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Farinde, A. (2012). The Interprofessional Approach to Psychotropic Medication Use. *Health, Interprofessional Practice & Education* 1(3):eP1024.

Available at: <https://doi.org/10.7772/2159-1253.1024>

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HIPE is a journal published by Pacific University | ISSN 2641-1148

Commentary

The Interprofessional Approach to Psychotropic Medication Use

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Within the practice of mental health and psychopharmacology, therapeutic interventions should not focus only on the sole prescriber monitoring the effects of the psychotropic medications, but also on other members of the patient's healthcare team. The decision to take an interprofessional approach as it relates to the initiation, monitoring, and management of drug therapy can have a significant impact on therapeutic outcomes.

As it currently stands, psychopharmacology generally involves the examination of the effects that drugs can have on cognition, mood, behaviors, and thinking. Many of the psychotropic medications can prove to be instrumental in changing behavior for the better or alleviating problematic symptoms (Schatzberg, Cole, & DeBattista, 2010). Due to the sometimes unpredictable nature of psychotropic medications, the interaction between psychiatry, pharmacy, and psychology is important in identifying potential adverse effects. The domains of psychopharmacology are generally recognized as hybrids of many disciplines that can apply anatomy, physiology, chemistry, biology, pharmacology, and psychology when it comes to understanding how a particular drug can have an impact on a patient's overall presentation (Stahl, 2008).

When it comes to treating mental disorders, there has been a longstanding discussion as to whether these are distinct clinical conditions, or arbitrary distinctions within a single diagnosis. For example, based on the American Psychiatric Association *Diagnostic and Stati-*

scal Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR), the similarities between a diagnosis of autism and Asperger Syndrome can make it challenging to discern one from the other. Careful analysis, consultation with other professionals, and clinical judgment can help to arrive at a final decision (Stahl, 2008; APA, 2000).

These sometimes hazy diagnostic distinctions can prove to be quite challenging at times when it comes to selecting a pharmacotherapeutic intervention. An effective approach that can be taken is to elicit the expert opinion of healthcare professionals outside the practitioner's discipline who will be involved in the management of the patient. The integration of information from many professions is necessary to make a selection that can produce a positive therapeutic outcome for the patient. The "one size fits all" mentality cannot be endorsed when it comes to drug selection, even for a specific diagnosis, because while a particular agent may be empirically supported because of the demonstration of efficacy in clinical trials other factors must be considered such as the individual's past medical failures and successes, preferences, or co-existing medical conditions (Stahl, 2008).

The treatment of mental illness is gradually gaining more attention among healthcare providers that work alongside mental health practitioners. As a result of the growing promotion of collaborative efforts as it relates to patient care, providers are beginning to formulate

more balanced therapeutic approaches that incorporate recommendations from other disciplines into their interventions. For instance, a psychologist might only be comfortable using psychotherapeutic, nonpharmacological interventions to treat bipolar disorder. Yet this unidisciplinary approach completely disregards the beneficial effects that psychotropic medications have on the patient's mood, cognition, and behavior. In this example, many psychologists might value their role as the alternative to allopathic pill pushers. Sometimes proper patient care demands psychopharmacological interventions alongside non-pharmaceutical intervention. Both can ultimately benefit the patient in the long run (Preston & Johnson, 2009).

Practitioners are beginning to embrace an interprofessional approach to the management and treatment of mental disorders because of its potential positive impact on treatment outcomes (Doyle, Earnshaw, & Galloway, 2003). A population of interest where this approach may prove to be significantly beneficial is with children and adolescents and the use of psychotropic medication. With a greater emphasis being placed on the use of psychotropic medications in children and adolescents, especially for the treatment of anxiety, obsessive-compulsive, bipolar, and depressive disorders, the risk-versus-benefit of treatment is at times not adequately discussed within a multidisciplinary team (Hersen, Turner, & Biedel, 2007).

A review of the history of psychotropic medication utilization among youths indicates that it was as high as 6.3 percent, rivaling adult rates. The use of antidepressants increased by 151 percent in the 7-12 age group and 580 percent in the under 6-year-old population between 1995 and 1999. Even though the treatment of mental disorders in children and adolescents is common, proper prescribing practices for the treatment of many of these disorders is still in its infancy (Sparks & Duncan, 2004).

When it comes to providing psychotropic medications to children, there are those conditions that require a moderate level of skill in management. Examples include obsessive-compulsive disorder, tic disorders like Tourette syndrome, and attention deficit hyperactivity disorder (ADHD). Yet greater skill is required in the treatment of anxiety disorders, depression, and aggressive behavior associated with autism and intellectual disability. Some clinicians have the mindset that they

have met the requirements to undertake this task and discount the importance of eliciting the expertise of other professionals (Hazell, 2005). Primary care physicians have been identified as prescribing a large majority of psychotropic medications to children and adolescents. Most cases are out of their scope of practice, since many general practitioners have limited exposure to child and adolescent problems during their undergraduate and postgraduate training (Hazell, 2005).

The promotion of a more collaborative and integrated approach to prescribing efforts can minimize the harm associated with prescribing (Zwarenstein, Goldman, & Reeves, 2009). The benefits of applying an interprofessional approach to the management of psychotropic medications can only benefit patients who need this kind of care.

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<http://dx.doi.org/10.1002/14651858.CD000072.pub2>

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