

## Audit and action in relation to drug prescribing for psychiatric patients

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A pilot study in Bloomsbury established that the majority of patients were dissatisfied with the information given about medication. Consequently a medication group was set up to which all patients were invited to discuss issues about medication. It emerged that many patients believed they had not been adequately informed about the medication they were receiving, or possible side effects, and would have liked to receive written information. It was therefore decided to review professionals' and patients' satisfaction with the information provided and to test whether leaflets improved patients' satisfaction.

### *The study*

A questionnaire was designed to discover what mental health professionals thought about the current practice of informing patients about medication. This was distributed within Bloomsbury Health Authority and asked what information staff currently gave to patients about psychiatric medication, alternative sources of information; whether they believed the current system was satisfactory and, if not, how could it be improved. They were also asked whether they could distribute leaflets. (Copies of the questionnaire are available from the authors.)

Information leaflets were designed for neuroleptics, depot injections, anticholinergics, tricyclic antidepressants, lithium and carbamazepine (Based on *A-Z of Medicines – A Carer's Guide*, North East Thames Regional Health Authority).

The study was conducted over four weeks at a day hospital and three wards. Two questionnaires were designed to be given to patients. The first (PQ1) asked what medication they were taking; how long it had been prescribed; whether the prescriber had explained why they were on medication and its side effects; whether patients understood this and if they would like additional information.

The patients were then given a general information leaflet on practicalities of taking medication and a specific leaflet for their prescribed medication and asked to complete the second questionnaire (PQ2) which included questions on whether the leaflets

explained why the patient was on their current medication; what the side effects were and whether they would want leaflets on any new medication. There were additional questions about design, layout and content.

### *Findings*

#### **Staff questionnaire**

Of 100 questionnaires distributed, 55 were returned. These comprised 19 (66%) from hospital psychiatrists, 11 (53%) from pharmacists, 13 (52%) from community psychiatric nurses, and 12 (40%) from general practitioners.

Of those professionals who replied (55%), 34 (62%) were dissatisfied with the current system of disseminating information; 54 (98%) said they could give verbal information and 43 (78%) could distribute leaflets. Currently 54 (98%) give verbal information about medication and 9 (17%) also used leaflets.

Many professionals would like to have patient information leaflets, patient information groups, and increased communication between prescriber and recipient. They also wanted improved staff education.

#### **Patient questionnaire**

Out of 67 patients, 45 completed PQ1 and 38 completed PQ2; 27 (60%) were female (mean 46.1 years), 18 (40%) were male (mean 36.8 years).

Of those who completed PQ1, 35 (78%) knew what medication they were prescribed, 18 (40%) said they had been on medication for less than six months, and 23 (51%) for longer than six months. Thirty-four (76%) said that the prescriber of their current medication had explained why it had been prescribed and 31 (69%) understood. Twenty-three (51%) said the prescriber had told them about side effects and 18 (40%) understood; 22 (49%) said they were unable to take in the information given; and 32 (71%) would have liked more information.

Thus most patients knew what medication they had been prescribed and why but did not feel the side effects had been sufficiently explained or understood and therefore wanted more information. In PQ2 29

(76%) felt the leaflets explained why they were on their current medication. Twenty-six (68%) thought the leaflets gave appropriate information about side effects and 34 (89%) said they would like a leaflet with new medication. Eight (21%) and 13 (34%) suggested ways that layout and content could be improved respectively.

Eighteen (47%) suggested that the information given in leaflets could be enhanced by increased verbal communication with the prescriber. Suggestions on content included more information on pharmacokinetics, length of treatment and disease processes. More day hospital patients than inpatients wanted additional information.

### Comment

This audit shows that although patients were generally aware of medication prescribed and reasons for using it, they felt that information could be improved, particularly regarding side effects. Our study suggests that information leaflets can improve the sense of patient satisfaction, and are appreciated.

Professional staff (particularly pharmacists) who responded were also dissatisfied with the information given to patients. Overall they agreed that information leaflets would significantly improve communication and believed there is sufficient time for such leaflets to be distributed.

Previous workers Myers & Calvert (1984) and Gibbs *et al* (1987) have shown leaflets are of value, although not necessarily for all patients. There is often anxiety about whether patients' compliance will be reduced if they are given worrying information about side effects and in our study some patients did not want this information and said it would have altered their compliance. However, many studies have shown that compliance is higher in patients who have received information, whether it was on beneficial or adverse effects, compared to a group given no information, e.g. Johnson *et al* (1986). It is likely that the context in which such information is imparted has a significant effect upon its impact and this requires a mutually trusting relationship (Brown *et al*, 1987).

Leaflets, therefore, are not the only answer and should not be used to avoid discussion between patients and prescribers: the patients we asked

wanted more contact between themselves and the prescriber. The complementary effect of information leaflets and discussion has been demonstrated by Regner *et al* (1987) who showed that the combination was more effective than each on its own.

### Action

As a consequence of this audit we would like to see the following action:

- (a) incorporation of patient information leaflets for psychotropic medication into a district policy
- (b) increased availability of patient medication groups throughout the district
- (c) better staff education hopefully leading to a reduction in mixed messages from professionals as leaflets form a basis for communication with patients on drug effects
- (d) since our district has a large number of ethnic minorities, translated information leaflets would need to be provided.

### Acknowledgement

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