

## Knowledge and Attitude of Doctors Concerning Psychotropic Medications used in Pakistan

Altaf Qadir Khan, M. Nasar Sayeed Khan and Saira Ijaz

**Objective:** To determine the knowledge and opinion of doctors regarding psychotropic medications.

**Study Design:** Observational, cross-sectional

**Place and Duration of Study:** Services Hospital Lahore and Lahore General Hospital from March 2008 to March 2009

**Methodology:** This study included one hundred and thirty two doctors through non-probable purposive sampling. A 20-item questionnaire was distributed to doctors. The questionnaire included questions regarding the opinions, knowledge and attitudes of doctors towards psychotropic medication. Socio-demographic data of doctors was also recorded. Data was analyzed using SPSS. Frequency tables were created.

**Results:** A total of 132 questionnaires were completed by doctors. A total of 50% believe that there is a proper use of psychotropic medication, while 38.5% believe that psychiatrists unnecessarily use high doses of psychotropic medication. A total of 69% think that higher doses of psychotropics are not more effective. A total of 73.8% fear psychotropic agents more than other types of medication. Most doctors believe that medication is most effective treatment for schizophrenia (36.5%) and depression (42.2%) and psychotherapy is the most effective method of dealing with anxiety disorders (45.2%). A total of 75.4% believe that psychotropics are dangerous.

**Conclusion:** Our study indicates that the knowledge, opinions and beliefs prevalent in the doctors are not consistent with scientific knowledge.

**Key Words:** knowledge, opinion, doctors, psychotropic medications

### Introduction

The limited knowledge of doctors about the safety and efficacy of psychotropic medications reinforce the hesitation and reluctance of doctors to prescribe such medications.

Over the years, It has been clearly shown that factors contributing to a cost-effective service such as consultation setting; liaison activity; and physician's psychosocial attitudes towards psychiatry, education and learning needs, vary widely and are difficult to control.<sup>1</sup> Stigmatizing attitudes towards patients with psychiatric disorders may now be the largest single obstacle to improving their quality of life. Negative or discriminatory attitudes may be expressed by family members, friends, the general public, employers and even doctors.<sup>2</sup> Other reports have also suggested that health professionals may also contribute to the stigma experienced by people with a mental illness.<sup>3,4</sup> It is also reported that general practitioners are less willing to treat a patient with a past history of schizophrenia than an otherwise identical patient without that diagnosis.<sup>5</sup>

General practitioners (GPs) provide the gateway to medical services for people with mental illnesses. They see all such patients and, together with team members, treat the majority. Psychiatrists see the most severely mentally ill. General practitioners can spend up to 30% of their time on mental health issues but feel they often need more support and training in dealing with these areas. People presenting to their GPs with mental health problems feel able to confide in them, but 40% feel stigmatized and discriminated against. Other doctors, including psychiatrists, are also sometimes experienced by patients as prejudiced. It is likely that doctors' attitudes towards people with mental illnesses mirror those of the general population.<sup>6</sup>

Empirical data indicate that patients seen in internal medicine outpatient settings have substantial rates of depression and other psychiatric disorders.<sup>7</sup> Surveys of general practice suggest that most practices see 34 patients with psychosis daily, although some general practitioners with a special interest may see more.<sup>8</sup>

A recent Australian study reports that 81% of

patients with psychosis saw a GP in the previous year.<sup>9</sup> In Australia general medical practitioners conducted more than 10.4 million mental health-related consultations in 2003-2004; however, fewer than 40% of people with mental illnesses received care specific to their condition.<sup>10</sup> Effective care, with respect to general practitioners, requires a thorough understanding of local specialist services, pharmacotherapy, and familiarity with psychosocial interventions that will genuinely benefit patients.<sup>11</sup>

Patients with schizophrenia arouse concerns in general practitioners that are not simply due to those patients suffering from a psychiatric or chronic illness. Results of studies suggest that some patients with schizophrenia may find it difficult to register with a general practitioner and receive the integrated community-based health care service they require.<sup>12</sup>

The concordant approach to medication counseling is based on the formation of a therapeutic alliance between health professional and patient.<sup>13</sup>

Understanding peoples' experiences of their illness is an important aspect of providing concordant medication counseling. The beliefs among health professionals that people with mental illnesses are hard to talk with, have different feelings, and are unpredictable are thought to contribute to social distance.<sup>14</sup> Social distance has been defined as the relative willingness to associate with or enter into relationships of varying degrees of intimacy with a person.<sup>15</sup> A large social distance between health professionals and people with mental illnesses may mean that health professionals do not understand peoples' experiences with mental illness.<sup>14</sup>

In the US, family physicians more frequently prescribe minor tranquilizers and older generation psychotropics than do psychiatrists when treating panic disorder and dementia with behavioral disturbance. Patients with depression are the least likely to be referred to other health professionals. Medical professionals usually are not satisfied with medical school education in the field of psychiatry; family physicians are less than satisfied with residency training and in related CME courses related to psychiatry.<sup>16</sup>

Studies report that medical internists<sup>5</sup> are most comfortable in prescribing antidepressants and benzodiazepines, in contrast to antipsychotics and other types of psychotropic medications; comparing older with younger internists, the younger internists indicate broader comfort levels; and inpatient internists are significantly more comfortable prescribing antipsychotics than outpatient internists.<sup>7</sup>

Physicians are not likely to employ non-pharmacological treatments if they lack the knowledge and skills for their use. The training and education of most physicians traditionally has focused on biological and pharmacological methods for treating behavior problems, and it is expected that physicians would be most likely to continue with interventions with which they are most familiar.<sup>17</sup>

In the literature there are only a few reports regarding the attitudes and opinions of the general public and the medical community about psychotropic medication. An earlier Greek study of a general population sample and non-psychiatric physicians illustrates a negative view of psychotropic drugs and psychiatric treatment regarding safety and efficacy, which affects the scientific evaluation of psychotropic medication and may have negative consequences on their therapeutic application. The opinion that psychotropic medications cause dependency and physical damage, when administered over a long period of time, and that they cause alterations of personality, are just some among the views expressed among non-psychiatric physicians.<sup>18</sup>

Thus, this study was carried out to investigate the knowledge, beliefs and attitude of psychiatric treatment and consultation among non-psychiatric physicians and surgeons in Pakistan.

## Methodology

It was a cross sectional survey carried out in Services Hospital, Lahore and Lahore General Hospital from March 2008 to March 2009. One hundred and thirty two doctors were included in the study through non-probable purposive sampling technique.

A 20-item multiple choice questionnaire, specifically developed for this study, was administered to the doctors. The questionnaire comprised of questions regarding the knowledge and attitudes of doctors regarding psychotropic medication. Doctors were asked whether they believed that psychotropic drugs were effective in the treatment of mental disorders, whether they had a therapeutic effect or only acted by chance, whether or not they acted through a modification of a biological abnormality in the brain, whether they caused dependence or harmful physical effects, whether they were overused etc.

In addition, the sex, age, educational level, place of residence, personal and family history of the doctor were recorded. With regards to doctor's educational level, we ranked it house officer, medical officer, post graduate trainee and consultant.

## Results

A total of 132 questionnaires were completed by

doctors, 6 house officers, 54 post graduate trainees, 54 medical officers and 18 consultants. Thirty of the doctors had former experience with a mentally disordered individual in the family. The demographic characteristics of the sample are presented in Table 1. Table 2 shows the general views

and beliefs of the respondents, and Table 3 shows the results concerning the opinion of the respondents about the efficacy of different modalities of treatment. Finally, Table 4 shows the respondents' opinion on the safety of psychotropic medication.

**Table -1:** Sociodemographic characteristics of the sample.

		<b>N=132</b>	<b>Percentage</b>
Sex	Men/Women	64/68	48.5/51.5
Age (Years)	< 25	34	25.8
	25 - 45	88	66.7
	> 45	10	7.6
Professional Status			
	House Officer	6	4.5
	Postgraduate Trainees	54	40.9
	Medical Officers	54	40.9
	Consultants	18	13.6

**Table -2:** General views and beliefs .

<b>Age (Years)</b>	<b>Yes n (%)</b>	<b>No n (%)</b>	<b>Don't know n (%)</b>
What's your general opinion on psychotropic medication?			
a-Do you believe that they cause sedation without curing?	34 (25.8)	90 (68.2)	8 (6.1)
b-Do they act therapeutically?	126 (95.5)	6 (4.5)	
Do you believe that they have a common mechanism of action as tranquilizers?	26 (20)	88 (67)	16 (12)
Do you believe that they act on the brain correcting a biological abnormality responsible for the mental disease?	88 (66.7)	24 (18.2)	20 (15.2)
Do you believe that they are differentiated in categories (antipsychotics, antidepressants etc.) each with a different mechanism of action and efficacy?	124(93.9)	4 (3.0)	4 (3.0)
What is your opinion about the use of psychotropic medication?			
Excessive use	18 (13.6)		
Normal use	66 (50.0)		
Low use	38 (28.8)		
Action as tranquilizers?	10 (7.6)		
Do you believe that psychiatrists unnecessarily use high doses of psychotropic medication?	50 (38.5)	56 (43.1)	24 (18.5)
Do you think that higher doses are more effective?	10 (7.6)	92(69.7)	30 (22.7)
Do you take medication frequently (e.g. for headaches,	18 (13.6)	114(86.4)	

insomnia etc)?		
Are you generally against medication?	58 (44.6)	72 (55.4)

**Table -3:** Opinion on the efficacy of the treatment .

What is your opinion about the most effective treatment for the following disorders?	Schizophrenia n (%)	Depression n (%)	Anxiety Disorder n (%)
Medication	46 (36.5)	54 (42.2)	44 (35.5)
Psychotherapy	44 (34.9)	32 (25.0)	56 (45.2)
Electroconvulsive therapy	8 (6.4)	2 (1.6)	2 (1.6)
Medication and psychotherapy	14(11.1)	32(25.0)	16 (12)
Medication and ECT	2 (1.6)	2 (1.6)	2 (1.6)
ECT and psychotherapy	2(1.6)	0	0
Medication, psychotherapy and ECT	2 (1.6)	2 (1.6)	0
I Don't know	8(6.3)	4 (3.1)	4 (3.0)

**Table -4:** Views about safety of psychotropic medications.

	Yes N (%)	No n (%)	Don't know n (%)
Do you believe that long-term use of psychotropic drugs could cause damage?	94 (72.3)	16 (12.3)	20 (15.4)
Do you believe that psychotropic drugs are dangerous?	98 (75.4)	20 (15.4) (4.5)	12 (9.2)
Do you think that in some cases long term use of psychotropic medication is necessary, so that they do not relapse?	112 (84.8)	18 (13.6)	2 (1.5)
Would you prefer drug treatment over more effective electroconvulsant therapy?	92 (60.7)	28 (21.2)	12 (9.1)
Do you fear psychotropic medication more than other medication?	96 (73.8)	34 (26.2)	4 (3.0)
What do you fear most about prescribing psychotropic medication to children?			
a-They may cause damage to patient's health.	22 (17.2)		
b-They get used to them easier?	30 (23.4)		
c-They affect their learning abilities?	54 (42.2)		
d-If they start from early ages they will have greater problems in the future?	22 (17.2)		
Do you believe that psychotropic drugs cause addiction?	92 (69.7)	40 (30.3)	
Do you believe that by taking psychotropic medications the user will be addicted and therefore be unable to stop taking it?	24 (18.2)	100 (75.8)	8 (6.1)
Do you think that by taking psychotropic medication from early ages they would be more likely to develop drug addiction later?	76 (57.6)	44 (33.3)	12 (9.1)

Additionally, the majority of doctors (98; 75.4%) believed that psychotropic drugs are dangerous, but a clear differentiation exists among them. Only 8 (6.2%) believed that all psychotropic drugs are dangerous, while 90 (69.2%) limited the danger to just some categories.

Majority of the participants 92 (69.7%) believed that psychotropic medication cause addiction, the ratio was highest for anxiolytics followed by anti-depressants and anti-psychotics respectively.

## Discussion

The study indicates that doctors have negative opinion about psychotropic medications and their safety. Their attitudes concerning no pharmacological treatment were more positive than those for the use of psychotropic medication.

Our results show that most doctors have a greater fear in prescribing psychotropic medication than for other types of medication. This is consistent with the study of Pappaport and Chubinsky<sup>19</sup>, who found that while parents easily give cough medicine or antibiotics, they are afraid to give medication that might alter the behavior or thinking of their children.

According to our results doctors seem to be aware of the distinction of psychotropics into four categories, but the majority of the respondents seem not to be well informed about the safety of psychotropic drugs. This contradiction is probably due to the fact that the structure of the question, concerning the distinction of psycho agents, led to the correct answer. Most of them are afraid of potential dependency, and are affected by anti-drug public opinion. The opinion that psychotropic medications cause dependency and physical damage, when administered over a long period of time, and that they cause alterations of personality, are just some among the views expressed by non-psychiatric physicians.<sup>18</sup>

Our results showed that the doctors feared that psychotropic medication will affect their learning abilities (42%) while prescribing psychotropic medication in children. The use of psychostimulants during childhood in order to treat ADHD (attention deficit hyperactivity disorder) had been accused of causing dependence and predisposition to the use of controlled substances. More recent research has shown that their use does not increase the possibility of substance abuse later in life.<sup>20,21</sup> In fact; another study has found that children with ADHD who received pharmacotherapy (methylphenidate) were less likely to use alcohol or

substances later in their life, in comparison to children who presented with hyperactivity but did not receive pharmaceutical treatment.<sup>22</sup>

Most doctors consider medications as the most effective treatment for schizophrenia (36.5%) and depression (42.2%) and psychotherapy as most effective treatment for anxiety disorders (45.2%). Electro-convulsive therapy was not considered to be effective treatment for the mental disorders. More than half preferred drug treatment over more effective electroconvulsive therapy. In another study it was found that knowledge, attitudes toward various interventions may also affect whether or not they are used. When asked to rate the acceptability of different treatments for behavior problems associated with dementia in response to a clinical vignette, physicians generally gave higher recommendations to specific non-pharmacological methods than to specific psychotropic medications.<sup>23</sup>

However there is little information about the current status of physicians' knowledge of non-pharmacological interventions and about their use of these methods in actual practice.<sup>24</sup> According to Pappaport and Chubinsky,<sup>19</sup> parents accept pharmacotherapy only when behavioural and psychological interventions have been exhausted.

Most of doctors believed that psychotropic medications act therapeutically and they have specific mechanism of action, however two third believe that psychotropic drugs are dangerous.

In the United States, in a study involving 1387 subjects, it was found that most Americans agree that psychiatric medications are effective, and fewer than half had concerns regarding potential problems. However, the majority of respondents would not be willing to take them. Willingness to use is influenced by these attitudes and other factors, including health status and past use of mental health treatments. Although Americans perceive psychiatric medications to be effective, and this influences their willingness to take them, many still are not willing to take them.<sup>25</sup>

## Conclusion

Our study indicates that the knowledge, opinions and beliefs prevalent in the doctors are not consistent with scientific knowledge. Their negative attitude indicates that there is a need for better mental health education. Fear of psychiatric stigmatization and ignorance of the nature of mental disorders are also important factors in the establishment of this attitude, which threatens to rule out pharmacotherapy as a way of dealing with certain treatable mental disorders.

Study findings suggest the need for better mental health education among doctors. Finally it is apparent that psychiatrists have a responsibility in this area to improve the knowledge and attitude about psychiatry and psychotropic medication.

### Limitations

The findings of this study must be considered under the limitation that it is a descriptive study based on a relatively small sample size of doctors working in tertiary care hospital.

*Department of Psychiatry  
Services Institute of Medical Sciences, Lahore*  
**theesculapio@hotmail.com**  
**www.sims.edu.pk/esculapio.html**

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