end of three months was found to be 63% in LGBT group and 28% in Heterosexual group and non-compliance psychotherapy at the end of 12 sessions was found to be 34% in LGBT group and 13% in Heterosexual group.

GROUPS	Pharmaco Therapy	Psycho therapy
LGBT	63%	34%
HETEROSEXUAL	28%	13%

Table 3 - Showing percentage of non- compliance to pharmacotherapy and psychotherapy in Heterosexual and LGBT groups at the end of three months.

Discussion:

In this study non-compliance of LGBT and heterosexual groups with depression and anxiety were focused. Thepercentage of non-compliance towards pharmacotherapy and psychotherapy in LGBT group was found to be higher than their heterosexual counterparts. Further it was found out that non- compliance to pharmacotherapy was greater in both groups. Psychological treatment is considered equally effective for moderate and mild depression (Cuijpers et al, 2009)and is often preferred by patients (Raue et al 2009;van Schaik et al,2004).How ever psychotherapy did not appear to be a serious alternative to pharmacotherapy treatment (Maria S.V et al 2016). In the present study percentage of non-compliance towards psychotherapy and pharmacotherapy was found to be higher in LGBT group which may be due to the fact that the LGBT group are being subjected to high level of persistent prejudices and discriminations by others.They receive negative massages from others about what it is meant to be attracted to the people of same sex. Many people came to view themselves as deeply flawed and unworthy. They even experiencing unequal treatment and anti LGBT comments from health staffs. So they afraid to seek treatment and even if they seek treatment, they are more likely to drop out. In many cases either they are unemployed or under employed. Many of them are dependent financially on their parents.So when there was lack of family support non-compliance rate became higher.

Conclusion and Suggestions:

The supreme court of India has decriminalised LGBT since September 6th2018 which will boost their self-worth. However a wide range of social awareness is needed through social media, access to safe online spaces and support groups. It is the responsibility of parents to accept their LGBT child and help to create a better society that valued diversity and accepts the uniqueness of people as they are.

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