

# **Psychopharmacological Treatment for Improved Patient Outcomes**

## **In this module, participants will learn:**

- 1) The relative advantages and disadvantages of different types of antipsychotic medications in treating people who do not believe they are ill and typically refuse medicine.**
- 2) Strategies for engaging individuals in treatment.**
- 3) The critical role of continuity of care.**
- 4) The role family members can play in breaking the cycle of repeated relapse and hospitalizations.**

## **Questions for Discussion:**

After completion of the film’s credits, ask the questions which appear below. After each question you will see points to amplify and develop during the discussion.

- 1. What kinds of medication were used to treat Millie’s psychiatric condition?**
  - What were Millie’s positive symptoms and what medication(s) was she given to treat these symptoms?
  - What were Millie’s negative symptoms and was she prescribed medication for this as well?
  - At one point in the film, Millie was given a mood stabilizer, anti-depressant and anti-anxiety (or anxiolytic) medications. Match the symptoms you saw with the type of medication prescribed.

**2. For most of the film, it did not look like the medications worked so well for Millie. If antipsychotic medications are so helpful, why didn't they work better?**

- Millie did not believe she was ill. What role did that play in how well the medicine worked?
- Did Millie's doctors and mental health workers have an accurate grasp on whether or not she was taking the medicine as prescribed? Why not?
- What could be done (or was done) to insure Millie was taking the medicine she was prescribed?
- If the dose given was inadequate, how could Millie's doctors have learned that the medicine needed to be increased? Would Millie have been likely to alert them to this?

**3. Millie did not like her medications, and it was clear that they made her feel “like a zombie.” Can feeling like a zombie be a side effect?**

- If so, what kind of side effect is it?
- What are some of the common side effects of medications used to treat schizophrenia?
- What reasons might Millie have to complain about side effects?

**4. In one scene, Mille looked like she was a walking drug store. Why was she prescribed so many medications?**

- What are the pros and cons of taking many different medications at the same time?
- Why does the “polypharmacy” occur and what can you do to streamline medication treatment?

**5. Do all of the antipsychotic medications have the same side effects, or are there differences?**

- What are the worst side effects of the antipsychotic medications?
- What side effects are permanent (cannot be reversed)?
- What side effects can be reversed and how is this accomplished?
- Tardive dyskinesia is a very common side effect. Contrary to popular belief, it is not permanent. For many patients it may improve spontaneously without any change in treatment. For others, it may improve with treatment specifically aimed at the problem.

**6. What type of antipsychotic medicine would be especially helpful for someone who has a history of refusing medicine when they need it?**

- How can side effects be reduced?
- Is there a type of medicine that can be given, under supervision, only once every 2-4 weeks?

## Cautionary note

The facilitator should start by saying that the discussion does not and cannot be a complete review of psychopharmacology. The goal is to illuminate some important principles that were illustrated in the film and that often do not show up in textbooks.

## Getting oriented to the audience

It's very important that the facilitator understand the perspective of the class/students before starting the discussion on medication management. If the group consists of medical students, psychiatric trainees, nurses, or others with a “biomedical model” background, then the class will likely already believe that medications are necessary for schizophrenia and other serious psychiatric conditions. If this is the case, the focus can quickly move to some of the limitations and challenges of a biomedical model approach. This was especially true when trying to properly treat Millie despite the many barriers to her care. Millie's case shows some of the basic psychopharmacologic principles in a “real life” situation.

**Biomedical background:** If the audience has a biomedical model background, then it is likely that, prior to seeing this documentary of Millie:

- The attitude regarding treatment is overly focused on a brain model of schizophrenia, and that medications are the beginning and end of the treatment of schizophrenia.
- They may not appreciate the burden placed on the family to monitor medications, to be the “pill police,” and to be the record-keepers of a mental health system that does not systematically document treatment trials, side effects or outcomes.
- That using multiple medications as seen in the nursing home adds considerable burden on the patient and others in the care system.
- That treatment planning should be measured in years rather than months or days.
- That there are new antipsychotic medications that often work better than older ones, mainly because they have fewer side effects. This tends to give better results due to better adherence.

- While it may not be possible to tell in advance who will respond to which medication, perseverance at the end of the day can make a world of difference in a patient’s life.

**Social work or social service background:** Students of social work or related professions will come away from Millie’s story with a very different point of view than the biomedical model. Hopefully, these days, students will already know that Millie’s illness is not her fault, nor was it caused by her upbringing or her family. However, social workers may feel that because they do not/will not be prescribing medications, that knowing about medications is not very important. For them, Millie’s story is a very valuable lesson in how important it is to know some of the basics about medications, because there were many occasions when a knowledgeable social worker or case manager could have changed things for the better. For this audience, the facilitator should emphasize:

- The synergistic role of working with the system, family and medication.
- The importance of being pro-active in involving families in major medication decisions, as well as seeking their input, and NOT to hide behind the false veil of confidentiality (or, more recently, HIPAA).
- That optimal medication management is only possible when there is continuity of care and often the family is the cornerstone for achieving this.
- The importance of identifying realistic target symptoms and therapeutic goals for medication treatment.
- Knowing basics of treatment trials: **diagnosis, drug choice, dose, and duration.**
- The importance of knowing what the basic medication options are when the medication(s) have failed to adequately treat the symptoms.

**Non-mental health background:** Some participants without any prior medical or psychiatric background may be more likely to doubt the whole concept of the existence of mental illness, and the role of medication to treat mental illness. Here, the facilitator might expect debate about people being allowed to show their eccentricities without being pigeonholed into being labeled as “crazy”, and the

concern that the treatment (e.g. medications) may be worse than the “cure” (docility, chemical lobotomy). Meanwhile, others may see medications as the “silver bullet” thereby ignoring the importance of psychosocial interventions, continuity of care, constructive communication with the patient and health professionals and other vital ingredients to successful treatment.

## **Teaching Points for the Facilitator**

- **Positive and Negative Symptoms:** Psychotic symptoms represent a breakdown of normal cognitive and perceptual functions. There are several ways that psychotic symptoms can present, including distortions of beliefs and ideas (delusions), perceptions (hallucinations), communication (disorganized speech), and behavior (bizarre or grossly disorganized behavior). Often, such symptoms are referred to as “positive symptoms” not because they are “good”, but because they are thought to reflect an over stimulation of normal brain functions. Whereas so called negative symptoms are thought to stem from a loss, or deficit, in normal brain function (e.g., flat affect reflecting a loss in the ability to fully express emotion).
- As the documentary clearly shows, Millie has psychotic symptoms (she loses touch with reality and gets very paranoid about the motivations of others). Students often will have trouble with the boundaries of psychosis, and the facilitator might discuss ways a clinician might figure out whether Millie truly has psychosis. The table below covers some common types of psychotic symptoms and some examples where it may not be absolutely clear whether the person is having a psychotic symptom or possibly could be having a “real” experience.

Type of psychotic symptom	Could be “normal” or psychotic	Probable psychosis
<b>Delusion: Erroneous belief; misinterpretation of events or experiences.</b>	“The FBI is after me.”	“The FBI has implanted a tracking device into my brain and is controlling my movements”
<b>Hallucination: False sensory perceptions occurring when the person is alert and awake.</b>	“When I go to church I see God triumph over the Devil”	“I hear all of these voices talking to me now, can’t you hear them? The Devil is behind all of them.”
<b>Disorganized thinking. (also called “thought disorder”). Severe problems in communication.</b>	“Why am I here in the hospital? I came here because my mother doesn’t agree with me. What does your mother want?”	“Why am I here in the hospital? The buses stop here and other places. They blow up buses in Israel. Are they going to blow up this hospital? What kind of pen is that?”
<b>Grossly disorganized behavior. Severe difficulties in daily living, appearance, or hygiene.</b>	Patient is disheveled, unkempt and unwashed.	Patient wears only underwear in freezing weather, has an aluminum pot as headgear, and masturbates in public.
<b>Catatonic motor behavior. Unreactive and unresponsive to environment.</b>	Patient sits for hours alone, staring at a blank wall.	Patient stands rigid and fixed, in a very uncomfortable posture, actively resists attempts to move.

- Understanding psychotic symptoms:** Some of the psychiatric disorders presenting with psychotic symptoms include schizophrenia (or diagnoses related to schizophrenia, such as schizoaffective disorder), or mood disorders such as major depression with psychotic features or bipolar disorder. Substance abuse disorders and alcohol disorders are other very common causes of psychotic symptoms.  
*(Note: The facilitator should mention that psychosis is not the same as schizophrenia, but rather that psychotic symptoms are always seen in schizophrenia, but may happen for many other reasons as well).*
- Antipsychotic medications are powerful medications** and should only be *generally* used for serious psychiatric conditions. Schizophrenia is an illness where antipsychotic medication is needed to control someone’s acute psychosis, such as the breakdowns Millie exhibited, but it is also needed to

- prevent the psychotic symptoms from returning. The documentary shows that Millie is sometimes, but not always, suffering from a psychotic symptom.
  
- **Psychotic symptoms are only a part of the problem in schizophrenia.** Symptoms of schizophrenia usually begin during someone’s teens or twenties. People with schizophrenia usually have had symptoms for a long time before finally presenting in a mental health treatment setting. In fact, the average duration of untreated illness is about 2 years! This period of time is called the “prodromal” period. Typically, the person will have non-psychotic symptoms first. Eventually, at some point psychotic symptoms will start. Once psychotic symptoms appear, there is no question that there is a major psychiatric or substance abuse problem, and schizophrenia will be part of the differential diagnosis.
  
- The core diagnostic criteria for schizophrenia include having positive symptoms, negative symptoms, and cognitive symptoms (e.g., problems with memory and attention).
  - **Positive symptoms.** When psychotic symptoms are a part of the diagnosis of schizophrenia, they are often called “positive” symptoms. These have been covered in more detail in the earlier section on psychotic symptoms.
  - **Negative symptoms.** This refers to aspects of life functioning that are absent or markedly less than expected. Examples of negative symptoms include:
    - **Apathy.** The person has little energy or drive. The person may lie around, stay in bed, and not have any drive or ambition.
    - **Indifference.** Unlike depression, the person does not care about his or her life situation. There is no sadness, no joy, just numbness.
    - **No social life.** The person will not have any friends, and will be very socially isolated. There will not be any desire to socialize with others, and the person will not experience loneliness.
    - **Poor grooming and hygiene.** A person will not care about his/her appearances or hygiene.

- **Cognitive symptoms.** Cognitive symptoms are not officially part of the diagnosis of schizophrenia, but actually are considered to be one of the major features of the illness. The term “cognitive symptoms”, when used in schizophrenia, does NOT mean mental retardation or a dementia like Alzheimer’s. Rather, it refers to problems learning new information, and specific problems with mental agility.
- In general, the antipsychotic medications are more effective for the positive symptoms of schizophrenia than either the negative or cognitive symptoms.

Guide for Mental Health Professionals & Trainees – Chapter 3 of 5  
“Psychopharmacological Treatment for Improved Patient Outcomes” by Peter Weiden, M.D.  
Designed to accompany the documentary *Out of the Shadow*

## **Recommended Reading**

Weiden, Peter J. (Editor), Ronald J. Diamond, Patricia L. Scheifler, Ruth Ross, Ronald I. Diamond, *Breakthroughs in Antipsychotic Medications: A Guide for Consumers, Families, and Clinicians*, Norton and Company, New York.

Gorman, Jack M. *The Essential Guide to Psychiatric Drugs*, St. Martin's Press, New York.