

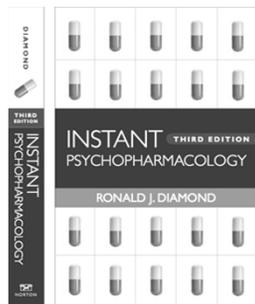
**Is the medication doing any good?
How to evaluate effectiveness of psychiatric medication**

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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’

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

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



“Paper or plastic?”

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

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

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

- Target symptoms
- Outcome instruments

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

Target Symptoms

- Behavioral
- Observable
- Relevant
- Different with each person, and with each illness

- Must be detailed and “granular”

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

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

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

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

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

Use outcome instruments to measure change

For example:

PDQ 9 for depression

GAD 7 for anxiety

OARS for general quality of life

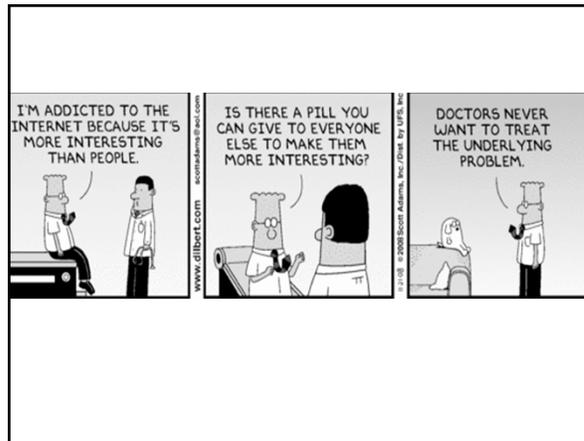
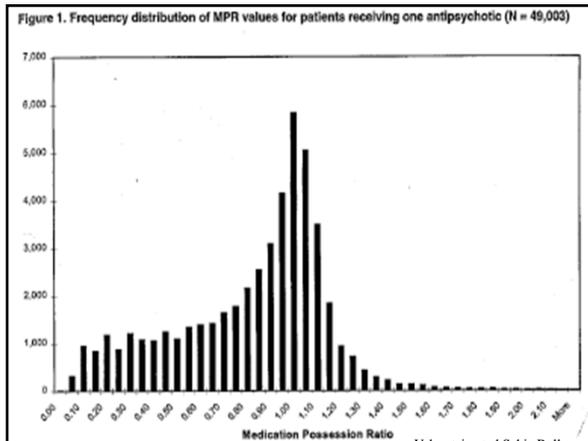
Treatment Adherence: is the person really taking it, and if so with what consistency?



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



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?

What does it “mean” to take medications

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

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

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

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

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
Do not focus just on medication

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

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!

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

Ken Minkoff

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

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

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

