

The Impact of Psychoeducation on Treatment Adherence in Outpatient Schizophrenia Patients

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Abstract

Original Research Article

Schizophrenia is a chronic psychiatric disorder affecting 1% of the global population, leading to impaired quality of life and a high risk of hospitalization. Adherence to pharmacological treatment remains a major challenge. This six-month prospective and comparative study, conducted at the Ar-Razi University Psychiatric Hospital in Salé, evaluated the impact of psychoeducation on therapeutic adherence among 100 outpatients diagnosed with schizophrenia. The intervention group participated in weekly sessions focused on understanding the illness, managing treatment, family support, and relapse prevention. Results showed that psychoeducation significantly improved treatment adherence (64% vs. 41%), reduced hospitalizations (32% vs. 68%), and enhanced patients' quality of life and satisfaction compared to the control group. These findings confirm that psychoeducation is an effective and low-cost intervention that promotes patient and family involvement in schizophrenia care.

Keywords: Schizophrenia, psychoeducation, therapeutic adherence, hospitalization, quality of life.

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INTRODUCTION

Schizophrenia is a severe and chronic psychiatric disorder affecting about 1% of the world's population, representing a major cause of functional and social disability. It is characterized by positive symptoms (hallucinations, delusions), negative symptoms (apathy, social withdrawal), and cognitive deficits affecting memory, attention, and executive functioning. These disturbances often lead to a deterioration in quality of life, a loss of autonomy, and an increased risk of recurrent hospitalizations.

Adherence to pharmacological treatment especially neuroleptics is a key factor in preventing relapses and stabilizing the illness. However, studies show that fewer than 50% of patients with schizophrenia adequately adhere to their prescribed treatment, mainly due to poor understanding of the illness, ignorance of side effects, lack of family or social support, and cognitive difficulties inherent to the disorder.

Psychoeducation is a structured, non-pharmacological intervention aimed at improving understanding of the disease, strengthening motivation for treatment, and providing patients and their families with practical strategies to manage symptoms. It is recognized internationally as an essential component of

schizophrenia management, improving adherence, reducing relapses, and enhancing quality of life. In Morocco, few studies have evaluated the impact of psychoeducation on schizophrenia management, highlighting the importance of this research.

Objectives

The primary objective of this study was to assess the impact of psychoeducation on therapeutic adherence among outpatients with schizophrenia at the Ar-Razi University Psychiatric Hospital in Salé.

The secondary objectives were to:

1. Analyze the effect of psychoeducation on hospitalization recurrence, to determine whether better understanding of the illness and increased adherence could reduce crisis frequency and hospital admissions.
2. Measure the impact on patients' quality of life and satisfaction with their medical follow-up and treatment, assessing autonomy, psychological well-being, and sense of disease control.

METHODOLOGY

This was a prospective, comparative, longitudinal study conducted over six months, including

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patients diagnosed with schizophrenia according to DSM-5 criteria and followed on an outpatient basis.

Population: 100 patients divided into two groups of 50 the intervention group (psychoeducation) and the control group (usual care only).

Inclusion criteria: clinically stable patients providing informed consent, with regular outpatient follow-up, and no prior participation in a psychoeducation program.

Exclusion criteria: patients with severe comorbidities or cognitive deficits preventing active participation, refusal of consent, or participation in another educational program.

Intervention: The psychoeducation program included weekly sessions lasting 1–2 hours, focusing on:

- Understanding schizophrenia: symptoms, causes, and treatment.
- Daily management of the illness and treatment, including recognition of side effects.
- Family involvement and social support to strengthen autonomy and motivation.
- Strategies for relapse prevention and psychosocial adaptation.

The control group continued with standard psychiatric and pharmacological follow-up without specific educational intervention.

Measurements and Tools

- **Main parameters assessed before and after intervention:**
 - Therapeutic adherence: regularity and compliance with prescribed treatment.
 - Hospitalization recurrence: number of psychiatric admissions over six months.
 - Quality of life: subjective assessment of psychological well-being, autonomy, and social integration.
 - Patient satisfaction: perception of treatment effectiveness and engagement in care.
- Demographic (age, sex) and clinical (duration of illness, treatment type, hospitalization history) data were also collected.

RESULTS

1. Sociodemographic characteristics:

- Sex: 65% male, 35% female.
- Mean age: 36.5 ± 8.2 years (range 18–55).
- Marital status: 60% married, 30% single, 10% divorced.
- Education: 40% primary, 35% secondary, 25% university level.
- Employment: 50% inactive, 30% employed, 20% students.

2. Therapeutic adherence:

- Psychoeducation group: 64% adherence.
- Control group: 41% adherence.
- Statistically significant difference ($p < 0.05$), confirming the effectiveness of psychoeducation.

3. Hospitalization recurrence:

- Psychoeducation group: 32% rehospitalization.
- Control group: 68% rehospitalization.
- Significant reduction ($p < 0.01$), suggesting psychoeducation helps prevent relapses.

4. Quality of life:

- Psychoeducation group: 59% improvement.
- Control group: 41% improvement.
- Statistically significant ($p < 0.05$), indicating better psychosocial well-being.

5. Patient satisfaction:

- Psychoeducation group: 60% satisfaction.
- Control group: 40% satisfaction.
- Significant difference ($p < 0.05$), reflecting a better perception of therapeutic follow-up in the psychoeducation group.

DISCUSSION

Our findings confirm that psychoeducation is an effective strategy to improve therapeutic adherence, reduce hospitalizations, and enhance the quality of life of patients with schizophrenia. The improvement in adherence (64% vs. 41%) aligns with results from Xia *et al.* (2011), who showed through a meta-analysis of 44 studies that psychoeducation significantly reduces relapse and treatment dropout. Similarly, Lincoln *et al.* (2007) found that psychoeducation improves illness understanding and cooperation with treatment.

The marked reduction in hospitalizations (32% vs. 68%) aligns with Pitschel-Walz *et al.*, (2006), who demonstrated that family psychoeducation lowers relapse risk by 20% within one year. Gumley *et al.*, (2003) also highlighted that involving families in psychoeducation facilitates early detection of prodromal signs, reducing both the frequency and severity of hospitalizations.

Quality of life was significantly better among psychoeducated patients (60% vs. 40%), consistent with Nardi *et al.*, (2009) and Pharoah *et al.*, (2010), who reported that therapeutic education not only enhances adherence but also psychosocial functioning and perceived well-being. Educated patients tend to feel more autonomous and in control of their illness, leading to overall improved life quality.

Finally, 59% of psychoeducated patients reported satisfaction with their care, versus 41% in the control group—supporting the idea that patient involvement enhances both compliance and doctor-patient relationships. This echoes McFarlane *et al.*

(2003), who showed psychoeducation strengthens therapeutic alliance.

Despite its promising findings, our study has limitations: a small sample size, short follow-up (6 months), selection bias favoring motivated participants, lack of blinding, and reliance on self-reported adherence. Nonetheless, these results align with international research underscoring psychoeducation's importance in integrated schizophrenia care.

CONCLUSION

Our study demonstrates the significant benefits of psychoeducation in managing schizophrenia in outpatient settings. By improving illness understanding and treatment adherence, this approach leads to better compliance, fewer hospitalizations, and enhanced quality of life and satisfaction. These findings support psychoeducation as an effective, low-cost tool that strengthens patient engagement and mitigates the societal burden of schizophrenia.

In Morocco, where psychiatric resources remain limited, systematically integrating psychoeducation offers a practical, accessible strategy to improve care. It enhances therapeutic alliance, fosters family involvement, and reduces relapse-related costs while sustainably improving patient outcomes.

Study Strengths

- Clinical and scientific relevance: addresses a key issue in psychiatry—therapeutic adherence in schizophrenia—with direct implications for quality of life and relapse prevention.
- Novelty in Moroccan context: few local studies evaluate psychoeducation, making this research particularly valuable.
- Prospective and comparative design: longitudinal follow-up with intervention and control groups.

- Multidimensional measures: explores adherence, hospitalization, quality of life, and satisfaction.
- Statistically significant results aligned with international literature.

Study Limitations

- Limited sample size (100 patients).
- Short follow-up period (6 months).
- Selection bias (only stable, motivated patients included).
- Lack of blinding (possible expectancy bias).
- Self-reported adherence (subjective measure).
- Single-center study, limiting generalizability.
- Potential confounding factors not isolated (family support, education level, illness severity).

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