

Physicians Often Do Not Provide Patients With Important Information When Prescribing Medications

Discussing and providing patients with the necessary information when prescribing medications should be a hallmark and ethical practice. However, many physicians routinely fail to provide important information to patients when they prescribe medications. By not providing adequate information, they hinder a patient's ability to adhere to the medication regimen and introducing more potential risk to the patient's health. The authors of the study graded physicians using a 5-point Medication Communication Index. The average mean score was 3.1 out of a possible 5, where 5 was the highest and best score. They found that only 62% of the necessary information about a medication was communicated to patients. Only, 35% of physicians advised patients of the adverse effects associated with a medication.¹⁸⁵

The result of this failure to communicate places unneeded risk on the patient and contributes to the patient not improving. This leads to further prescribing of additional medications because the patient is not improving. This cycle of polypharmacy continues until something works, or the frustrated and ill patient seeks other help. A simple remedy that requires physicians to spend more time with patients winds up misusing resources and while subjecting patients to ineffective treatments. Patients who present with behavioral disorders typically have attention and focus problems, and are among the most victimized by this type of physician failure.

Off Label Prescribing And Drug Company Advertising

It is no secret that the pharmaceutical industry is garnering huge profits and is likely to make even more under what will pass as healthcare reform. Among the most profitable and growing segment of pharmaceuticals are psychotropic medications, and their use by physicians for conditions for which they were not developed or FDA-approved.^{186,187} For example, The Nonpartisan Center for Public Integrity reports that pharmaceutical companies spent more than \$855 million for marketing, which is more than any other industry, between the years of 1998 and 2006.¹⁸⁸ True marketing expenditures, however, are hard to come by.

In 1996, the industry as a whole spent \$32 million on direct-to-consumer (DTC) antidepressant advertising. By 2005, that number grew to \$122 million. The figure for 2008 has not been reported, but

it is clear that advertising does work. More than 164 million antidepressant prescriptions were written in 2008, totaling \$9.6 billion in U.S. sales. Today, whether in ubiquitous television commercials or magazine advertisements, consumers are exhorted to tell their physicians the name and type of medication that they want. Physicians, for the most part, willingly respond. Yet, with respect to antidepressants, the latest science casts great doubt that there is any significant difference between any of the SSRI medications and, moreover, whether they really work as advertised. One obvious question is whether the ads are driving the incidence rate of depression, or is greater awareness of depression driving the increasing number of prescriptions? The answer to this question is important not only for its clinical significance, but also because it is important to the economics of healthcare reform.

[Is Depression A Function Of Advertising Dollars Or Greater Awareness?](#)

One could make the case that depression is being diagnosed more frequently today than a decade ago because of greater public awareness, and because primary care physicians have become the first-line providers of mental healthcare. However, study after study shows that primary care physicians, as a group, lack the expertise to diagnose depression as well as other mental disorders.^{189,190} In fact, patients who are clinically depressed receive less than 60% of the standard of care³ that organized medicine requires in their treatment guidelines. And, not just by mere coincidence, patients who are clinically depressed typically go for several years before getting the appropriate diagnosis and treatment from primary care physicians. This does not mean that primary care physicians are bad people or incompetent. Most are not. The problem is they just aren't skilled clinical psychologists and, problematically, the "training" they do get, typically comes in the form of a young, attractive drug sales representative.

On the other hand, why would an industry quadruple its advertising budget for a single class of drug if advertising was ineffective? These are not new facts but they are relevant. Psychotropic medications are proliferating. We call this the "Cerealization of Medications." The marketing strategy is no different than that employed by cereal manufacturers who line supermarket shelves with tens of boxes of the same sugar laden cereals. It's called getting and holding market share. Patients are being prescribed unnecessary medications and not getting the appropriate treatment because psychologists are being kept out of the treatment mix and because pills, in the short term, are cheaper than more appropriate and proven care.

Medical Psychologists Can Reduce Costs And Provide Needed Services

Very few primary care physicians use any established instruments to diagnose depression or to help them to manage this disorder. Many physicians have admitted that, if they do use some type of instrument, they do so primarily to enhance patients' acceptance of the diagnosis when they anticipated or encountered resistance to the diagnosis. The major reasons why physicians do not use any established diagnostic tools is primarily due to the competing demands for the physician's time, the unfamiliarity of the objective criteria of depression, and how the physician views the patient from subjective behaviors.¹⁹¹ Many physicians simply reinvent tests that have no application in the way physicians use them.

The use of medical psychologists, those trained in applying behavioral interventions to medical problems and clinical psychopharmacology, can be and are an effective solution to control the unnecessary rise and subsequent costs for psychotropic medications. It appears that psychologists are the only behavioral health profession speaking out against the proliferation and overuse of psychotropic medications. As trained professionals, we read the literature and understand its implications. We are specifically required as a condition of our license to know and understand diagnostic instruments. All doctoral-level psychologists are trained and have experience in psychological testing, their use, and interpretation. Where psychologists prescribe medications, we prescribe less. Our training as psychologists allows us to diagnose mental disorders quickly and accurately and we provide the most effective behavioral interventions when treating. Because medical psychologists rely less on medications than other practitioners, drug companies align themselves with psychiatry and other physicians against prescriptive authority for psychologists. The result is increased use and costs for medications and less effective treatment for patients.

So why do primary care physicians do it their way? Primarily, psychologists are not generally consulted because behavioral health has essentially been transferred to primary care. The bulk of healthcare dollars go to physicians. The behavioral health part of all healthcare expenditures is about 5%. Lastly, organized medicine wants to keep its turf intact. Anything that allows psychologists to practice to the full extent of our education, training, and skills is a threat to medicine. They are naïve in taking this approach because the role that a psychologist takes in the healthcare system with respect to medications is to modify downward or eliminate the number of medications a patient may take and we prescribe medications as a last resort. This is why drug companies support the move of behavioral

health into primary care. They know that appropriate treatment will cost them money and profit. Patient care is only a consideration when it is profitable. Physicians are in the sole position of remedying the lack of care provided to patients.