



Psych Meds: The Elephant in the Room

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Let's start with an example...




Every week I facilitate
a trauma recovery group.

One woman in my group...

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- Was on **17** different medications!
 - Prescribed by 2 different agencies.

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- Psych meds were bubble packed.
 - Meds for her physical health were not - her son, when available, arranges these.




In group, she would frequently
lose track of what she was saying.




She also had trouble:

- Losing things: several phones, etc.
- Initiating to-do items
- With judgment



And with no warning, she would get dizzy
and fall while walking.




She was told by a physician that
she had dementia.

After months -

- Of encouragement to get a med eval,
- Our communications with case manager, pharmacy, our nurses, and
- Attempts by her...



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- She received a med evaluation.
 - Her medications were reduced.
 - Results:



Results

- She no longer forgets what she is saying
- Is much more present and participatory in group
- Has increased being assertive with family
- Says she feels a LOT better
- But, still gets dizzy....



Some Data



Our average number of psych meds

- 3.6 per person with SMI (74% receive meds)
- 1.3 per child (44% receive meds)
- 1.1 per person in GMH services (44% receive meds)



The cost of medications in CBHC

- About 8% of our organization's budget goes for medications and
- 9.5% for provider and nurse salaries,
- Totaling about 17.5% of the yearly budget.



In contrast

About 2% is spent on therapist salaries.



'talk' therapies

Many have proven efficacy equal to or better than medications:

- For depression and anxiety: Cognitive Behavioral Therapy and Interpersonal Therapy
- For ADHD: family and behavior therapies (recommended by CDC)

'talk' therapies

- Generally, research suggests that CBT can do anything that medications can do in the treatment of nonpsychotic disorders (13+ visits).
- It can do so without several trials, and causing problematic side effects.






Medications have little proven efficacy for some conditions

Psychotherapies are the evidence-based treatments for:

- BPD: Dialectical Behavior Therapy
- PTSD: Cognitive Processing Therapy, EMDR and others

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- The majority of persons served in CBHC
 - have trauma histories
 - other complex problems
 - Not treatable with medications



More Data

New evidence - depressed patients who have a history of childhood trauma do not respond as well to antidepressants as they do to psychotherapy.



Our Follow-up Satisfaction Results

Positive to negative comments, % total

- Individual therapy: 7/1
- Group therapy: 13/5
- Medications: 13/11

The Zeitgeist

- A substantial increase in the prescription of antidepressant medications - surpasses all others as the most commonly prescribed class of medication in the US,
- And a concurrent decrease in patients receiving psychological treatment.



The Zeitgeist

- Why:
 - pills are faster
 - cost (short term)
 - limited availability to MH practitioners
 - **advertising**





Richard Friedman, Professor Psychiatry, Cornell Medical College:

- “American psychiatry is facing a quandary: Despite a vast investment in basic neuroscience research...we have little to show for it on the treatment front.”
- For psychological disorders, he notes: the newer and supposedly better new drugs are no more effective than the old ones.
- Almost all (95%) of the federal dollars spent on mental health research go to drugs, not psychotherapy (NIMH budget).



More Data

- Estimates of psychotherapy's effectiveness, based on hundreds of studies - it works approximately 75-80% of the time.
- Numerous studies on moderate to severe depression:
 - Meds work about 50% of the time
 - Psychotherapy, about 50% of the time
- Why: differences in brain activity (insula).




Medications are typically first line for:

- Psychosis
- Bipolar conditions




However...

The addition of talk therapies has been shown to significantly enhance quality of life.



Medications often work, but they do so
only for so long as you keep taking them

And do not cure the conditions



Talk therapies may reduce risk for
symptom return long after
treatment is over.



Compare just the economic cost:

- Meds for life, vs.
- One week individual therapy for 6 mo.
- Then group therapy?

Psychotherapy is obviously cheaper and more effective than medications for many problems that lead people to seek treatment.



In Summary

- Many people do benefit from psychiatric medications
- But for the sake of:
 - cost
 - efficacy
 - quality of life

Isn't it time to strike a better balance
with psychotherapies?





Your Thoughts?

Thank you!

References

- http://www.abct.org/Help/?m=mFindHelp&fa=CBT_Or_Medication
- http://www.nytimes.com/2015/07/19/opinion/psychiatrys-identity-crisis.html?_r=1
- <https://www.psychologytoday.com/blog/fulfillment-any-age/201507/psychotherapy-vs-medications-the-verdict-is-in>
- <http://www.consumerreports.org/health/free-highlights/manage-your-health/depression/talktherapy.htm>
- <http://www.webmd.com/add-adhd/childhood-adhd/news/20070720/treating-adhd-drugs-or-therapy-work>
- <http://www.cdc.gov/ncbddd/adhd/treatment.html>
- <http://www.apa.org/monitor/2011/10/psychotherapy.aspx>
- <http://www.nature.com/news/brain-scan-predicts-best-therapy-for-depression-1.13183>