

## The Association between Religious Belief and Drug Adherence Mediated by Religious Coping in Patients with Mental Disorders

### Abstract

**Introduction:** Adherence to drug regimen is an important factor in the treatment of patients with mental disorders. In some studies, religious beliefs have been shown to be effective for treatment adherence. This study aimed to investigate the association between religious beliefs and adherence to the medication regimen mediated by religious coping in patients with mental disorders. **Methods:** In this cross-sectional study, 164 patients with mental disorders were selected through convenient sampling from educational centers in Qazvin city. Data were collected using a demographic questionnaire, March Drug Adherence Questionnaire, Santaklara's Religious Faithfulness questionnaire, and Pargament Religious Coping questionnaire. Data were expressed as mean  $\pm$  standard deviation and analyzed using descriptive and inferential statistics. **Results:** The mean age of the patients was  $38.87 \pm 14.42$  years. The mean duration of the disease was  $5.71 \pm 5.78$  years. The mean of the religious belief score was  $30.90 \pm 5.96$ , the mean of the negative religious coping score was  $2.17 \pm 2.94$ , and the mean of positive religious coping score was  $6.83 \pm 4.69$ . There was a significant positive correlation between religious beliefs, adherence to medication regimen, and positive religious coping. There was a significant negative correlation between religious beliefs, adherence to medication regimen, and negative religious coping. **Conclusion:** There was a significant positive correlation between religious beliefs and adherence to medication regimen in patients with mental disorders. Religious beliefs were directly associated with positive religious coping, and adherence to medication regimen was indirectly associated with negative religious confrontation.

**Keywords:** Adherence to medicine, religious beliefs, religious conflict

### Introduction

Psychiatric disorders are significant health concerns in both developed and developing countries.<sup>[1]</sup> It has been reported that 450 million people have been diagnosed with mental illnesses worldwide.<sup>[2]</sup> Noorbala and Riazi reported a prevalence of 21.5%, 34.2%, and 39.6% during the years 1999, 2008, and 2011, for psychiatric disorders, respectively.<sup>[3]</sup>

Currently, mental illnesses are treated both physically (using drugs) and mentally.<sup>[1]</sup> Proper use of medications plays a very important role in the control of chronic diseases, and is the key to the success of the treatment process. The duration of taking antipsychotic drugs (antidepressants and mood stabilizers) should be 4–6 weeks. The efficacy of such treatment can increase with prolonged adherence, but discontinuation often results in recurrence of the symptoms.<sup>[4]</sup>

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Medication adherence is the adherence to all instructions given to the patient by the therapist, including the administration methods and medication types.<sup>[5]</sup> Failure to adhere to the medication is a major factor in the hospital admission of a psychiatric patient. This can lead to delayed recovery from the acute phase of the disease, poor progression of chronic disease, and the need for advanced therapies.<sup>[6]</sup>

Patients have two concerns about the medication; the side effects and the need for managing the condition. Cooperation with the treatment process is very important, especially in chronic conditions, to control the disease and prevent poor prognosis. This is because mental disorders are generally progressive, and poor adherence to the medication can lead to increased morbidity, the loss of quality of life, and ultimately the failure of the treatment.<sup>[7]</sup> The rate of nonacceptance of drug therapy in psychiatric patients in Iran has been reported to be between 13% and 93%, with an average of 40%.<sup>[6]</sup>

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Mohadeseh  
Movahedizadeh<sup>1</sup>,  
Mohammad  
Reza Sheikhi<sup>1</sup>,  
Saeed Shahsavari<sup>2</sup>,  
Hui Chen<sup>3</sup>

<sup>1</sup>Department of Psychiatric Nursing, School of Nursing and Midwifery, Qazvin University of Medical Sciences, <sup>2</sup>Health Products Safety Research Center, Qazvin University of Medical Sciences, Qazvin, Iran, <sup>3</sup>School of Life Sciences, Faculty of Science, University of Technology Sydney, Ultimo, Australia

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ORCID:

Mohammad Reza Sheikhi: <http://orcid.org/0000-0002-4228-9194>

**Address for correspondence:**

Dr. Mohammad Reza Sheikhi, Qazvin University of Medical Sciences, Bahonar Bld, Postal Code: 34197-59811, Qazvin, Iran.

E-mail: [msheikhi@qums.ac.ir](mailto:msheikhi@qums.ac.ir)

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