Improving medication competence for people with psychosis – a systematic approach

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BACKGROUND:

Medication self-management skills are important for people living with symptoms of psychosis. Enhancing decision making capacity, having access to information, choice about medication, and involvement in treatment planning are essential. In forensic settings, achieving risk reduction is a key treatment goal, and medication adherence can facilitate this.

While capacity assessments are routinely done for all patients, there is less focus on interventions that can improve capacity to manage one's medication.

AIMS:

We used a systematic approach, based on using bespoke medication information, self ratings, discussions using shared decision-making for all patients on a forensic rehabilitation unit to improve competence in managing medication. We measured the change in capacity to consent.

METHDOLOGY

The intervention was offered to all inpatients on a Forensic Rehabilitation unit. Thirteen patients received personalised medication information support from doctors and pharmacist, and had opportunity to ask questions.

Patients were supported to self rate: 1) Glasgow Antipsychotic Side-Effect Scale (GASS) and (2) the Drug Attitude Inventory (DAI-30) questionnaires. Shared Decision Making (SDM) approach was employed for treatment planning.

Capacity to accept treatment was assessed using the Mental Capacity Act (MCA) by a clinician before and after the intervention. The outcome was whether the patient was able to consent (T2) or if they lacked capacity (T3).

SAMPLE AND SETTING

All 13 patients had been prescribed antipsychotics for their primary diagnosis along with additional medications. Further details are given in table 1 and figures 1 and 2 below.

Table 1: Patient Characteristics		
Mean age (s.d.)	37.4years (9.9)	
Ethnicity	(n)	(%)
Black ethnicity	7	54
White Caucasian	6	46
MHA Section		
37/41	11	84.6
47/49	1	7.7
48/49	1	7.7

Fig. 1: Clinical Diagnoses

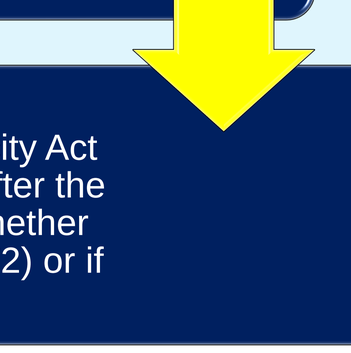
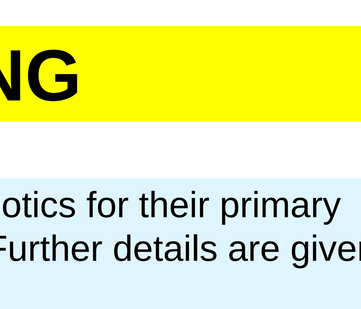


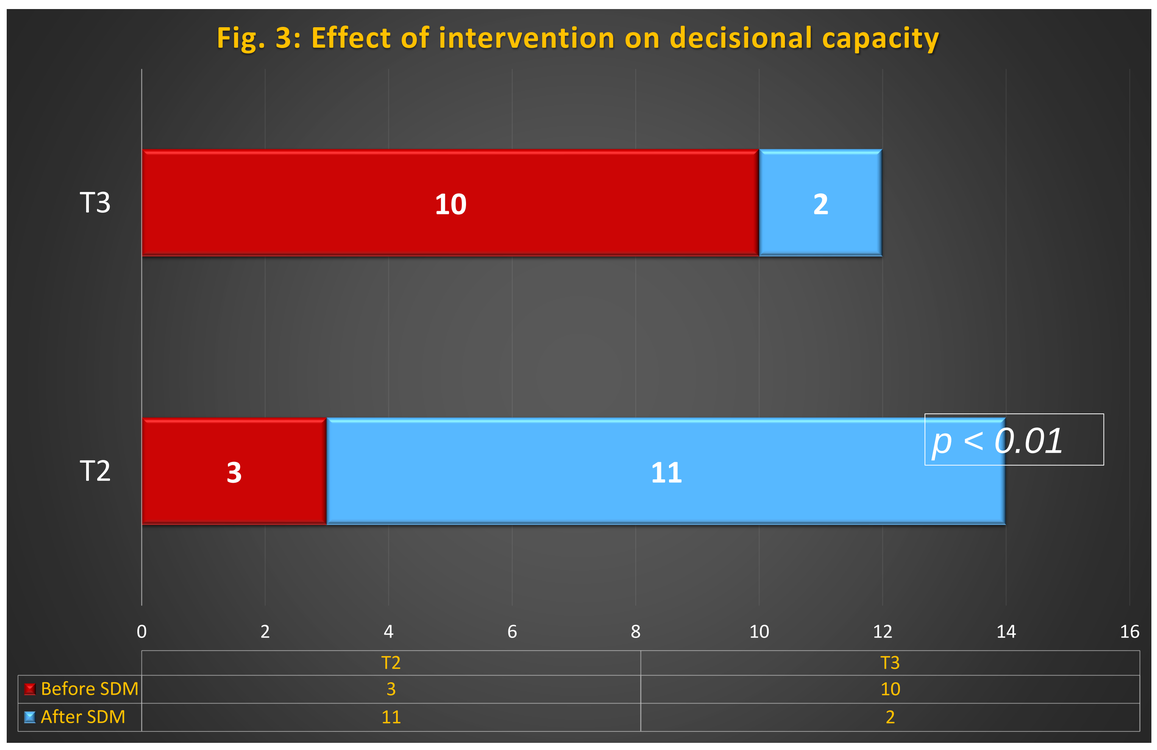
Fig. 2: Form of antipsychotic



RESULTS

Shared Decision Making sessions with pharmacist and doctor, with written information helped to adjust medication doses and schedules collaboratively. All decisions were discussed and agreed in one to one meetings and planning. DAI-30 and GASS ratings drove discussions on choices and needs. The proportion of patients having the capacity to consent increased from 23.1% (3/13) to 84.6% (11/13) (Figure 3).

Fig. 3: Effect of intervention on decisional capacity



Patients were also supported to create their "my medication" plans in their own words with support from pharmacist and psychiatrist. This stage of the project is currently ongoing.

CONCLUSIONS

Our systematic approach to using shared decision making using self rating tools and one to one interventions, improved medication competency and decision-making for this group of patients taking antipsychotic medications on a forensic rehabilitation unit.

This project demonstrates the application of shared decision-making in helping patients to regain capacity. Its approach offers optimism for future medication adherence, and could promote recovery and help prevent relapse.

Shared Decision Making and collaborative treatment planning have an important role in the treatment for people with psychosis and should be offered to all patients and systematically embedded into clinical care pathways.