The Art of Psychopharmacology

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Introduction

Clinical Practice of Psychopharmacology based on:

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

Pearls

- If you use meds, give a balanced presentation of pros & cons but be positive
- Have “real” relationship with patient (vs. being neutral)
- Combining psychotherapy is “complex,” supportive psychotherapy is best
- Get story from patient (in addition to other sources)
- Get information in detail re: S & Sx

Pearls

- Use meds earlier rather than later
- In acute phase, don't discuss "lifetime use"
- Don't do emergency treatment on Fridays
- There are limits to what you do in "office"
- There are limits to who you see at home, re: aggression, or the phone, re: clarity with pts and family

Pearls

- Explore and consider patient's views of medication
- Information provided by therapist is useful, but only as component of the complete picture
- Don't get seduced by marketing and advertisement
- Do not make unrealistic promises to patients and families

Pearls

- Medication levels could be useful
- However, don’t treat labs, treat patients
- Even very low doses could be effective in some patients (especially in the elderly)
- Always consider lack of adherence, but be careful how you ask about it
- Not all side effects are side effects (consider baseline, timing, sequence)

Pearls

- The patient comes first (vs other concerned parties)
- "Do the right thing" (vs compromising Rx guidelines for "wrong" reasons)
- Less is usually more
- Do one medication change at a time
- If you are in a hole, don't dig deeper (re-evaluate progress & change what you are doing)
- Clinical experience - defined as "making same mistake for 30 years" (use data with clinical experience)

Pearls

- Data takes precedence over “gut feeling”
- Always explain what you are doing
- Always involve the family/sig. others
- An M.D. by him/herself usually can’t adequately manage one psychotic patient (need family, sos)
- Always give patient/family “hope”

Pearls

- Try to do treatment changes slowly
- Aim to do “differential psychopharmacology” vs. “shotgun polypharmacy” in hopes something will work
- If patient resistant/ambivalent - (it’s usually the illness, not a character flaw)
- Warn patient about major SE & controversies
- Be patient but consistent and persistent in long term management

Summary & Conclusion

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