Religious Beliefs and Their Relevance for Adherence to Treatment in Mental Illness: A Review

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Adherence to treatment

- Key goals in the treatment of mental illness is to control disease symptoms and to ensure patient adherence to treatment.

- Adherence definition: ‚The extent to which the patients' behaviour, in terms of taking medications, following diets, executing life style changes, coincide with the clinical prescription., (Haynes, 1979).

- Nonadherence with medication occurs in all chronic medical disorders. It is a particular challenge in mental disorders due to the illness's association with social isolation, stigma, and comorbid substance misuse, plus the effect of symptom domains on adherence, including positive and negative symptoms, lack of insight, depression, and cognitive impairment.

Adherence to treatment

- Researchers concluded that nonadherence may be a greater issue in psychiatry than in general medicine.
- A review of medication adherence in psychiatric and physical disorders, spanning papers published between 1975 and 1996, reported the mean amount of prescribed medication taken to be
  - 58% for patients prescribed antipsychotics,
  - 65% for those prescribed antidepressants,
  - and 76% for those prescribed medication for physical disorders.
- A systematic review of 39 studies reported a mean rate of medication nonadherence in schizophrenia of 41%. When the analysis was restricted to the five methodologically most rigorous studies, which included defining adherence as taking medication at least 75% of the time, the nonadherence rate increased to 50%.

Compliance with medication regimens for mental and physical disorders. *Cramer JA, Rosenheck R. Psychiatr Serv. 1998 Feb; 49(2):196-201.*

Prevalence of and risk factors for medication nonadherence in patients with schizophrenia: a comprehensive review of recent literature.*Lacro JP, Dunn LB, Dolder CR, Leckband SG, Jeste DV. J Clin Psychiatry. 2002 Oct; 63(10):892-909.*

Factors associated with non-adherence

- Poor insight, negative attitudes or subjective responses towards medications, previous non-adherence, substance abuse, shorter illness duration, inadequate discharge planning or aftercare environment, and poor therapeutic alliance.
- Not consistent predictors of non-adherence:
  - age, gender, ethnicity, marital status, education level, neurocognitive impairment, severity of psychotic symptoms, medication type, severity of medication side-effects, higher antipsychotic doses, the presence of mood symptoms, route of medication administration, and family involvement
- Patient's beliefs about his/her illness and the benefits of treatment, perceived side-effects of medication (including extrapyramidal side-effects), neuroleptic dysphoria, akathisia, sexual dysfunction and weight gain

Perkins D. Predictors of noncompliance in patients with schizophrenia. J Clin Psychiatry 2002; 63:1121-1128.

Holzinger A, Löffler W, Miller P, *et al*. Subjective illness theory and antipsychotic medication compliance by patients with schizophrenia. J Nerv Ment Dis 2002; 190:597-603.

Religious patient’s attitudes toward drug and treatment in mental disorder

- Patient's beliefs about causes of mental disease
- “insight” into the presence of a mental disorder
- Religion is often entangled with neurotic and psychotic disorders and the content of delusions may be related to religious beliefs. Delusions may help to deal with the negative life events
- A proportion of people will experience psychotic symptoms, some of which will involve auditory hallucinations. There will be an attempt to make sense of these experiences and the religious people in particular are more likely to make sense of their psychotic experience by developing religious delusions - an external attributional bias
- A good relationship to the treating physician

Aim

- Religious and spiritual factors may play an important role in determining the compliance with treatment of mental illness. This paper reviews research on the relationship between religion, spirituality, and adherence to treatment, focusing on schizophrenia, depression, and substance abuse.
- The aim of this review was to summarize, categorize, and estimate the role of religious beliefs to improve medication adherence in major psychiatric conditions.

Methods

- Data sources: Original research and review articles published in English published till December 2015 were identified using the PubMed database
- The searches included the following medical subject headings:
  - religion, spirituality
  - combined with medication adherence, compliance
  - and schizophrenia, depression, mental illness, anxiety, phobia, dissociative disorders, psychosis,
- The abstract screening for identification of relevant data was based on the following predefined criteria:
  - Observational studies, addressing spirituality or religion as factors associated with adherence;
  - non-randomised intervention; randomised intervention aimed at testing the effectiveness of interventions to improve adherence
  - qualitative articles, such as editorials or review papers

Results

- The PubMed search identified 62 abstracts for screening
- First stage of screening involved sorting the abstracts according to the three outcomes of interest:
  - religiosity or spirituality as an intervention or co-variate
  - nonadherence
  - treatment efficacy
- In the second, outcome-specific, phase of screening, there were 32 potentially relevant abstracts on compliance and R/S
- There were 24 full papers included in total, including 4 review papers
- Additional 5 studies were identified through secondary search after screening review papers

Depression /anxiety/ PSTD (6)

Study	N of pts	Type of the study	Tx / Exposure	Outcome	Effect
Bellamy 2007	1835	survey	spirituality	quality of life	positive
Koenig 2015	132	RCT	RCBT	adherence / BDI score	positive / no association
Miller 1995	18	cohort	Mindfullness meditation	stress	positive
Azhar 1995	36	CT	Psychotherapy with religious perspective	reduced depression	positive
Harris 2011	54	RCT	BSS (Building Spiritual Strenght)	PTSD symptoms	positive
Rosmarin 2010	125	RCT	SIT, WLC, PMR (spirituality integrated Tx)	stress and worry, depression	positive

Schizophrenia (8)

Study	N of pts	Type of the study	Tx / Exposure	Outcome	Efffect
Huguelet 2008	100	survey	religious beliefs	patient's clinicians awarness	no association
Huguelet 2011	78	RCT	religious / spiritual assessment	treatment compliance	no association
Caqueo-Urízar A 2015	253	survey	religious beliefs about causes of Schiz	attidutes towards medications	negative
Mohr 2012	276	survey	religious coping	disease severity	positive
McCann 2008	81	survey	religious beliefs / activities	neuroleptic taking	no association
Kirov 1998	52	survey	Psychosis	religious beliefs	positive *(reversed casuation)*
Borras 2007	103	survey	religious beliefs / activities	blood drug presence	negative
D'Souza 2004	2	case series	SACBT (spirituality augumented)	treatment collaboration / Relapse rate	Positive

Addiction (10)

Study	N of pts	Type of the study	Tx / Exposure	Outcome	Effect
Krentzman 2013	364	cohort	AA involvment	religious practice	positive *(reversed casuation)*
Kelly 2011	1726	cohort	AA attendence	religious practice	Positive *(reversed casuation)*
Arnold 2002	68	survey	spirituality	expectations / perceptions	positive
Arevalo 2012	393	survey	spirituality	treatment	positive
Brown 2001	71	cohort	12-step / religiosity co-variate	attendence	positive
Stahler 2007	18	RCT	Community church	tretment retention	positive
Neumann 2004	NA	cohort	Theistic religion	nicotine reduction	negative
Gebhardt 2012	1012	survey	Smoke-free by Ramadan	nicotine reduction	positive
Chi 2009	357	cohort	12-step / religiosity co-variate	Abstinence	positive
Margolin 2006	72	CT	3-S (Spiritual Self Schema therapy)	HIV risk behavior	positive

Results

- There is limited quality evidence on beneficial effect of religiosity on treatment adherence
- Among eligible papers few studies reported the effect of religion on compliance in schizophrenia. Religious beliefs were associated with no effect or worse adherence in schizophrenia patients.
- Adherence and treatment effect was greater in more religious patients diagnosed with depression.
- Spiritual orientation was an important aspect of the recovery in the addiction treatment and improved the adherence to treatment.

Conclusion

- While religious beliefs and spirituality can represent important source of hope and meaning, they are often entangled with the level of treatment adherence.
- Psychiatrists should be aware of patients' religious and spiritual beliefs and seek to understand to what extent they can be helpful in improving the treatment compliance.