UTILIZATION OF PATIENT EXPERTISE IN MEDICATION GROUPS

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Medication groups can be an effective way for the psychiatrist to assess changing medication requirements, while also informing patients about the medications that they are taking. Groups can also facilitate patients' own sense of expertise by allowing them to teach each other and to share their own experience with medications. Two different groups are described that encourage chronically mentally ill patients to gain a sense of expertise about their medication. These groups increase patient involvement in their own medication and seem to increase medication compliance, while also decreasing the amount of physician time required to provide effective treatment.

Evaluating the changing medication requirements and facilitating medication compliance of chronically mentally ill (CMI) patients remains a critically important, time-consuming, and difficult task for the psychiatrist. The task of continuously reevaluating medication needs can be much easier if the patients themselves are a part of the monitoring effort. Participation of this kind by patients, however, requires that they be truly knowledgeable about their medications as well as about their symptoms and the side effects of the medication. This paper discusses the advantages of using group formats within a comprehensive treatment program as a way of informing patients about medication in such a way that they can share their experiences with one another while developing a sense of their own expertise about this important part of their lives.

CMI patients have many problems which interfere with appropriate medication usage. The lives of chronically mentally ill individuals are frequently disorganized. They often lose prescriptions, run out of money, forget to take their medications, or miss their doctors' appointments. They especially have difficulty with social interactions, such as initiating personal contacts, asking questions, and communicating their needs clearly. In addition, peer pressure against taking medication and other "unnatural substances" is often considerable.

Many CMI patients lack information about their illness and medication. They frequently do not understand how the drug is to be used or what it is supposed to do. Patients become discouraged by side effects and frequently fail to

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PSYCHIATRIC QUARTERLY

report them, even though they might be treatable. Psychiatrists are sometimes reluctant to share much information about medication, its side effects, or even the patient's illness, for fear that such revelations may further decrease medication usage. Even where there is a will to inform, there are still difficulties in communicating this information. Patients on long-term antipsychotic medications vary widely in their verbal ability and many have difficulty expressing their lack of comprehension and asking appropriate questions. Physicians, in turn, are not trained to "think like a patient" and are likely to employ different vocabulary and syntax. These problems are compounded by the reality that mental health centers have limited amounts of physician time available for medication evaluation and education. It is imperative to develop techniques to utilize this time as efficiently as possible while maximizing patient care.

The problem of limited psychiatric availability is compounded by some patients' requesting so much professional assistance that little time is left for the less assertive patients. Such patients may make repeated requests for additional psychiatric time, couching such requests in terms of medication side effects, running out of medications, or having a problem that "only the psychiatrist could help." Often, the contact with the psychiatrist seems more important than the content of the question or problem. In addition, the structure of the typical doctor-patient contact unwittingly encourages patients to assume a role of being passive and incompetent.

Many patients have concerns that are very similar to one another. They already have considerable expertise about their own problems and the alternatives available to them, and about their medications, but such expertise is rarely acknowledged or shared. These considerations led the authors of this paper to explore the use of groups as a context in which CMI patients could discuss and learn about medication issues in greater depth than is usually possible during medication appointments. The idea of employing group formats with chronically mentally ill patients is not new. O'Brien et al. (1972) demonstrated that group therapy facilitated social effectiveness better than individual therapy for a group of schizophrenics during the two-year period following discharge from the hospital. While other well-controlled studies have not been reported, there is a growing clinical literature promoting the use of groups for this population. In general, these groups either have a socialization focus or a pharmacological focus.

At the Dane County Mental Health Center in Madison, the authors lead two different types of medication groups designed to be an adjunct rather than a replacement for individual psychiatric assessment. Both groups operate within the context of Support Network, a comprehensive social rehabilitation program for people who have had multiple psychiatric hospitalizations and are now living in the community. Approximately 65 percent of the population have a diagnosis of schizophrenia, and approximately 75 percent are on maintenance medications. While the groups were billed as "med groups," they were also intended to serve more general therapeutic functions as well. Our experience is that many schizophrenic individuals become frightened or overwhelmed in typical "therapy groups." Groups organized around a real and important focus