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The impact of therapeutic communication on treatment adherence in patients with bipolar disorder: a scoping review protocol

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ABSTRACT

Introduction: According to the World Health Organization, around 450 million people live with mental disorders, with bipolar disorder accounting for high levels of disability and affecting approximately 1.6% of the global population. This condition is associated with high rates of non-adherence to treatment. Therapeutic communication, recognized as an essential tool in mental health care, may positively influence treatment adherence, yet scientific literature on this relationship remains scarce.
Objective: To map the available scientific evidence on the impact of therapeutic communication on treatment adherence in patients diagnosed with bipolar disorder.
Methodology: Scoping review following the guidelines of the Joanna Briggs Institute and based on the question: What evidence is available in the literature on the impact of therapeutic communication on treatment adherence in patients diagnosed with bipolar disorder? The search will be conducted in PubMed, MEDLINE (via EBSCO), CINAHL, and Psychology and Behavioral Sciences Collection databases, Web of Science, as well as in gray literature. Studies published between 2021 and 2026, in Portuguese, English, and Spanish, will be included. The selection of articles will follow the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR statement).
Conclusion: This scoping review will provide a comprehensive and evidence-based overview of the role of therapeutic communication in treatment adherence in bipolar disorder, supporting future research, effective clinical interventions, and person-centered practices.

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RESUMO

Introdução: Segundo a Organização Mundial da Saúde, cerca de 450 milhões de pessoas vivem com transtornos mentais, sendo o transtorno bipolar responsável por elevados níveis de incapacidade, afetando aproximadamente 1,6% da população mundial. Esta condição associa-se a elevadas taxas de não adesão ao tratamento. A comunicação terapêutica, reconhecida como ferramenta essencial em saúde mental, pode influenciar positivamente essa adesão, mas a literatura científica sobre essa relação permanece escassa.
Objetivos: Mapear a evidência científica disponível sobre o impacto da comunicação terapêutica na adesão ao tratamento em utentes com diagnóstico de transtorno bipolar.
Metodologia: Revisão de escopo que segue as orientações do *Joanna Briggs Institute* e que parte da questão: Qual a evidência disponível na literatura sobre o impacto da comunicação terapêutica na adesão ao tratamento em utentes com diagnóstico de transtorno bipolar? A pesquisa será efetuada nas bases de dados PubMed, MEDLINE (via EBSCO), CINAHL e Psychology and Behavioral Sciences Collection, Web of Science, bem como em literatura cinzenta. Serão incluídos estudos publicados entre 2020 e 2025, em português, inglês e espanhol. A seleção dos artigos seguirá as recomendações do *Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR statement)*.
Conclusão: Esta revisão de escopo tentará fornecer uma visão abrangente e baseada em evidências científicas sobre o papel da comunicação terapêutica na adesão ao tratamento no transtorno bipolar, apoiando futuras investigações, intervenções clínicas eficazes e práticas centradas na pessoa.

Introduction

The most recent global report on Mental Health by the World Health Organization (WHO) indicates that approximately one billion people (more than one in eight adults and adolescents) worldwide are living with a mental disorder. Depression (280 million) and anxiety (301 million) constitute the largest groups. However, developmental disorders, attention deficit hyperactivity disorder, schizophrenia, bipolar disorders, and conduct disorders also affect millions globally. The burden of these conditions is substantial: mental disorders represent the leading cause of years lived with disability (YLDs), with one in every six YLDs attributable to a mental disorder.[1]

The World Health Organization conceptualizes mental health as an essential component of overall health, defining it as a state of well-being in which individuals recognize their abilities, are able to cope with the stresses of everyday life, work productively and fruitfully, and contribute meaningfully to their communities.[2]

Bipolar Affective Disorder (BAD), which constitutes the focus of the present study, is estimated to affect 1.6% of the global population and, as highlighted by several authoritative sources, represents one of the leading causes of disability worldwide.[3]

Bipolar Disorder (BD), also referred to as "bipolar affective disorder" or, in earlier literature, "manic-depressive illness", is a mental health condition characterized by alternating episodes of elevated and depressed mood, interspersed with periods of relative remission. It is frequently associated with specific cognitive, physical, and behavioral manifestations. From a clinical perspective, two principal subtypes are recognized: Type I, involving severe and persistent manic episodes, and Type II, involving less intense hypomanic episodes.[4]

In nursing care, communication is regarded as an essential component, functioning as a continuous and dynamic process that facilitates the establishment of relationships and human interactions, both verbal and non-verbal.[5]

According to Phaneuf, communication constitutes the nurse's primary therapeutic instrument, designed to facilitate interaction with individuals in order to understand their personal characteristics and life circumstances, thereby establishing a foundation of trust. In this sense, communication is considered a decisive factor in the nurse–patient relationship, acting as the principal vehicle for therapeutic engagement. Therapeutic communication is fundamentally based on the interpersonal relationship established between the healthcare professional and the patient, with the aim of promoting trust, empathy, understanding, and collaborative care. Although family members and caregivers may actively participate in the therapeutic process, particularly in the management of bipolar disorder, their involvement should be regarded as complementary to, rather than a substitute for, the direct therapeutic communication established between the healthcare professional and the patient. This distinction is particularly

relevant when analyzing the contribution of communication to treatment adherence.[6]

In this context, it is important to distinguish therapeutic communication established directly between the healthcare professional and the patient from communication involving family members or caregivers. Although family involvement is recognized as an important component in the management of bipolar disorder, particularly in supporting long-term treatment and improving clinical outcomes, it is considered complementary to the therapeutic relationship established between the healthcare professional and the patient rather than a substitute for it. Therefore, the present review focuses specifically on professional–patient therapeutic communication as the principal mechanism through which trust, empathy, collaborative care, and treatment adherence are promoted.[7]

Attention is directed towards specific communication competencies, including assertiveness, clarity of expression, and positivity. These are consolidated within a model proposed for validation, with the aim of optimizing the therapeutic relationship and, consequently, strengthening both treatment adherence and health literacy.[8]

Despite the widespread recognition of the role of therapeutic communication in clinical practice, few studies have directly explored its influence on treatment adherence among individuals with bipolar disorder. This gap in the literature limits the integration of evidence-based interventions aimed at improving clinical outcomes. The WHO report (2003) highlights barriers attributable to mental health professionals, such as ineffective communication, weak therapeutic relationships, negative attitudes towards treatment, insufficient clinical and behavioral resources, and a lack of knowledge regarding adherence strategies.[9]

Therapeutic adherence aims to improve health outcomes. Nevertheless, its complexity, shaped by multiple factors, contributes to persistently high levels of non-adherence, reinforcing the need for more precise knowledge to inform interventions. Treatment adherence is a multidimensional concept that extends beyond medication-taking behavior alone. It encompasses several dimensions, including medication adherence, attendance at scheduled healthcare appointments, participation in psychoeducation or psychotherapy sessions, and the patient's active engagement in the therapeutic process. These dimensions may be assessed using objective indicators, such as the Medication Possession Ratio (MPR) and the Proportion of Days Covered (PDC), as well as validated self-reported measures, including the Morisky Medication Adherence Scale-8 (MMAS-8) and the Medication Adherence Rating Scale (MARS).[10]

The therapeutic alliance is recognized as a crucial element in the psychotherapeutic process within clinical psychology, with evidence suggesting its potential relevance in other healthcare contexts. The therapeutic alliance is strengthened through patient-centered communication, which incorporates communication strategies such as empathy, reflective listening, shared decision-making, and the collaborative establishment of therapeutic goals between healthcare professionals and patients. These communication skills promote trust, facilitate patients' understanding of their treatment, encourage active participation in healthcare decisions, and have been recognized as important determinants of treatment adherence among individuals living with severe mental illness.[11]

Previous reviews have highlighted the importance of interventions aimed at improving treatment adherence in individuals with bipolar disorder. However, these interventions have not specifically focused on therapeutic communication as the primary determinant of treatment adherence or on the communication mechanisms underlying adherence. Effective therapeutic communication, as employed in approaches such as cognitive behavioral therapy and motivational interviewing, plays a fundamental role in promoting treatment adherence in chronic conditions such as bipolar disorder.[12]

According to the WHO and the World Medical Association, adherence to long-term therapies is a multifaceted challenge that requires reflection on and improvement of the factors influencing it. These include the establishment of a trust-based professional–patient relationship and a therapeutic contract, the provision of knowledge regarding the consequences of good and poor adherence, as well as the involvement of family and community support.[13]

In this context, treatment adherence in psychiatric disorders emerges as a daily challenge for mental health professionals. Furthermore, due to the stigma associated with mental illness, this challenge becomes even more pronounced.[13]

A preliminary search of the PubMed, PROSPERO, JBI Evidence Synthesis, Cochrane Database of Systematic Reviews, and Open Science Framework (OSF) databases revealed the absence of literature reviews or ongoing reviews providing a comprehensive overview of therapeutic communication and its impact on treatment adherence in adults diagnosed with bipolar disorder.

Thus, the aim of this scoping review is to map the available scientific evidence in the literature regarding the impact of therapeutic communication on treatment adherence in individuals diagnosed with bipolar disorder.

Methodology

The protocol for this scoping review will be developed in accordance with the methodological guidance of the Joanna Briggs Institute (JBI)[14] and the extension of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR statement),[15] and has

been prospectively registered on the Open Science Framework (OSF) platform.[16]

Review question

This review seeks to address the following question: *What scientific evidence is available in the literature regarding the impact of therapeutic communication on treatment adherence among individuals diagnosed with bipolar disorder?*

The objective is to map the scientific evidence available in literature concerning the impact of therapeutic communication on treatment adherence in individuals diagnosed with bipolar disorder.

Eligibility criteria

The mnemonic Participants, Concept, and Context (PCC) will guide reviewers in determining the eligibility of studies for inclusion in this scoping review.[17]

Participants

Participants will include adults (aged 18 years or older) diagnosed with bipolar disorder, encompassing both Type I and Type II, in accordance with recognized diagnostic criteria such as the DSM-5 or ICD-10. Studies involving children or adolescents, patients with severe psychiatric comorbidities without clear differentiation, or non-human subjects will be excluded. No restrictions will be applied regarding gender, ethnicity, or other individual characteristics.

Concept

The review will focus on therapeutic communication and its impact on treatment adherence. For the purposes of this review, therapeutic communication will be defined as the intentional use of verbal or non-verbal communication by healthcare professionals to establish a therapeutic relationship, promote empathy, active listening, trust, shared decision-making, and other patient-centered communication strategies aimed at improving treatment adherence. Studies will be included when communication between healthcare professionals and patients constitutes an explicit intervention or a central component of the intervention and is specifically described or evaluated.

Communication-related interventions may include motivational interviewing, therapeutic alliance, empathy, or other communication behaviors. Psychotherapeutic interventions, such as cognitive behavioral therapy, will only be included when communication processes are explicitly assessed and linked to treatment adherence outcomes, rather than when the psychotherapeutic content itself represents the primary focus of the intervention. Treatment adherence outcomes will include medication adherence (e.g., Medication Possession Ratio [MPR], Proportion of Days Covered [PDC], Morisky Medication Adherence Scale-8 [MMAS-8], and Medication Adherence Rating Scale [MARS]), attendance at healthcare appointments, participation in psychoeducation or psychotherapy sessions, and other treatment engagement measures. Both objective measures and validated self-reported measures of adherence will be considered. This review will focus on direct therapeutic communication between healthcare professionals and patients. Studies primarily addressing communication mediated by family members or caregivers will only be included when communication between healthcare professionals and patients constitutes the central focus of the intervention or analysis. Studies that do not explicitly relate communication to treatment adherence, as well as those addressing adherence without reference to communication strategies, will be excluded.

Context

All healthcare settings in which adults with bipolar disorder receive care will be considered, including outpatient psychiatric clinics, inpatient units, community mental health centers, and digital or telehealth interventions. Studies conducted outside healthcare settings (e.g., general population surveys without a focus on patients) will not be included.

Types of sources

Primary sources (quantitative, qualitative, and mixed-methods research), secondary sources (all types of reviews), as well as opinion papers, editorials, theses, and reports will be included. Studies must be published in English, Portuguese, or Spanish to ensure accurate interpretation and synthesis by the review team. Although this language restriction may introduce language bias by excluding potentially relevant studies published in other languages, it was considered necessary to ensure the accuracy and reliability of data extraction and interpretation.

Only publications from 2021 to 2026 will be considered.

This time frame was selected to capture the most recent evidence on therapeutic communication and treatment adherence in bipolar disorder while ensuring a comprehensive and manageable body of literature. Preliminary searches indicated that this period yielded a substantial number of relevant studies to address the review objective.

Research strategy

The search strategy will be conducted in three stages, beginning with the identification of relevant Medical Subject Headings (MeSH) descriptors and key terms. This will be followed by the construction of the search string (Boolean search string). Subsequently, the search string will be applied across multiple databases, with adaptations made to accommodate the specific requirements of each database.

The search strategy was adapted to the specific requirements of each database, using controlled vocabulary, field tags, and Boolean operators whenever applicable, according

to the indexing system and search functionalities of each platform. In addition, the reference lists of the included studies will be screened in order to identify further relevant sources.[14,17] Table 1 summarises the MeSH descriptors and the principal key terms identified in the titles and abstracts of relevant publications.

Table 1. Relevant MeSH terms and key words.

	Population	Concept	Context
MeSH descriptors	"Bipolar Disorder" "Mood Disorders" "Bipolar and Related Disorder"Adult*"	"Communication" "Health Communication" "Therapeutic Alliance" "Empathy" "Professional-Patient Relations" "Adherence Interventions" "Medication Adherence" "Treatment Adherence and Compliance" "Patient Compliance"	""Mental Health Services" "Hospitals Psychiatric" "Ambulatory Care" "Hospitalization" "Community Mental Health Services"
Keywords	"Bipolar Affective Disorder" "BD I" "BD II" Adult patients	*"Intervention" "Practice" "Communication" "Alliance" "Strategy" "Empathy"" "Adherence" "therapeutic communication" "patient–clinician communication" "nurse–patient communication" "health communication" "therapeutic relationship" "communication strategies" "cognitive behavioral therapy" "motivational interviewing"*	"mental health" "treatment" "healthcare setting*" "community mental health" "primary care" "hospital-based care" "Telehealth" "e-health" "digital health intervention*"

The Boolean search strategy will be developed using MeSH descriptors and key terms, employing the Boolean operators AND and OR, together with truncation symbols, asterisks, and quotation marks. This approach enables the precise specification of relationships between MeSH terms.

The search will be conducted across the following databases: PubMed (National Library of Medicine), MEDLINE (via EBSCO), CINAHL, Psychology and Behavioural Sciences Collection, Web of Science and in gray literature. The specific characteristics of each database will be taken into consideration throughout the review process.

Table 2 presents an example of the construction of the Boolean search strategy for the PubMed database.

The selected databases were chosen based on institutional access and their relevance to the review question, ensuring broad coverage of biomedical, nursing, psychological, and multidisciplinary literature. In addition, grey literature sources and manual screening of the reference lists of the included studies were undertaken to identify potentially relevant studies not retrieved through the electronic database searches.

Table 2. Search strategy in the PubMed database.

Database	Strategy	Results
PubMed	#1 ("bipolar disorder"[MeSH Terms] OR "Mood Disorders"[MeSH Terms] OR "Bipolar and Related Disorders"[Title/Abstract])	12,669
	#2("Communication"[MeSH Terms] OR "Health Communication"[Title/Abstract] OR "Empathy"[MeSH Terms] OR "Therapeutic Alliance"[Title/Abstract] OR "Professional-Patient Relations"[MeSH Terms]	22,763
	#3 ("Adherence Interventions"[Title/Abstract] OR "Medication Adherence"[MeSH Terms] OR "Treatment Adherence and Compliance"[Title/Abstract] OR "Patient Compliance"[MeSH Terms]))	8,999
	#4 ((((#1) AND (#2)) AND (#3))	12,386

Table 3 presents a record of the searches conducted across all databases.

Table 3. Records of searches conducted across all databases.

Database	Strategy	Results
PUBMED	*Search: "bipolar disorder*" OR "Mood Disorder*" OR "Bipolar and Related Disorder*" AND Communication OR "Health Communication" OR Empathy OR "Therapeutic Alliance" OR "Professional Patient Relation*" AND "Adherence Interventions" OR "Medication Adherence" OR "Treatment* Adherence and Compliance" OR "Patient* Compliance"*	12386
Medline Complete (EBSCO)	*Search: (bipolar disorder* OR Mood Disorder* OR Bipolar and Related Disorder*) AND (Communication OR "Health Communication OR Empathy OR "Therapeutic Alliance OR Professional-Patient Relation*) AND (Adherence Interventions OR Medication Adherence OR Treatment* Adherence and Compliance OR Patient* Compliance)*	16
CINAHL Complete (EBSCO)	*Search: (bipolar disorder* OR Mood Disorder* OR Bipolar and Related Disorder*) AND (Communication OR "Health Communication OR Empathy OR "Therapeutic Alliance OR Professional-Patient Relation*) AND (Adherence Interventions OR Medication Adherence OR Treatment* Adherence and Compliance OR Patient* Compliance)*	5
Psychology and Behavioral Sciences Collection *(EBSCO)*	*Search: (bipolar disorder* OR Mood Disorder* OR Bipolar and Related Disorder*) AND (Communication OR "Health Communication OR Empathy OR "Therapeutic Alliance OR Professional-Patient Relation*) AND (Adherence Interventions OR Medication Adherence OR Treatment* Adherence and Compliance OR Patient* Compliance)*	2442
Web of Science	*Search: "bipolar disorder*" OR "Mood Disorder*" OR "Bipolar and Related Disorder*" AND Communication OR "Health Communication" OR Empathy OR "Therapeutic Alliance" OR "Professional Patient Relation*" AND "Adherence Interventions" OR "Medication Adherence" OR "Treatment* Adherence and Compliance" OR "Patient* Compliance"*	39
ProQuest Dissertation & Thesis Citation Index (Web of Science)	*Search: "bipolar disorder*" OR "Mood Disorder*" OR "Bipolar and Related Disorder*" AND Communication OR "Health Communication" OR Empathy OR "Therapeutic Alliance" OR "Professional Patient Relation*" AND "Adherence Interventions" OR "Medication Adherence" OR "Treatment* Adherence and Compliance" OR "Patient* Compliance"*	4
RCAAP (Portuguese Open Access Scientific Repositories)	*Bipolar disorder AND Communication AND Treatment adherence*	0

Study selection

The selection of articles will be conducted systematically, encompassing the stages of identification, screening, and inclusion, as outlined in the PRISMA flow diagram.[18] Following the completion of the search, the records obtained will be exported to the Rayyan Intelligent Systematic Review platform (Qatar Computing Research Institute, Doha, Qatar) for duplicate removal and initial screening. Articles meeting the inclusion criteria will then be organized using the reference management software Zotero®. Titles, abstracts, and full texts will be examined to exclude records that do not satisfy the established criteria. Eligible studies will subsequently undergo data extraction, and the reference lists of included articles will also be screened for additional relevant literature.

The entire process will be carried out independently by two reviewers. Before the formal screening process, the reviewers will discuss and align the eligibility criteria to ensure a consistent interpretation of the inclusion and exclusion criteria. Two reviewers will independently screen all records at both the title/abstract and full-text stages. Inter-reviewer agreement will be assessed using Cohen's kappa coefficient (κ) prior to the resolution of disagreements to quantify the level of agreement beyond chance.[19,20] Any discrepancies will be resolved through discussion, and where consensus cannot be reached, a third reviewer will be consulted (SA).

Decisions to exclude studies will be documented and presented in a flowchart in accordance with the PRISMA model.[15,17,18]

Data extraction

Data from the articles included in the scoping review will be extracted using a tool developed by the authors in Microsoft Word®, as presented in Table 3. The design of this tool followed the methodological guidance provided in the JBI manual.[21]Reviewers may update the preliminary tool during the extraction process, with all modifications documented in the final report. Any discrepancies will be resolved through discussion or with the support of a third reviewer. Where necessary, study authors may be contacted by email to provide missing or additional data.

Table 4. Data extraction tool.

Author	Last name of the first author of the study
Year	Year of publication
Title	Title of study
Country	Country of study
Study design/Level of evidence	Level of evidence according to JBI[21]
Participants	Target participants of the study (e.g.age,gender, diagnosis, sample size)
Concept	Therapeutic communication (e.g., concept investigated - communication between psychiatrist and patient, nurse-led adherence counselling, psychologist-led psychoeducation; Professional Type - Psychiatrist, nurse, psychologist, social worker, primary care physician; Mode of Communication - face-to-face, telephone, telehealth, group session) Description of communication strategies, therapeutic alliance, empathy, or related interventions (e.g. Psychoeducation with empathy-focused communication training, Motivational interviewing, adherence counselling, psychoeducation, collaborative decision-making) Specify how communication, empathy, therapeutic alliance are defined/measured (e.g. therapeutic alliance measured via Working Alliance Inventory) Adherence measures: medication adherence, treatment adherence, engagement (e.g. medication refill records, self-reported adherence scale) Main findings relevant to the PCC question (e.g higher therapeutic alliance scores associated with improved medication adherence) Any insights on how communication or empathy influenced adherence (e.g. collaborative decision-making, patient-centered communication) Reported barriers or facilitators for adherence (e.g. lack of clinician empathy; regular follow-up increased adherence)
Context	Clinical setting (e.g. hospital, outpatient, community mental health)

Analysis and presentation of evidence

The extracted data will be organized and presented in tables or visual representations, ensuring alignment with the objectives and research questions of this scoping review. Where sufficient data are available, the findings will also be mapped according to relevant subgroups, such as bipolar disorder subtype (Type I and Type II), healthcare setting, communication strategy, type of healthcare professional, and mode of intervention (e.g., face-to-face or telehealth), to facilitate the identification of patterns across the available evidence. In accordance with the JBI methodology for scoping reviews, a formal critical appraisal of the methodological quality of the included studies will not be undertaken, as the primary objective of this review is to map the available evidence rather than to assess the methodological quality of individual studies. Where the analysis indicates that alternative presentation formats would more effectively communicate the findings, these will be employed. A narrative summary will accompany the tabulated or visualized data, providing context and explaining how the results address the review's objectives and guiding questions.

Conclusion

This scoping review protocol recognizes therapeutic communication as an essential component in facilitating treatment adherence among individuals with bipolar disorder, contributing to holistic and person-centered care. Given the complexity inherent in adherence within the context of mental health, the review aims to inform healthcare professionals about evidence-based interventions that promote patient engagement and positive health outcomes.

A structured and transparent methodological approach will enable a comprehensive mapping of existing interventions, highlight gaps in current knowledge, and provide a robust foundation for the planning of future research. Furthermore, this review will emphasize the importance of non-pharmacological interventions in supporting mental health and enhancing quality of life throughout the therapeutic process.

The anticipated outcomes of this scoping review may guide the development of evidence-based clinical practice guidelines, strengthen the training of healthcare professionals, and support the continuous improvement of care standards within mental health settings. Ultimately, this review protocol seeks to facilitate the implementation of therapeutic communication strategies and promote more comprehensive, person-centered care for individuals living with bipolar disorder.

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