



NeuRA

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SCHIZOPHRENIA Factsheet

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What is treatment adherence?

Treatment adherence involves taking prescribed treatments (both pharmaceutical and psychosocial) as recommended by the treating physician.

What is the evidence for treatment adherence?

Moderate to high quality evidence found around 56% of people with schizophrenia were non-adherent to medication at some point. Moderate quality evidence found the dropout rate from psychosocial treatments was around 13%. Moderate to low quality evidence finds no differences in the rates of refusal of treatment or premature termination of treatment between people offered antipsychotics alone and people offered antipsychotics plus psychotherapy. There were also no differences in adherence rates between people of different ethnic backgrounds.

Better treatment adherence is associated with better clinical and service utilisation outcomes, and better economic outcomes, with the cost of re-hospitalisation due to non-adherence ranging from US\$1,392 million to US\$1,826 million in 2005 alone.

Factors associated with non-adherence include having a longer duration of untreated psychosis, poor insight, increased psychopathology, negative attitude towards medication, previous treatment non-adherence, poor alliance with clinicians, low outpatient contact, inadequate discharge planning, being young, being male, having low social functioning, having a history of substance abuse, having depression or anxiety symptoms, long hospital stays, being married, and having cognitive impairment. Factors associated with increased treatment adherence include having previous psychiatric contacts, family support, good social functioning, living alone/being single, high education, good therapeutic alliances, facilities for follow up appointments, lower dosage frequency, and positive attitudes towards medication.

Subjective methods such as patient self-report, clinical provider report, significant other report, and chart review are more commonly used in studies as measures of treatment adherence than objective measures such as pill count, blood or urine analysis, electronic monitoring, and electronic refill records.

For more information see the technical table



NeuRA

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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate/schizophrenia.