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PSYCHIATRISTS BETWEEN PERSONAL FREEDOM TO PREFER ANTIPSYCHOTIC IN TREATMENT OF SCHIZOPHRENIC PATIENTS AND ALGORITHMS AND GUIDELINES

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SUMMARY

Algorithms and guidelines in treatment of schizophrenia behind which is the consensus of experts, institutions and associations are more and more in use among psychiatrists. However, the final conclusion about them will be possible only after their use in everyday practice with full freedom of psychiatrists to make changes according their personal judgment about risk and benefit of treatment.

Key words: *shizophrenia – antipsychotics – algorithms - gudelines*

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Introduction

The psychopharmacological era began on January 19th, 1952 when CPZ was given for the first time to a psychiatric patients. CPZ therapy raced through all planet transforming mental hospitals, reforming therapy and changing research in psychiatry.

Thomas A Ban 1972 wrote: " Since the introduction of CPZ, the first neuroleptic drug, almost two decades have passed. In spite of all the changes which have been encountered during this period, shizophrenia in all the civilized countries in the world has remained one of the greatest public health problem, i.e. neuroleptics have not cured the schizophrenic patients."

First changes in treatment shizophrenic patients after introduction neuroleptics

The pharmacological treatment of psychiatric patients, particularly schizophrenics, has significantly changed since 1970's. A number of factors have influenced this, such as development of new anti-psychotic drugs, side effects of old antipsychotics, and other things within the framework of new biological and other concepts of treatment (psychotherapy, family and social suport). Development of new diagnostic tests, computer processing, enormous number of new information about wanted and unwanted effects of psycho-pharmacs, etc. have created a new, more complex ambient for treatment of schizophrenic patients.

Reconsideration previous experiences in the treatment schizophrenic patients

Such a large development of psychopharmaco-therapy has put many older psychiatrists into difficult situation, which urged them to reconsider their previous (maybe good) experiences as practice required different instruction for use i.e. algorithms and gudelines in the treatment of schizophrenia. More antipsychotics need the rules in use. Somewhere it was left to the free will of individual psychiatrist, but in other facilities it was the obligatory way of treatment supported by the associations of psychiatrists, and other institutions.

Use of new antipsychotics (the second generation), and acquiring experiences about their effectiveness, depends on the economic potential of the community, so that these new medications are mainly used in developed countries, from which come guidelines and algorithms, also.

The instruction for use

Many instructions for the treatment of schizophrenic patients use various terms such as guidelines or algorithm, although, basically, these are the same directions for the use of antipsychotics. Guidelines for the care of patients have existed for centuries. However, the recommendations in these guidelines were generally not supported by evidence, the process used in their development was not documented and there was no formal review or revision process identified. Over the last two decades, there has been an explosion in the number of practice guidelines developed not only in psychiatry (APA 2004, 2006)

Guidelines have been developed by professional associations, by government agencies, by insurance companies and others (e.g. providers of care).

The processes used in developing these guidelines vary widely. Some are evidence based, some reflect a consensus of experts, while others are the opinions of one or more authors.

In 1990, the Institute of Medicine (USA) published a monograph describing the elements of 'good' guidelines (Institute of Medicine, Committee on Clinical Practice Guidelines, 1990).

Algoritham and guideline

Algorithm is a computable set of steps to achieve a desired result (U.S. National Institute of Standards and Technology (http://www.nist.gov/ dads /HTML/ algorithm.html).

According to http://www.thefreedictionary.com/ "medical guideline (also called a clinical guideline, clinical protocol or clinical practice guideline) is a document with the aim of guiding decisions and criteria in specific areas of healthcare, as defined by an authoritative examination of current evidence (evidence-based medicine).

Guidelines usually include summarized consensus statements, but unlike the latter, they also address practical issues.

Evidence-based medicine (EBM)

EBM focuses on research dealing with the day-to-day practice of patient treatment.

EBM recognizes that the research literature is permanently changing. It is possible that the best method of practice today may change next year.

"Clinical guidelines briefly identify, summarize and evaluate the best evidence and most current data about prevention, diagnosis, prognosis, therapy, risk/benefit and cost-effectiveness. Then they define the most important questions related to clinical practice and identify all possible decision options and their outcomes. Thus, they integrate the identified decision points and respective courses of action to the clinical judgment and experience of practitioners. Many guidelines place the treatment alternatives into classes to help providers in deciding which treatment to use." (http://en.wikipedia. rg/wiki/ edical guideline).

A decision has been reached in accordance with numerous investigations

There are many publications that present results of comparing effects of antipsychotics in schizophrenic patients, and based on these results they recommend their use in specific phases of treatment. In recent years, almost all instructions point to the necessity of initial use of new antipsychotics (the second generation), as well as continuation of treatment with them.

First generation of antipsychotics slowly is going down in history. Confidence in the effectiveness of antipsychotics of first generation is failing each day. According to its presence in almost all algorithms, clozapin is still in use.

Some guidelines offer ways to treat comorbidity, or how to avoid the side effects of antipsychotics. Some of them are focused to negative symptoms of schizophrenia, and the others to refractory forms of this disease.

The American Psychiatric Association has now published 12 guidelines.

Each guideline has been published in the American Journal of Psychiatry and is also available on the APA web site.

Three of these guidelines are revisions of earlier guidelines and the Association is committed to revising guidelines regularly, with intervals not exceeding 5 years.

Benefits of guidelines

a) implementation of 'bestpractice' psychiatric treatment;
b) education of psychiatrists, other physicians and other mental health professionals;
c) provision of information to the patient and family;
d) improved funding of psychiatric services;
e) identification of 'gaps' in the research base and promotion of more effective research;
f) increased recognition of the scientific basis of the treatment of mental illnesses.

Limitation of gudelines

a) lack of implementation;
b) gaps in research base;
c) reductionistic approach to medical care;
d) cultural issues;
e) liability concerns;
f) availability of resources

In the instruction of the guidelines we can find self-assurance. This guidance represents the view of the institution, which was arrived at after careful consideration of the available evidence.

Health professionals are expected to take it fully into account when exercising their clinical judgment. This guidance does not, however, cancel the individual responsibility of psychiatrist to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Three actual questions in treatmen of schizofrenic patiens with or without using gudelines or algorithms:

1. *Choice in medication;*
2. *Adherence to medication and*
3. *Side effects of antipsychotics.*

Choice in medication

- Conventional antipsychotics;
- Atypical antipsychotics;
- Long-acting medication.

Adherence to medication

- Patients with schizophrenia do not take their medication for a shorter of longer period.
- Research has shown that about 75% of patients had relapse within a year to 18 months if antipsychotic drug therapy is stopped or taken inconsistently.

Reasons why patients stop taking medication

- no effect of the treatment;
- side-effects;
- lack of responsibility;
- forgetfulness;
- starting to feel better;
- denying being in a condition that needs treatment.

Most of side effects of antipsychotics

- drowsiness;
- restlessness;
- muscle spasms;
- weight gain;
- tremor;
- dry mouth;
- blurring of vision, etc.

The implementation of treatment guidelines in clinical practice have proven difficult to achieve, as reflected by major variations in the prescription patterns of antipsychotics between different comparable regions and countries. The objective of this study was to evaluate the practice of treatment of schizophrenic patients with antipsychotics at discharge from acute inpatient settings at a national level (Rune et al. 2009).

Conclusion

Algorithms and guidelines for the use of antipsychotics in the treatment of schizophrenic patients are aimed at ensuring good quality care, cost-effective prescribing of drugs and avoid side effects of medications. In this respect they are very useful, especially for less experienced therapists. The question is - the extent to which algorithms and guidelines hinder the freedom of choose of antipsychotic drugs by a therapist and thus prevent his/her creativity in therapeutic intervention.

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