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The Effect of Split versus Combined Therapy in Medication Compliance of Psychiatric Patients

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Introduction

As the costs of medical therapy continue to rise, particularly in the costs of time spent with a physician, a push has driven modern psychiatry to separate psychotherapy from the hands of the physician, so that they may focus more specifically on pharmacotherapy. In the event that a patient receives pharmacotherapy and psychotherapy from a single psychiatrist, this therapy is referred to as combined; receiving the two therapies from separate mental health workers is referred to as split therapy. The purpose of this chart review is to look at differences between these groups in a specific measure of treatment effectiveness, medication compliance. Medication compliance is usually defined as the degree to which patients follow their prescribing physicians' treatment. Numerous studies looking at rates of compliance in psychiatric medications have found to be approximately 50% in outpatients. Poor compliance serves as an important indicator of an individual's likeliness to require re-hospitalization, as well as a common independent cause of psychiatric hospitalizations. This study will examine medication compliance in patients that had been admitted at the Austen Riggs Center. Compliance will be defined as a ratio of doses of medication taken and doses prescribed to the patient. Two specific months will be examined in the chart review. The first month, which includes medication administration from the nursing station from one to four times a day, will provide the most reliable method of medication compliance. The second month observes compliance in the setting of self-administration, which more closely represents an outpatient population.

Methods

All patients in the chart review study have a history of stay at the Austen Riggs Center. They were selected for the chart review because of their participation in the Follow Along Patient (FAP) study, an ongoing long-term treatment outcome study that consists of 253 patients, all of which were included. As the data of medications prescribed and taken were collected, the medications were organized into classes: antipsychotics, antidepressants, anxiolytics, and other. Compliance during the individual's first and second months individually as well as the total compliance of the two months were also calculated. The total numbers of PRN medications taken were collected. Demographic information such as age, gender, dates of admission, diagnoses at discharge, and number of standing psychiatric medications during a particular month was compared as well. One-way ANOVA was used to compare means of

overall compliance rates looking at differences in therapy status and demographic information, as well as compliance to specific classes of psychiatric medications.

Results

There was no statistical difference in medication compliance between the groups that received split therapy and combined therapy. There was also no difference in compliance between groups of different gender or age groups. There was no statistical difference in the means of compliance between first month and second collected, or in the number of PRN medications prescribed. Also, the number of standing psychiatric medications that patients were prescribed was compared in groups with different therapies. There was no statistical difference observed between the two groups.

Discussion

The hypothesis states that medication compliance would be increased in patients that received combined therapy versus patients receiving split therapy. This hypothesis was not supported by the data collected in this study. This may display an example of good communication among the group involved in patients' care at the Austen Riggs Center. There may have been some inherent bias in the method by which month selection occurred. By using information such as the length of stay and the longest period of MSA use, we utilized prospective information to explore retrospective information. The months themselves would bias towards increased compliance as well. This study also examined a specific sub-population of psychiatric patients with regards to illness and socioeconomic status. Future studies can examine a more random population of patients, or a more random selection of months within the same population.