

## **ABSTRACT**

### **Background**

Despite clear benefits of maintenance neuroleptic treatment in schizophrenia, the adherence rate has been reported to be low. There is a paucity of research investigating the way in which schizophrenia patients make this decision and their subjective experience of the medication.

### **Method**

This is a prospective study examining decision-making abilities in schizophrenia patients concerning whether or not they would take maintenance neuroleptic treatment. We interviewed patients prior to their discharge from hospital following a psychotic relapse. Instruments examining decision-making abilities and treatment attitude were specially developed or translated into Chinese for the purposes of this study. Their relationships with demographic, clinical and cognitive variables were examined. Participants were interviewed again at their first outpatient follow-up appointment.

### **Results**

Forty-two participants were seen. Impairments were noted in a range of relevant decision-making abilities based on findings in the Brief Capacity Assessment (developed for this study), and the MacCAT-T (translated into Chinese for this study). Decision-making impairments and negative treatment attitude were related to the decision not to adhere to medication. 'Grandiosity', 'conceptual disorganization', 'lack of judgement and insight', 'guilt' and 'unusual thought content' were related to deficits in decision-making. Understanding of treatment information was associated with measures of working memory and sustained attention.

### **Conclusions**

Consistent with current views, schizophrenia is associated with impairments in decision-making abilities, but these impairments are by no means inevitable. Specific evaluations

of decision-making abilities are required to determine capacity. Our findings on factors associated with impairments in decision-making abilities suggest intervention strategies that may maximize capacity. Further study in this area is warranted.