

The Basics of Clinical Psychopharmacology: The Art of Psychopharmacology

ASCP Model Curriculum

Authors



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Introduction

The clinical practice of psychopharmacology is based on:

- Training
- Knowledge
- Experience
- The “art” (i.e. clinical pearls) of medicine combined with the science of pharmacology



Introduction

- *The following “pearls” are selected to be of most use to junior and senior medical students*
- *They can be used as discussion-starters, or can be the basis of another “lecture”, where the lecturer expands on the “pearl”*



Psychopharmacology Pearls

- If you use medications, give the patient a balanced presentation of the pros & cons, with a realistic but hopeful stance
- Have a “real” relationship with patient (vs. being neutral), with proper boundaries in mind
- Get the story from patient (in addition to other sources if the patient permits)

Pearls—con't

- Get information in detail re: signs & symptoms, duration, etc
- Options include inpatient treatment, especially if there is a significant risk for suicide or aggression
 - Consider therapy over the phone when appropriate
 - Consider family support



Pearls—con't

- Explore and consider the patient's views of medication
- Information provided by a therapist is useful, but only as a component of the complete picture
- Don't get seduced by marketing and advertisement



Pearls—con't

- Do not make unrealistic promises to patients and families
- State what you hope to accomplish with medication. In many cases this in itself will diminish the frequency and severity of active psychopathology



Pearls—con't

- Medication levels can be useful; however, don't treat lab results—treat patients
- Even very low doses can be effective in some patients (especially in the elderly)
- Always consider lack of adherence, but be careful how you ask about it



Pearls—con't

- The patient comes first (vs other concerned parties)
- “Do the right thing” (vs compromising Rx guidelines for the “wrong” reasons)
- Less (in terms of the number of medications) is usually more




Pearls—con't

- Do one medication change at a time
- Try to do treatment changes slowly
- Aim to do “differential psychopharmacology”
(i.e., evidence based medicine) vs
“shotgun polypharmacy”
(i.e., the hope something will work)



Pearls—con't

- If the patient seems resistant/ambivalent, it's usually the illness, not a character flaw
- Warn the patient about major side effects & current controversies of the medication
- Be patient in long term management, but also be consistent and persistent



Summary & Conclusion

- Know the literature
- Be compassionate, but firm & prescriptive
- Good psychopharmacology practice is a combination of “art plus science”



End of Lecture