Consequences of poor adherence with antipsychotics can lead to several detrimental outcomes, including exacerbation of symptoms, re-hospitalizations, incarceration, and suicide. These outcomes can prove to be both costly and counterproductive to the overall efforts of any healthcare system. Studying adherence is difficult because it is often subjectively executed and variable in methodology. To be able to meaningfully address the problem of non-adherence, and come up with a way to improve adherence in antipsychotics, a literature review must be made on various studies in order to pinpoint an accurate mean of measuring and studying adherence. A difficult because it is often subjectively executed and variable in methodology. To be able to meaningfully address the problem of non-adherence, and come up with a way to improve adherence in antipsychotics, a literature review must be made on various studies in order to pinpoint an accurate mean of measuring and studying adherence.

**Objective**

A published search was conducted from 1995 to 2015, using the following medical subject headings: antipsychotics, adherence, schizophrenia, and outcomes. Each article was reviewed against a standard criteria for acceptance, which determined appropriateness and relevance to the objective. All articles were analyzed using descriptive statistics to capture information such as study design, patient populations, indications, comparative aspects, adherence, intervention type, clinical outcomes, and cost. Outcome (clinical, humanitarian, satisfaction, and adherence) from these studies were analyzed to evaluate the variability of these factors used in the trials. Data were organized to focus on the following intervention and practice that resulted in positive adherence and clinical outcomes.

**Methods**

A published search was conducted from 1995 to 2015, using the following medical subject headings: antipsychotics, adherence, schizophrenia, and outcomes. Each article was reviewed against a standard criteria for acceptance, which determined appropriateness and relevance to the objective. All articles were analyzed using descriptive statistics to capture information such as study design, patient populations, indications, comparative aspects, adherence, intervention type, clinical outcomes, and cost. Outcome (clinical, humanitarian, satisfaction, and adherence) from these studies were analyzed to evaluate the variability of these factors used in the trials. Data were organized to focus on the following intervention and practice that resulted in positive adherence and clinical outcomes.

**Studies Used**

- **Self-stigma, 3 articles**
  - Self-stigma and adherence to medication in patients with psychotic disorders—cross-sectional study
  - Antipsychotic Adherence in Patients with Schizophrenia: Positive Correlation with Social Stigma
  - The role of self-stigma in medication adherence: a systematic literature review

- **Antipsychotic Adherence in Patients with Schizophrenia: 24 articles**
  - Adherence and continuation of treatment with first- and second-generation antipsychotics in schizophrenia
  - Medication adherence and quality of life in patients with schizophrenia
  - The impact of antipsychotic adherence on clinical outcomes in patients with schizophrenia

- **Medication adherence, 311 articles**
  - Medication adherence, as evaluated in terms of the MAQ, was significantly associated with therapeutic alliance, as measured by 4PAS (P<0.0001)
  - Also the MFG-A had a longer time to first hospitalization (P=0.001)
  - There were no significant differences in MPRs between those receiving once-daily dosing and those receiving more than once-daily dosing

- **Self-stigma: 3 articles**
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**Key findings**

- **Prospective, uncontrolled trial of customized adherence enhancement (CAE) plus long-acting injectable antipsychotic (LAI) using haloperidol decanoate in 30 schizophrenia patients**
  - A smaller percentage of patients receiving LAIs had a 60-day continuous gap in medication compared to patients receiving oral medications (P<0.001)
  - A smaller percentage of patients receiving LAIs were rehospitalized for schizophrenia compared to those receiving oral medications (P=0.01)

- **There is no interaction effect between time and treatment group; the effect of financial incentives remains practically unaltered over a 1-year period**

- **Adherence was significantly higher in the intervention group than control group at the end of intervention (p=0.003)**

- **Medication adherence, as evaluated in terms of the MAQ, was significantly associated with therapeutic alliance, as measured by 4PAS (P<0.0001)**

- **Also the MFG-A had a longer time to first hospitalization (P=0.001)**

- **There were no significant differences in MPRs between those receiving once-daily dosing and those receiving more than once-daily dosing**

- **Average score of modified D-STAR-P = 31.7**

- **N = 91**


disclosure

**Limitations**

This literature review does not fully encompass the entirety of literature on adherence in patients with schizophrenia. With the pursuit of multiple articles throughout the published database, only 24 articles out of 311 are analyzed and deemed fit for the scope of this literature review. Consequently, the use of PubMed is the only search engine used herein since there are many other databases available. In addition, the amount of articles reviewed was also impacted by the fact that some full articles could not be accessed within our means. An additional limitation is that some of the studies included patients with schizoaffective disorders in addition to schizophrenia patients, despite our desire to look into strictly schizophrenia patients. Lastly, there is a potential for publication bias in studies that fail to report adherence results, leading to the results of this review being skewed.