A Survey of Psychiatrists' Attitudes Toward Treatment Guidelines

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ABSTRACT: We developed a survey to look at psychiatrists' attitudes toward psychotropic prescribing guidelines, specifically the Texas Medication Algorithm Project (TMAP) algorithms. The 22-page survey was distributed to 24 psychiatrists working in 4 CMHC's; 13 completed the survey. 90% agreed that guidelines should be general and flexible. The majority also agreed that guidelines should define how to measure response to a specific agent; fewer agreed guidelines should specify dosage, side effect management, or augmentation strategies. Psychiatrists were familiar with TMAP; none referred to it in their practice. In spite of this, psychiatrists' medication preferences were similar to those suggested by guidelines.

KEY WORDS: psychotropic medication guidelines; psychiatrists' attitudes; community mental health.

INTRODUCTION

In the last decade, practice guidelines have been developed for the treatment of many chronic disorders, including severe and persistent mental illnesses (e.g. Chiles et al., 2001). Guidelines are designed to assist practitioners in making appropriate healthcare decisions in spe-

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cific clinical situations. However, meaningful change in practice has not always resulted from guideline publication and dissemination (Mellman et al., 2001; Torrey et al., 2001; Chilvers et al., 2002). This failure may occur because clinicians are unaware of new guidelines, do not familiarize themselves with guideline content, do not agree with treatment recommendations, or do not work in settings with adequate logistical support for implementation (Milner and Valenstein, 2002). This survey project was designed to look at the attitudes of psychiatrists in a 4-county regional consortium of providers in Southeast Michigan toward guidelines like the Texas Medication Algorithm Project (TMAP) algorithms.

METHODS

A 22-page written survey comprised of yes/no, level of agreement, ranking, and open-ended questions gathered information about demographics, practice site, and use of guidelines. The survey was distributed to 24 psychiatrists working in four local Community Mental Health Centers (CMHC). There was no phone or mail follow-up performed to collect delinquent surveys. After commenting on established guidelines, clinicians were given the opportunity to create their own algorithm of medications they would choose for a particular illness, and explicate what factors are most important in medication choice. The survey also asked clinicians to choose an antipsychotic, mood stabilizer, or antidepressant for patients with one other associated clinical condition, irrespective of diagnosis. A treatment was considered preferred if 50% or more of clinicians chose a particular medication for an associated condition.

RESULTS

Thirteen (54%) of the surveys were returned, and 70% of the respondents were male. The mean age was 50 years of age, and the respondents had been in practice an average of 20 years. All psychiatrists practiced in at least one site other than the CMHC.

Sixty-nine percent of the psychiatrists were familiar with T-MAP, but none referred to it in practice. 92% of the respondents strongly agreed or agreed that guidelines should be general and flexible. There was disagreement as to which factors should be weighed most heavily in making prescribing decisions (Table 1). Clinicians rated medication effectiveness as the most important factor in deciding which medication to choose, but client history was also ranked highly. Cost was the least important factor in medication choice.

Risperidone was the preferred antipsychotic in eight out of ten clinical

TABLE 1

**Psychiatrists' Ranking of Factors Involved
in Medication Choice, on a Scale of 1 to 8 (1 = most
important to 8 = least important), Expressed
as Percent Choosing a Certain Rank**

	1	2	3	4	5	6	7	8
Effectiveness	57	31	15					
Client history	46	15	15	15	8			
Prescriber's knowledge of drug	15	15			23	39	8	
Side effects	8	23	39	23	8			
Previous non-compliance	8		15	23	31	23		
Societal pressure to protect citizens	8	8					15	69
Client preferences		31	8	31	8	15	8	
Cost			8	8	8	8	54	15

conditions, and olanzapine was the choice for patients that were experiencing insomnia (Table 2). Parkinson disease was the only condition for which there was not a preferred drug. Clinicians prescribing a mood stabilizer preferred Depakote for nine of 15 conditions, lithium for two conditions, and carbamazepine for one condition (Table 3). There was no consensus for patients experiencing hypersomnia, agitation, or pregnancy. SSRIs were the preferred antidepressant treatment in 10 out of 11 conditions, while mirtazapine was the preferred drug for patients with insomnia (Table 4).

DISCUSSION

In this survey, most clinicians were aware of the existence of treatment guidelines, but do not consult treatment guidelines when making clinical decisions. Therefore, lack of familiarity with guidelines is not the reason that psychiatrists do not consult them. Instead, the negative attitudes toward guidelines reflected in this study may be the reason why implementation is lagging. Clinicians do not want to follow rigid, prescriptive guidelines; however, overly flexible guidelines would not be useful to help guide clinical decision-making (Milner and Valenstein, 2002).

TABLE 2

Percent of Clinicians Choosing Selected Antipsychotic for Each of the Following Conditions

Condition	Conventional	Olanzapine	Quetiapine	Risperidone	Clozapine
Insomnia		58*	17	25	
Hypersomnia	8		15	77*	
Agitation	8	23	8	62*	
Elderly		15	8	77*	
Parkinson Disease		31	23	39	8
Obesity	8		31	62*	
Pubertal		25		75*	
Seizures		8	8	83*	
Pregnancy	45			55*	
Substance abuse	9	9		73*	9

*Represents treatment selected by the majority of respondents.
Please note that ziprasidone was not available at the time the surveys were distributed.

TABLE 3

Percent of Clinicians Choosing Selected Mood Stabilizer for Each of the Following Conditions

Condition	Lithium	Olanzapine	Carbamazepine	Divalproex Sodium
Dysphoric mania	23	15		82*
Continuous cycling	8			92*
Severe manic episodes	58*	8		33
Severe depressive episodes followed by manic episodes	58*			42
Insomnia		25		75*
Hypersomnia	42		25	33
Anxiety	8	25	8	58*
Agitation	17	42		42
Elderly	15			85*
Pubertal	10		10	80*
Eating disorder	18		9	73*
Seizure disorder	8		8	83*
Pregnancy	33	33	8	25
Substance abuse	8	8		83*
Obesity	17		50*	33

*Represents treatment selected by the majority of respondents.

TABLE 4

Percent of Clinicians Choosing Selected Antidepressant for Each of the Following Conditions

Condition	SSRI	TCA	MAO	Buproprion	Nefazodone	Venlafaxine	Mirtazapine
insomnia	15	8					54*
hypersomnia	54*			31	23	15	
anxiety	77*				8	15	
agitation	50*				33		17
elderly	85*					8	8
pubertal	100*						
eating d/o	100*						
seizures	92*				8		
pregnant	100*						
obese	83*			17			
sub. abuse	100*						

*Represents treatment selected by the majority of respondents.

As expected, clinicians consider several factors when choosing a psychotropic medication. Effectiveness and client history are the two most important variables when choosing a medication. Again, a guideline should be able to account for these two factors, though research comparing the efficacy of psychotropics is wanting. Right now, the clinician's definition of effectiveness reflects personal bias more than evidence-based information. Interestingly, cost is the least important factor to be considered when prescribing medication. This concern may increase as budget cuts restrict the amount of funding available for prescription drugs.

One of the criticisms of guidelines is that there are myriad clinical variables for which guidelines cannot account (Milner and Valenstein, 2002). In spite of this antipathy, there was surprising agreement among clinicians for certain clinical conditions (Tables 2–4). For example, clinicians chose risperidone, valproate, and SSRIs as the respective antipsychotic, mood stabilizer, and antidepressant of choice in 60–91% of the clinical scenarios (Tables 2–4). Further, only 4 of the 36 conditions did not yield a majority choice (Tables 2–4). This consistency in medication preference suggests that there is room for guidelines in usual care, at least for the initial steps in a treatment guideline.

To conclude, the survey derived little support for guidelines that are specific and prescriptive, although the psychiatrists were accepting of guidelines that would be flexible, responsive, and more general. Familiarity alone is not sufficient to compel psychiatrists to implement treatment guidelines, so consensus building and local adaptation of guidelines are necessary prior to dissemination and implementation. However, the surprising agreement in medication choice for different clinical conditions suggests that there may be a foundation on which to build this consensus. Finally, medication effectiveness is the most important factor to psychiatrists when selecting a medication, so more research comparing psychotropic medications will have a large and beneficial impact on prescribing habits.

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