

Responsibly Considering the Committing to Psychiatric Medication

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Watching TV throughout the week, you can be inundated by pharmacological commercials. One for a recently identified condition, Tardive Dyskinesia, may pique your attention. What is TD? Shaking and tremors that are the result of decades long use of antipsychotic medications. Such medications prescribed since the 1960s can cause TD, a condition potentially treatable by taking a supplemental medication. Few, if any, longitudinal studies of the adverse effects of these drugs exist, and it is only recently that we have begun to record the unforeseen effects the continued use of many psychiatric medications from tremors to increased susceptibility to certain types of cancer. This begs an important question: are we giving enough consideration to the potential of decades long use of medications particularly in treating non-psychotic conditions such as mood disorders, OCD, and ADHD?

Today, in part due to the constraints of managed care, primary care physicians and psychiatrists often prescribe psychiatric medications for a wide range of conditions and mood disorders. However, often depression and anxiety are the result of real-world pressures and an individual's ability to deal with the social and individual issues in their lives. The biochemical basis of psychotic behaviors does not guarantee that all psychological conditions will benefit from pharmacological intervention. Pharmacology alters biochemistry of the brain, but we do not know what part biochemistry plays in many diverse psychological and psychiatric conditions. Medication may alleviate symptoms by altering neurotransmitters levels, but we are limited in our ability to measure their physiological effects, as well as in our knowledge of the relationship between neurotransmitters and the particular etiology or symptoms of many mental illnesses.

Drugs may help with biochemical imbalances and mitigate the negative emotions and traumatic experiences but do little to aid an individual in developing coping strategies to deal with real life struggles, triggers, and pressures that continue to happen throughout a lifetime. Do we accept and condone the continued medicating of people so they feel better now without addressing their underlying issues? We should question whether continuing to medicate someone throughout their lifetime is the best approach, particularly beyond the acute situation that they are experiencing. Therapy and other psychological interventions that address the very issues giving rise to psychological pain can often be the road to dealing with life's challenges successfully. Unfortunately, managed care and the relative inexpensiveness and access of psychiatric drugs often makes them the first line of defense. But at what cost?

Dr. Marc Stone, the deputy director of Safety at the FDA Division of Psychiatric Products has stated that 80% of people take psychiatric medications for more than three years, and the long-term side effects of such drugs are not well understood, particularly since typical controlled clinical trials last less than twelve weeks [1]. He explained that the FDA does not determine how safe these drugs are but only determines that a drug may provide some benefit for some people with a particular condition. He emphasizes doctors' responsibility to educate and patients' responsibility to be to be informed about the use of a medication and for both to be engaged in the evaluation of its costs and benefits.

When individuals agree to take psychiatric medication, both practitioners and the client public need to seriously consider a number of issues when undertaking a psychiatric drug regime:

- 1) How long is the individual intended to be on the medication? How often will the use of the medication be reassessed, and what will be the plan moving forward if the drug is beneficial, as well as if it is not beneficial?
- 2) What is the plan for weaning the client off the medication when that is indicated?
- 3) What will be done to help manage and mitigate the stressors that caused the condition? What skills and strategies is the individual being helped to develop to cope beyond the term for which s/he will use medication, or in addition to medication, and that can be employed long-term?
- 4) Has the individual been educated to the side-effects and long-term use of the medication, including the potential need to increase dosage or add additional medications over time to achieve and maintain the same effect?
- 5) Is the client being made aware that the scientific understanding of how many of these drugs actually work in the brain and the full impact on the brain and body of their long-term, continued use is relatively limited?

Such conversations and considerations should be part of informed consent and regularly revisited and reassessed to ensure each person's long-term mental and physical health.

Reference

1. "Are Psychiatric Drugs Safe?" Interview with R. Wipond. Feb. 10, 2020.