International Journal of Public Health, Pharmacy and Pharmacology, 11(2), 47-57, 2026
Print ISSN: (Print) ISSN 2516-0400
Online ISSN: (Online) ISSN 2516-0419
Website: https://www.eajournals.org/
Publication of the European Centre for Research Training and Development -UK

Medication Adherence in Patients Living with Schizophrenia Attending University College Hospital, Ibadan, Oyo State

Bolanle Elizabeth Ojeyinka
Elysium Healthcare, United Kingdom

Ishola G Adeyinka
Faculty of Nursing Science, University of Ibadan, Oyo State

Morufat A Alabi
Faculty of Nursing Science, University of Ibadan, Oyo State

doi: https://doi.org/10.37745/ijphpp.15/vol11n24757 Published July 13, 2026

Citation: Ojeyinka B.E., Adeyinka I.G., Alabi M.A. (2026) Medication Adherence in Patients Living with Schizophrenia Attending University College Hospital, Ibadan, Oyo State, International Journal of Public Health, Pharmacy and Pharmacology, 11(2), 47-57

Abstract: *Schizophrenia is a disabling neuropsychiatric disorder which is chronic and needs prolonged pharmacological treatment in order to be optimally managed. Nonetheless, the problem of medication adherence is still a significant issue, especially in the resource-limited environments. This research examined medication compliance and socio-demographic predictors of medication compliance in a sample of schizophrenic patients in the University College Hospital, Ibadan. The type of cross-sectional design was descriptive with a sample of 295 patients chosen by simple random sampling. The structured questionnaire and the Medication Adherence Rating Scale (MARS) were used to collect data. Data was analyzed in SPSS version 28 and descriptive statistics were used as well as chi-square with a 5% level of significance. The results showed that 58.6 percent of the respondents were adherent to the prescribed medications and 41.4 percent were non-adherent. Medication adherence was found to be strongly related to age and length of illness with younger patients and those with shorter illness showing poorer adherence patterns. The rest of the socio-demographic factors (gender, marital status, education level and occupation) were not significantly associated with adherence. The research concluded that the level of adherence was rather moderate, but non-adherence is a significant issue. Both younger and newly diagnosed patients and long-term adherence support strategies should be targeted to enhance treatment outcomes and decrease the relapse rates in schizophrenics.*

Keywords: medication adherence, Schizophrenia, antipsychotic therapy, socio-demographic factors, mental health

INTRODUCTION

Schizophrenia is a chronic and debilitating neuropsychiatric disorder with an estimated prevalence of 24 million individuals worldwide is a significant public health issue. The condition is marked

by severe disruptions in cognition, perception, and behavior which in most cases lead to severe functional impairment in fields like employment, education, and interpersonal relations. Schizophrenia may result in long-term disability and poor quality of life when poorly treated and thus significantly contribute to the global burden of disease, specifically in disability-adjusted life years (Arias et al., 2022; Omigbodun et al., 2023). The persistence of the disease requires long-term and holistic control, which is a significant burden to patients, caregivers, and health care systems, particularly in resource-constrained environments (Agbonjinmi et al., 2022).

The key to successful treatment of schizophrenia is compliance with antipsychotic medications. The mainstay of treatment is still the antipsychotic therapy, which is a vital part of the process of stabilization of the neurochemical disbalances, regulation of the psychotic phenomena, and relapse prevention (Yu et al., 2021; Crellin et al., 2022). Medication adherence, which is the degree to which patients use medications as prescribed in terms of timing, dosage and frequency, is thus critical in realizing the best therapeutic effects (Kardas, 2021). A good compliance guarantees the maintenance of a steady plasma drug level, which is required to maintain long-term symptom remission, better functioning, and quality of life. On the other hand, low adherence leads to a loss of effectiveness of treatment and continuity of care (Agbonjinmi et al., 2022) .

Although pharmacological treatment has been shown to be effective, the issue of medication non-adherence continues to be widespread and multifaceted in schizophrenia treatment. It has been indicated that 30%-70% of schizophrenic patients fail to take their medication properly, and a large percentage of them stop treatment in the first 18 months (Huhn et al., 2021; Vega et al., 2021). The compliance is especially low during the initial years of the diagnosis with the reported rates as low as 3539% (Nisakorn et al., 2021). This continues to indicate that adherence is a multifactorial process that is shaped by factors like absence of insight, medication side effects, stigma, substance use, complex treatment regimens, and inadequate social or healthcare support systems (Vega et al., 2021).

The effects of medication non-adherence are enormous and extensive. The lack of adherence is closely linked to a worsening of symptoms, high recurrence rates, and readmission rates, which greatly contribute to the economic impact of healthcare systems and society at large (Abdisa et al., 2020; Chai et al., 2021; Wang et al., 2020). Not only would relapse episodes signify that treatment has failed, but also lead to progressive neurocognitive impairment and deteriorating long-term prognosis (Huhn et al., 2021; Moges et al., 2021). Moreover, the lack of adherence has been associated with the elevated risks of such harmful behaviors as self-harm, suicide, and violence and this is mostly because of unmanaged psychotic symptoms and poor judgment (Hseih et al., 2022). These results highlight the paramount significance of long-term compliance in patient safety and better clinical outcomes (Osunmakinde & Gbenga-Epebinu 2020) .

Besides clinical implications, lack of adherence to medications has enormous socioeconomic implications. The relapse and rehospitalization costs are projected to be two to four times greater than health care costs of stable patients, thus putting pressure on the already scarce healthcare

resources (Nisakorn et al., 2021). Although pharmacological therapy has been enhanced and antipsychotics have been developed that are more bearable, there has been no significant improvement in adherence rates over the last three decades (Adugna et al., 2020; Van der Lee et al., 2021). This ongoing hindrance suggests that medication adherence needs a more holistic treatment that takes into account clinical, psychosocial, and systemic therapeutic measures.

The overwhelming burden of schizophrenia and the necessity of medication adherence are crucial to its management and, therefore, there is a need to comprehend the trends and factors of adherence in the populations with the disease. In Nigeria where mental health services are usually scarce with stigmatization still a dominant force, the problems of adherence might be even more serious. Thus, the study is aimed at investigating the medication adherence of patients with schizophrenia in University College Hospital, Ibadan.

The main objective of this study was to assess medication adherence among patients living with schizophrenia attending the University College Hospital, Ibadan. Specifically, the evaluated the degree of medication adherence among patients being treated for schizophrenia at the facility and to determined the socio-demographic predictors influencing medication adherence among these patients.

METHODS

The study adopted a descriptive cross-sectional design to assess medication adherence among patients living with schizophrenia attending the University College Hospital, Ibadan. The target population comprised adult patients aged 18 years and above who had been diagnosed with schizophrenia and were receiving care at the facility. Eligible participants included those who had been on antipsychotic medication for at least three months and who provided informed consent, while individuals with cognitive impairments affecting recall or those unwilling to participate were excluded to ensure data reliability. The sample size for the study was determined using the Kish and Leslie formula, incorporating a 95% confidence level, a prevalence rate of 77.7%, and a margin of error of 0.05. After adjusting for a 10% non-response rate, a total sample size of 295 participants was obtained.

A simple random sampling technique was employed to recruit participants during clinic days. Eligible patients were invited to draw ballots marked “Yes” or “No,” and those who selected “Yes” were enrolled after providing informed consent. This process was conducted over a five-week period until the required sample size was achieved, ensuring that all eligible patients had an equal probability of selection. Data were collected using a structured questionnaire comprising socio-demographic items and a standardized measure of medication adherence. The Medication Adherence Rating Scale (MARS), a 10-item self-report instrument, was utilized to assess adherence behaviours among participants. The questionnaire was translated into Yoruba to enhance comprehension among respondents with limited formal education, thereby improving the accuracy and completeness of responses.

The validity of the instrument was established through expert review, ensuring that the items were clear, relevant, and aligned with the study objectives. Reliability of the medication adherence measure was supported by previous studies conducted in Nigeria, which reported acceptable internal consistency with a Cronbach's alpha of 0.76. Data collection was conducted after obtaining ethical approval from the appropriate review committee. Participants were approached during clinic visits, informed about the study, and provided consent prior to participation. Questionnaires were administered through interviewer-assisted techniques by the researcher and trained assistants to ensure uniformity in data collection and to minimize response bias.

All completed questionnaires were securely stored to prevent damage and unauthorized access, and a data dictionary was developed to guide coding and analysis. Data entry and statistical analysis were conducted using SPSS version 28, with results presented using tables, frequencies, charts, means, and standard deviations. A significance level of 5% ($p < 0.05$) was adopted for all inferential analyses. To evaluate the degree of medication adherence among patients with schizophrenia attending the University College Hospital, Ibadan, responses from items 1 to 10 of the Medication Adherence Rating Scale (MARS) were analyzed. Each "Yes" response was assigned a score of 1, while "No" was scored as 0. The total scores were computed and the mean score derived, with respondents scoring below the mean categorized as having low adherence and those above the mean categorized as having high adherence. Socio-demographic variables were tested for association with medication adherence using the Chi-square test at a 5% level of significance.

Ethical approval for the study was obtained from the appropriate review committee at the University College Hospital, Ibadan, following submission of the research protocol and necessary institutional documentation. Permission was also secured from the relevant departmental authorities. All procedures were conducted in accordance with the principles of the Declaration of Helsinki. Informed consent was obtained from all participants prior to data collection, with written consent provided through signatures or thumbprints for participants with limited literacy. Confidentiality was strictly maintained, as no personal identifiers were collected and all data were used solely for research purposes. The study adhered to the principles of beneficence and non-maleficence by ensuring that participants were not exposed to any harm, given that no invasive procedures were involved. Participation was entirely voluntary, and respondents were informed of their right to withdraw at any stage without any consequences to their ongoing treatment or care.

RESULTS

The table shows that respondents were fairly evenly distributed across age groups, with a slight majority (50.51%) aged 38 years and below, and females (51.53%) marginally outnumbering males. A larger proportion of participants were married (48.14%), and most lived with a spouse (43.20%) or parents (34.01%), suggesting relatively strong family support structures. The vast majority resided in urban or semi-urban areas (98.64%), indicating limited rural representation. Educational attainment was relatively high, with over half (55.10%) having tertiary education,

while unemployment slightly exceeded employment (50.85%). The age of onset of schizophrenia was widely distributed across categories, though a notable proportion experienced onset before age 25. Slightly more than half (51.23%) had lived with the illness for 1–4 years, and most respondents (67.46%) had no history of previous hospitalization. Overall, the sample reflects a relatively educated, urban-based population with moderate family support and varied clinical histories.

Table 1: Sociodemographic Characteristics of Respondents (N = 295)

Variable	Category	N	%
Age	≤ 38	149	50.51
	39 – 72	146	49.49
Gender	Male	143	48.47
	Female	152	51.53
Marital Status	Single	122	41.36
	Married	142	48.14
	Separated/Divorced	23	7.80
	Widow	8	2.71
Living Conditions	Living alone	56	19.05
	Living with parents	100	34.01
	Living with spouse	127	43.20
	Living with friends	11	3.74
Residence	Urban/Semi-Urban	291	98.64
	Rural	4	1.36
Educational Level	No/Elementary education	10	3.40
	Secondary education	122	41.50
	Tertiary education	162	55.10
Occupation	Unemployed	150	50.85
	Employed	145	49.15
Age of Onset	8 – 24	77	26.46
	25 – 31	70	24.05
	32 – 41	74	25.43
	42 – 68	70	24.05
Duration of Illness	1 – 4 years	146	51.23
	5 – 33 years	139	48.77
Previous Hospitalization	No previous hospitalization	199	67.46
	Hospitalized ≥6 times	96	32.54

Table 2 evaluates the degree of medication adherence among the respondents. As presented in the table and visually depicted in Figure 4.1, the findings indicate that a higher proportion of the respondents (approximately 58.6%) exhibited adherence to their prescribed medications, while a notable proportion (approximately 41.4%) demonstrated non-adherence. This suggests that while a majority are adherent, a significant segment of the population still faces challenges with medication compliance.

Table 2 Medication Adherence Among Respondents

Medication	N	%
Non-Adherence	122	41.36
Adherence	173	58.64

Table 3 presents the association between selected socio-demographic and clinical characteristics and medication adherence among patients with schizophrenia. Medication adherence is a critical component in the management of schizophrenia, as it directly influences treatment outcomes, relapse rates, and overall quality of life. Understanding how adherence varies across different population groups provides valuable insight into potential risk factors and areas for targeted intervention. The table categorizes respondents into adherent and non-adherent groups and examines their distribution across variables such as age, gender, marital status, living conditions, education, occupation, and clinical history. The chi-square test was employed to determine whether significant associations exist between these variables and medication adherence. The findings reveal that most socio-demographic characteristics, including gender, marital status, residence, educational level, and occupation, were not significantly associated with medication adherence ($p > 0.05$). However, age showed a statistically significant association with adherence ($p = 0.048$), indicating that adherence patterns varied across age groups. Additionally, duration of illness demonstrated a highly significant relationship with medication adherence ($p = 0.000$), suggesting that patients who had lived longer with the illness were more likely to adhere to their medication regimen. These findings highlight the importance of considering both demographic and clinical factors when addressing medication adherence among patients with schizophrenia.

Table 3: Medication Adherence among Respondents with Schizophrenia

Variable	Category	Non-Adherence n (%)	Adherence n (%)	χ^2	p-value
Age	≤ 38	70 (57.38)	79 (45.66)	3.9262	0.048
	39–72	52 (42.62)	94 (54.34)		
Gender	Male	63 (51.64)	80 (46.24)	0.8342	0.361
	Female	59 (48.36)	93 (53.76)		
Marital Status	Single	54 (44.26)	68 (39.31)	6.1649	0.104
	Married	60 (49.18)	82 (47.40)		
	Separated/Divorced	4 (3.28)	19 (10.98)		
	Widow	4 (3.28)	4 (2.31)		
Living Conditions	Living alone	18 (14.88)	38 (21.97)	3.9529	0.267
	Living with parents	39 (32.23)	61 (35.26)		
	Living with spouse	58 (47.93)	69 (39.88)		
	Living with friends	6 (4.96)	5 (2.89)		
Residence	Urban/Semi-Urban	121 (99.18)	170 (98.27)	0.4473	0.504
	Rural	1 (0.82)	3 (1.73)		
Educational Level	No/Elementary	4 (3.28)	6 (3.49)	0.3254	0.850
	Secondary	53 (43.44)	69 (40.12)		
	Tertiary	65 (53.28)	97 (56.40)		
Occupation	Unemployed	60 (49.18)	90 (52.02)	0.2313	0.631
	Employed	62 (50.82)	83 (47.98)		
Age of Onset	8–24	29 (24.17)	48 (28.07)	3.9646	0.265
	25–31	36 (30.00)	34 (19.88)		
	32–41	28 (23.33)	46 (26.90)		
	42–68	27 (22.50)	43 (25.15)		
Duration of Illness	1–4 years	79 (68.10)	67 (39.64)	22.2969	0.000*
	5–33 years	37 (31.90)	102 (60.36)		
Previous Hospitalization	No previous hospitalization	87 (71.31)	112 (64.74)	1.4075	0.235
	Hospitalized	35 (28.69)	61 (35.26)		

DISCUSSION OF FINDINGS

The study revealed that a majority of respondents (58.6%) demonstrated adherence to their prescribed medications, suggesting a relatively favourable level of compliance among patients with schizophrenia attending the University College Hospital, Ibadan. This finding aligns with the report by Nisakorn et al. (2021), who documented an adherence rate of 61% among similar populations, indicating that moderate-to-high adherence is achievable within structured clinical settings. This level of adherence may be attributed to effective clinical follow-up, availability of psychiatric services, and possibly the presence of family support systems that reinforce medication-taking behaviours. In addition, the hospital-based setting likely provides routine monitoring and

reinforcement of adherence through regular clinic visits, which may positively influence patient behaviour. However, while the adherence rate appears encouraging, it does not fully eliminate the risks associated with schizophrenia management, as adherence must be sustained over long periods to achieve optimal outcomes.

Despite this relatively positive finding, the proportion of non-adherence (41.4%) remains substantial and clinically concerning. This observation reflects the persistent and complex nature of medication adherence challenges in psychiatric care. The finding contrasts with Huhn et al. (2021), who reported a significantly higher rate of medication discontinuation within the first 18 months of treatment, suggesting that adherence is not static but tends to fluctuate over time. This discrepancy may be explained by contextual differences such as healthcare delivery systems, patient monitoring mechanisms, and cultural influences on treatment acceptance. Importantly, the presence of a large non-adherent subgroup underscores the need for continuous adherence support rather than reliance on initial compliance. Sustained adherence is critical, as it directly influences relapse prevention and reduces the likelihood of repeated hospitalizations, which are both economically and clinically burdensome (Wang et al., 2020). Therefore, interventions should not only aim to initiate adherence but also to maintain it over the long term.

The analysis of socio-demographic predictors provided further insight into factors influencing adherence behaviour. The study found that younger patients (≤38 years) and those with a shorter duration of illness (1–4 years) were significantly more likely to be non-adherent. This finding is consistent with Dou et al. (2020), who noted that older individuals tend to demonstrate better adherence, possibly due to increased illness insight, life experience, and greater acceptance of long-term treatment. Similarly, patients with a longer duration of illness may have had more opportunities to understand the consequences of non-adherence, thereby developing adaptive coping strategies and routines that support consistent medication use (Rohmi and Pandin, 2022). In contrast, newly diagnosed patients or those early in the disease trajectory may still be struggling with denial, stigma, or limited understanding of the chronic nature of schizophrenia, all of which can negatively influence adherence behaviours.

Interestingly, the study did not find statistically significant associations between medication adherence and other socio-demographic variables such as gender, marital status, educational level, and occupation. This finding diverges from some existing literature, including Yu et al. (2021), which reported gender-based differences in adherence patterns. The lack of association in this study suggests that adherence may be more strongly influenced by individual-level psychological and clinical factors rather than broad demographic characteristics. It also highlights the possibility that contextual factors, such as cultural beliefs, social support systems, and healthcare accessibility, may play a moderating role in shaping adherence behaviours. This reinforces the understanding that medication adherence in schizophrenia is multifactorial and cannot be explained solely by demographic variables. Consequently, tailored, patient-centred interventions that address both clinical and psychosocial determinants are essential for improving adherence outcomes.

CONCLUSION

The research showed that even though a significant percentage of patients with schizophrenia complied with their medication, a considerable number of them still showed non-compliance, which showed that medication compliance is a continued dilemma in clinical practice. The results also indicated that the adherence did not occur in all patient groups as age and duration of illness were found to be influential factors with younger patients and those in the early stages of illness demonstrating worse adherence trends. Conversely, other socio-demographic factors like gender, marital status, education, and occupation were not found to impact on adherence behaviour significantly implying that medication adherence is better determined by clinical experience and patient related factors and not by general demographic factors. Altogether, the research highlights the importance of context-specific interventions that can be tailored to particular needs of patients at various stages of their disease to enhance treatment outcomes and decrease the burden of schizophrenia.

Recommendations

1. Youthful patients and newly diagnosed patients should be targeted at adherence support programmes that are aimed at enhancing insight, medication literacy, and early treatment adherence.
2. To maintain long-term medication adherence, healthcare providers need to use long-term adherence strategies such as counseling and a reminder system that ensures continuous follow-up and adherence.
3. There should be active participation of the family members and caregivers in patient care to ensure that they offer regular social support and monitoring of medication intake.
4. The psychoeducation and community-based intervention should be included in mental health services to lessen the effects of stigma and enhance the knowledge of the patients regarding adherence significance.

REFERENCES

Abdisa, E., Fekadu, G., Girma, S., Shibiru, T., Tilahun, T., Mohamed, H., Wakgari, A., Takele, A., Abebe, M., & Tsegaye, R. (2020). Self-stigma and medication adherence among patients with mental illness treated at Jimma University Medical Center, Southwest Ethiopia. *International Journal of Mental Health Systems, 14*(1), 1–13.

Adugna, M., Miheret, T., & Nigatu, A. B. (2020). Medication adherence and its associated factors among patients with mental illness follow-up at Dilla University Referral Hospital, Dilla, South Ethiopia.

Agbonjinmi, L.A, Ayorinde, A.M, & Gbenga-Epebinu, M.A (2022). Assessments of Patients' Satisfaction with Nursing Care in Babcock University Teaching Hospital, Ilishan-Remo, Ogun State, Nigeria. *International Journal of Nursing, Midwife and Health Related Cases* 8(3), 34-44.

Agbonjinmi, L.A, Ayorinde, A.M, Gbenga-Epebinu, M.A, & Oladejo-Alghazal, S.M (2022). Determinants of Inadequate Utilization of Nursing Process among Registered Nurses in State Hospital Abeokuta, Ogun State. *Euro Global Contemporary Studies Journal*, 2(3), 1-12. DOI:10.5281/zenodo.6872007 Chai, X., Liu, Y., Mao, Z., & Li, S. (2021). Barriers to medication adherence for rural patients with mental disorders in eastern China: A qualitative study. *BMC Psychiatry*, *21*(1), 1–8.

Crellin, N. E., Priebe, S., Morant, N., Lewis, G., Freemantle, N., Johnson, S., Horne, R., Pinfold, V., Kent, L., Smith, R., Darton, K., Cooper, R. E., Long, M., Thompson, J., Gruenwald, L., Freudenthal, R., Stansfeld, J. L., & Moncrieff, J. (2022). An analysis of views about supported reduction or discontinuation of antipsychotic treatment among people with schizophrenia and other psychotic disorders. *BMC Psychiatry*, *22*(1). https://doi.org/10.1186/s12888-022-03822-5

Dou, L., Hu, L., Zhang, N., Cutler, H., Wang, Y., & Li, S. (2020). Factors associated with medication adherence among patients with severe mental disorders in China: A propensity score matching study. *Patient Preference and Adherence, 14*, 1329–1339.

Hseih, W. L., Yeh, S. T., Liu, E., Lee, S. K., & Chien, W. T. (2022). Improving medication adherence in community-dwelling patients with schizophrenia through therapeutic alliance and medication attitude: A serial multiple mediation model. *Patient Preference and Adherence, 16*, 1017–1026.

Huhn, M., Leucht, C., Rothe, P., Dold, M., Heres, S., Bornschein, S., Schneider-Axmann, T., Hasan, A., & Leucht, S. (2021). Reducing antipsychotic drugs in stable patients with chronic schizophrenia or schizoaffective disorder: A randomized controlled pilot trial. *European Archives of Psychiatry and Clinical Neuroscience, 271*(2), 293–302. https://doi.org/10.1007/s00406-020-01109-y

Kardas, P. (2021). Patients should be supported, and not blamed for non-adherence – The role of digital adherence coach in the GATEKEEPER ecosystem. *International Journal of Integrated Care, 21*(S1), 157. https://doi.org/10.5334/ijic.icic20502

Moges, S., Belete, T., Mekonen, T., & Menberu, M. (2021). Lifetime relapse and its associated factors among people with schizophrenia spectrum disorders who are on follow-up at comprehensive specialized hospitals in Amhara region, Ethiopia: A cross-sectional study. *International Journal of Mental Health Systems, 15*(1). https://doi.org/10.1186/s13033-021-00464-0

Nisakorn, P., Patraporn, B., Thidarat, K., & Karin, H. (2021). Experiences of medication adherence among people with schizophrenia: A qualitative systematic review.

Omigbodun, O. O., Ryan, G. K., Fasoranti, B., Chibanda, D., Esliker, R., Sefasi, A., Kakuma, R., Shakespeare, T., & Eaton, J. (2023). Reprioritising global mental health: Psychoses in sub-Saharan Africa. *International Journal of Mental Health Systems, 17*(1). https://doi.org/10.1186/s13033-023-00574-x

Osunmakinde, B.T & Gbenga-Epebinu, M.A (2020). Comparison of Nursing Care Satisfaction Among Orthopaedic Patients in Two Selected Teaching Hospitals in Osun State. *International Journal of Academic Research in Business, Arts and Science,* 2(6), 35 – 43. DOI: 10.5281/zenodo.5186427

Rohmi, F., & Pandin, G. R. (2022). Factors affecting medication adherence among patients with schizophrenia: A literature review.

Van der Lee, A. P. M., Önsesveren, I., Wierdsma, A. I., van Westrhenen, R., Beekman, A. T. F., de Haan, L., & Mulder, N. C. L. (2021). The impact of antipsychotic formulations on time to medication discontinuation in patients with schizophrenia: A Dutch registry-based retrospective cohort study. *CNS Drugs*, *35*(4), 451–460. https://doi.org/10.1007/s40263-021-00802-3

Vega, D., Acosta, F. J., & Saavedra, P. (2021). Non-adherence after hospital discharge in patients with schizophrenia or schizoaffective disorder: A six-month naturalistic follow-up study. *Comprehensive Psychiatry, 108*, 152240. https://doi.org/10.1016/j.comppsych.2021.152240

Wang, D., Ross, B., Xi, C., Pan, Y., Zhou, L., Yang, X., Wu, G., Ouyang, X., Si, T., Liu, Z., & Hu, X. (2020). Medication adherence and its correlates among patients affected by schizophrenia with an episodic course: A large-scale multi-center cross-sectional study in China. *Asian Journal of Psychiatry, 53*, 102198.

Yu, W., Tong, J., Sun, X., Chen, F., Zhang, J., Pei, Y., Zhang, T., Zhang, J., & Zhu, B. (2021). Analysis of medication adherence and its influencing factors in patients with schizophrenia in the Chinese institutional environment. *International Journal of Environmental Research and Public Health, 18*(9), 1–10.

Zukowska, Z., Allan, S., Eisner, E., Ling, L., & Gumley, A. (2022). Fear of relapse in schizophrenia: A mixed methods systematic review. *Social Psychiatry and Psychiatric Epidemiology, 57*, 1305–1318. https://doi.org/10.1007/s00127-022-02220-2