

Wisconsin Department of Health Services



Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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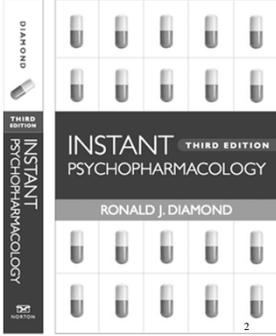
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Recovery Oriented Prescribing

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Why take any medication?

- To “get better”
- Because someone else wants us to
- Because we are forced to take it

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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
- Improve quality of life

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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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Think about side effects from the client’s point of view

How much weight gain should a patient with schizophrenia tolerate from a medication that seems to be helping?

How much weight gain would you tolerate from a medication



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The “message” is critical: What is the “good patient” supposed to do?

- Take an active role, or wait for meds to work?
- Adjust to current life, or actively change life?
- Instead of therapy, or with therapy

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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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Some “targets” better indicators of medication effects than others

- Intrusiveness of beliefs will change more than beliefs will change
- Distress causes 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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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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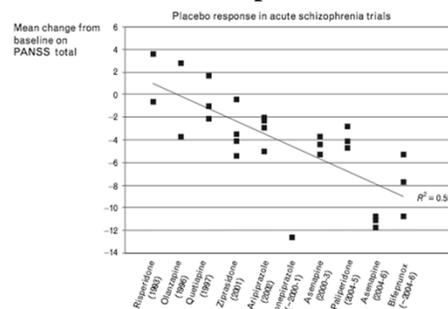
Things that interfere with medication working

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



Kinon, Potts and Watson 2011¹²

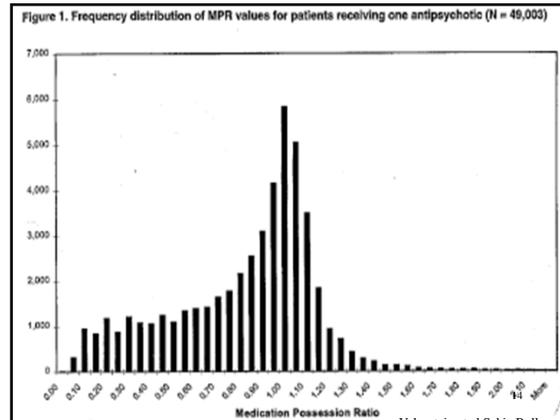
Taking medication regularly

Medications only have a chance of working if they are taken regularly: and most are not!!!

Non-compliance rates for common illness:

Arthritis	55-71 %
Bipolar	20-57%
Diabetes	19-80%
Hypertension	50% drop out at 1 year

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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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Belief’s about the “problem”

Why is John not working?

- | | |
|----------------|---------------------------|
| • Lazy | • Looking for work |
| • Unmotivated | • In school |
| • Stupid | • Ill |
| • Unskilled | • Disabled |
| • Waiting | • Alcoholic |
| • Stressed out | • Laid off |
| • Pre-occupied | • Wealthy-doesn’t need to |

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Why is this person hearing “voices”?

- Spiritual
- Parapsychological
- Normal (doesn’t everyone)
- Neurological
- Symptom of stress or PTSD
- Drug related
- Caused by someone or something else
- Voices are “real”
- Mental illness--symptom of psychosis

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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

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

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

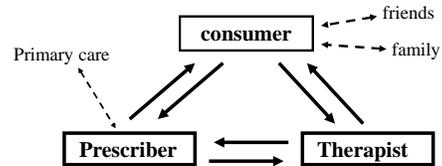
Modified from Pat Deegan

Part of Wellness

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

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Who is in charge



- Who is legally responsible?
- Who is morally responsible?
- Who makes what decisions?

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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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Matching Treatment and Readiness

Precontemplation:	➡	Increase awareness and raise doubt
Contemplation:	➡	Tip the balance
Preparation:	➡	Negotiate a plan
Action:	➡	Assist behavior change through small steps
Maintenance:	➡	Prevent relapse and help lifestyle change

Todd C. Campbell 2003

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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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