

Postprint: A Systematic Review of Medication Management Status and Influencing Factors in Chinese Patients with Severe Mental Disorders

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Abstract

Background: Medication management for patients with severe mental disorders has become an important task for primary-level medical and health institutions in China; however, there is currently a lack of systematic summary regarding patient medication management and its influencing factors on regular medication taking.

Objective: To systematically evaluate the current status of medication management and its influencing factors among patients with severe mental disorders in China, and to provide an evidence-based basis for optimizing medication management for patients in China.

Methods: CNKI, Wanfang Data Knowledge Service Platform, VIP database, and PubMed were searched to obtain cross-sectional studies on medication management status and factors influencing regular medication taking among patients with severe mental disorders in China, with the search period from database inception to August 2024. After two researchers independently screened literature, extracted data, and assessed the risk of bias in included quantitative studies, Stata 17.0 software was used to conduct Meta-analysis on the management rate, standardized management rate, medication taking rate, and regular medication taking rate reported in quantitative studies. Simultaneously, a qualitative summary analysis was performed on studies analyzing influencing factors of regular medication taking among patients with severe mental disorders.

Results: A total of 59 studies were included, of which 41 studies quantitatively reported the four indicators of patient medication management. Meta-analysis results indicated that the management rate of patients with severe mental disorders in China was 91.0% (95%CI=89.0%~93.0%), the standardized management rate was 77.0% (95%CI=70.0%~83.0%), the medication taking rate was

72.00% (95%CI=66.0%~79.0%), and the regular medication taking rate was 50.0% (95%CI=44.0%~56.0%). From 2014 to 2021, the management rate, standardized management rate, medication taking rate, and regular medication taking rate of patients increased from 73.7%, 35.8%, 35.0%, 17.9% to 96.7%, 94.1%, 87.0%, 84.2%, respectively. The management rate of patients remained at similar levels in eastern (92.3%), central (94.4%), and western (92.0%) regions, while the standardized management rate, medication taking rate, and regular medication taking rate were all significantly higher in eastern (86.5%, 82.5%, 62.7%) and central (81.2%, 88.1%, 57.9%) regions than in western (73.8%, 64.5%, 38.2%) regions. Additionally, 18 studies analyzed influencing factors of regular medication taking among patients with severe mental disorders; summary analysis revealed that the constraining factors affecting patient regular medication taking were complex and diverse, mainly from five aspects: patient themselves, family caregivers, community management, hospital diagnosis and treatment, and government support.

Conclusion: The medication management capacity for patients with severe mental disorders in China has significantly improved in recent years, but substantial regional disparities remain. Future efforts should be based on the multi-party constraining factors affecting patient regular medication taking and implement collaborative management to achieve the intended goals of mental health management in China.

Full Text

1. Introduction

1.2 Background and Rationale

1.3 Literature Review

1.4 Research Objectives

1.5 Study Hypotheses

2. Methods

2.1 Study Design and Protocol

2.2 Search Strategy and Data Sources

2.3 Inclusion and Exclusion Criteria

2.4 Data Extraction and Quality Assessment

2.5 Statistical Analysis Plan

Statistical significance was determined at $P < 0.05$. Meta-analysis was conducted using appropriate models, with effect sizes reported as point estimates and 95% confidence intervals (CI).

2.6 Sensitivity and Subgroup Analyses

3. Results

The main findings are presented in the tables and figures below.

[Figure 2: see original paper]

[Figure 3: see original paper]

4. Discussion

Note: Figure translations are in progress. See original paper for figures.

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