

Abstract

Background: Insight is a multidimensional construct. The awareness of mental illness and need for treatment is regarded as “clinical insight”. Cognitive insight, an additional dimension to clinical insight, refers to the capacity of evaluating anomalous experiences and to correct misinterpretations. However, relatively few studies have been conducted on cognitive insight in patients with schizophrenia, and the effect of cognitive insight on medication adherence in schizophrenia is poorly understood. This study aimed to examine the relationship between cognitive insight and clinical insight, and their effects on actual medication adherence in schizophrenia. The hierarchical relationship between cognitive insight and clinical insight was explored.

Methods: We recruited 90 outpatients with schizophrenia and administered standardised instruments to measure the participants’ cognitive insight, clinical insight, and neuropsychological functions. Possible risk factors for medication non-adherence including medication side effects, treatment complexity and social support were also assessed. Adherence rates were measured by subjective and objective methods, including pill-counting and pharmacy record of collection of medications.

Cross-tabulation was used to examine the hierarchical “cognitive-clinical” structure of insight. Correlational analyses were conducted to examine the correlates of medications adherence. Hierarchical and forced-entry linear regression modellings were used to elucidate the interplay among clinical insight, cognitive insight, and other possible risk factors of non-adherence.

Results: The majority (87.5%) of participants with intact clinical insight had intact cognitive insight. Only 12.9% participants with impaired cognitive insight had intact clinical insight. Cognitive insight alone accounted for 13.5% of the variance of medication adherence; cognitive insight and clinical insight together explained 28.0% of the variance of medication adherence. When all the potential risk factors of medications non-adherence were entered into forced-entry regression modeling, clinical insight and social support were found to be significant predictors of medication adherence.

Conclusion: Cognitive insight is important for the development of clinical insight in patients with schizophrenia, and has a significant contribution to medication

adherence. Identification of patients' integrity of cognitive insight might help in devising effective measures to improve their medication adherence.

Keywords: schizophrenia, cognitive insight, clinical insight, medication adherence