

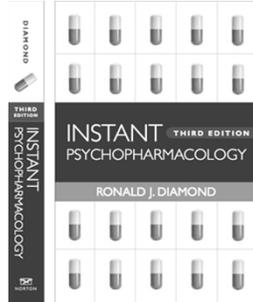
**Is the medication doing any good?  
How to evaluate effectiveness of psychiatric  
medication**

Feb 11, 2016

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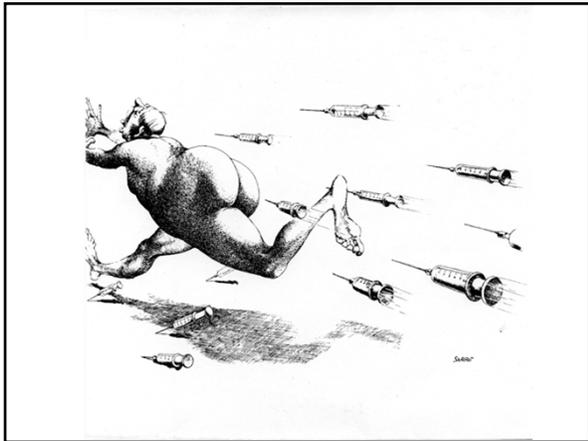
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**Why take any medication?**

To “get better”

This is a very value laden term

The consumer, the prescriber, the family, the case manager and the therapist can all have very different ideas of what it means to ‘get better”

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**What do we mean by “getting better”?**

- Feel better
- Decrease symptoms
- Increase function
- Increase stability/stay out of hospital
- Improve subjective sense of well-being

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**All medication has risks**

- Balance potential benefits Vs risks
  - What risks or benefits are most important
  - Question of values
  - Who gets to decide
- When is a risk “worth it”
  - What is the risk of NOT taking medication

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“Paper or plastic?”

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**Improving Medication Effectiveness**

1. Be clear what each medication is supposed to do
2. Have a clear way of following whether the medication is actually doing it
  - Follow target symptoms
  - Use outcome measures
3. Change one medication at a time, and give each change time to work
4. Be aware that substance use can interfere
5. Be aware that medical illness and life events can influence outcome

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**1. Be clear what each medication is supposed to do**

- Start with the problem that the consumer is having
  - What is the nature of this problem: Be detailed and specific
  - How big is this problem
  - What else has the consumer tried or is doing
  - What else might the consumer try
  - How might medication help with this problem
  - How long will be required to see if it is working

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**2. Have a clear way of following whether the medication is actually doing it**

- Target symptoms
- Outcome instruments

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**Need to develop “target list”**

- What is the “target” of the medication: what behavior/feeling or experience do we hope will change?
  - What is the consumer hoping medication will do
  - What are others hoping medication will do
- Must be detailed, specific and concrete
- Based on observable behavior

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**Target Symptoms**

- Behavioral
- Observable
- Relevant
- Different with each person, and with each illness
  
- Must be detailed and “granular”

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Ex. Woman with schizophrenia says the medications do not help and make her feel worse

- Off medication she does not leave the house, does not shower, lives in a bathrobe and talks about how anxious she is feeling
- On medication she regularly goes to church and attends woman's group there, meets with friends to play cards, goes once a week to a volunteer job she says she enjoys, and stops talking about her fears and anxiety

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Some "targets" better indicators of medication effects than others

- Intrusiveness of beliefs will change more than beliefs will change
- Distress caused by voices will change even if voices do not go away
- Decrease in suicidal ideation may be more likely than complete absence
- Improved behavior may occur before improvement in subjective sense of mood

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Different "targets" for different problems

- Harm reduction rather than elimination of problem
  - Not suicidal as often
  - Voices less intrusive
  - Still hears voices, but not talking back to them as much
  - person can now watch TV or read
  - Able to force himself to go out with friends
  - Not spending as much time checking

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**Targets for psychotic illness**

- Function
  - Can I go to the store
  - Can I read
  - Can I go to my volunteer job
- Distress
  - Do the voices bother me as much, can I ignore them at least some of the time
  - Can I ignore the nazis, at least a bit more

Look for areas of shared goals and shared targets

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**Where is medication effective, and where not?**

- Panic frequency may decrease with medication, but the associated agoraphobia and anticipatory anxiety requires behavioral therapy
- Medication may help mood stability in someone with bipolar, but listing of early warning signs, risk situations, behavioral ways to support stability are all important

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**Use outcome instruments to measure change**

For example:

PDQ 9 for depression

GAD 7 for anxiety

OARS for general quality of life

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**3. Change one medication at a time, and give each change time to work**

- Natural history of recovery from depression
  - Person can force himself to do things, but it is not fun and not easy
  - Person begins to look better to others
  - Person can begin to enjoy some things some of the time
  - Person finally begins to feel better

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**4. Be aware that substance use can interfere**

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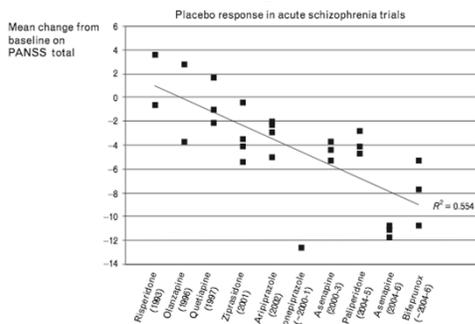
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**Increase in Magnitude of Placebo Response in Clinical Trials of Schizophrenia since 1993**



Kinon, Potts and Watson 2011

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**Treatment Adherence: is the person really taking it, and if so with what consistency?**



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**Things that interfere with medication working**

- Consumer not taking it
- Dose not correct
- Not taking it for long enough
- Substance use
- Medical illness
- Diagnosis incorrect
- Unrealistic expectations of what medication is able to do

**Medications do not work for everyone**

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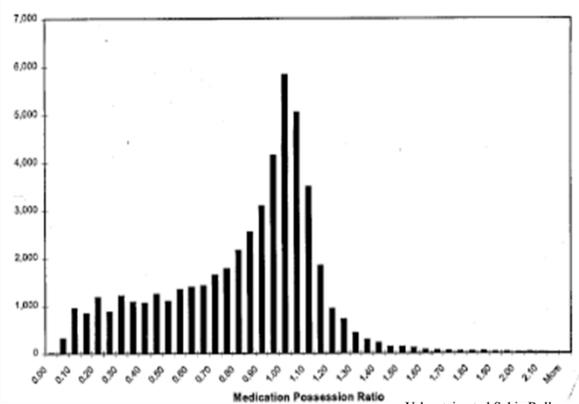
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Figure 1. Frequency distribution of MPR values for patients receiving one antipsychotic (N = 49,003)



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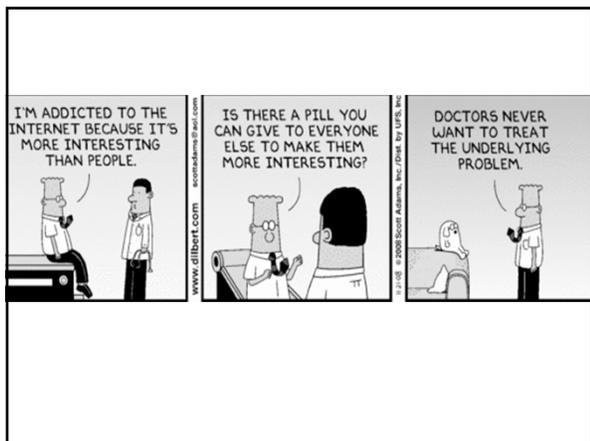
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### Health beliefs

- How do we decide the nature of a problem
  - Do we believe this problem is “illness”?
  - Do we all agree on this definition of problem?
- Is this the kind of problem that will respond to medication?
  - Is there some part of the problem that might respond to medication?

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### What does it “mean” to take medications

- |             |  |
|-------------|--|
| • Ill       | • Has a right to services              |
| • Disabled  | • Limits are justified                 |
| • Dependent | • Not your fault                       |
| • Damaged   | • Problem is “real”                    |
|             | • Something can be done/can be “fixed” |

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**I Using medication as a tool to recovery**

- What is the problem that the consumer wants help with?
- How has this problem interfered in the person's life
  - How big is the problem

Modified from Pat Deegan

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**Using medication as a tool to recovery**

- Medication is something the consumer can do to take more control over his or her own life
- Medication can make one feel dependent, out of control, or help to regain more control
- Does it feel that it is something the consumer is doing, or something being done "to" the consumer

Modified from Pat Deegan

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**II Using medication as a tool to recovery**

- What else has the person tried to deal with this problem
- How much does the consumer want help with it
  - What will happen if this gets better?
  - What will happen if this does not get better?

Modified from Pat Deegan

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**III Using medication as a tool to recovery**

How might medication help with this problem

- specific and concrete target goals for medication
- how would the consumer know medication is helping
- how would the consumer know that the medication is making things worse
- how would other people know
- How long a time is reasonable to wait to see

Modified from Pat Deegan

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**IV Using medication as a tool to recovery**

- What else can the consumer do along with the medication
- What else does the consumer want from others, along with the medication

Modified from Pat Deegan

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**V Using medication as a tool to recovery**

How can the consumer/patient/client have more “ownership” in his/her own medication?

- Invite the consumer to include a support person in the room? Bring a friend or family member
- Give the consumer a copy of the note. Invite the consumer to provide input into the note
- Involve the consumer in real choice

Modified from Pat Deegan

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**Part of Wellness**  
**Do not focus just on medication**

- Exercise
- Healthy good
- Sleep
- Activities and structure
- Friends

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**If the medication does not work**

- Is the diagnosis correct?
- Has a medical illness gone unrecognized?
- Has the dose been high enough for a long enough period of time?
- Is substance abuse interfering?
- Is the person taking the medication?
- Medication does NOT work for everyone!

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The idea is not to change everything, it's to change something

**Ken Minkoff**

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**Medication**

- Medication is NEVER a goal of treatment:
- Medication is a tool to help the consumer reach his or her own goals
- Medication always has a “meaning” that may be as important as pharmacology
- Ambivalence about medication is normal
- People will take medication if they feel it will help them
- ...and will not take it if they feel it will not help

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**Taking medication regularly**

- Beliefs are important
  - About the problem
  - About the solution
  - About whether medication will help
- Relationships are important
  - We take medication from people we trust
- Hope is important: why do anything if you feel it will not help, and your life cannot get better

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**Be realistic about what medication can, and cannot do**

- If it is not helping, then reconsider the medication, or the nature of the problem, or other activities that can help or hurt
- If it is helping but not enough, is the benefit worth the side effect burden
- Staying on a medication that is not working may not be worth it, but changing medication that is doing some good can be a risk

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