

## NIMH Schizophrenia Study Completed: New Data on Psychiatric Management of Non-Adherent and Treatment Resistant Patients

The APIRE PRN collaborated with Columbia University in recently completing the nation's largest study of the management and outcomes of treatment for patients with schizophrenia treated in routine practice settings. The study examines influences and outcomes of clinical decision making focusing on two patient groups of particular interest: medication non-adherent patients and treatment resistant patients with schizophrenia.

*"This study is significant in that it is the largest to collect nationally representative data on these topics, and may provide insights into modifiable factors that affect the quality of medication management decisions in schizophrenia",* said Mark Olfson, M.D., M.P.H., Principal Investigator of the study.

Psychiatrists were randomly selected from the AMA Masterfile of physicians to participate in the study with primary data collection conducted from September, 2003-January, 2004. Those psychiatrists who had seen four or more patients with schizophrenia in the last typical work month were eligible for the study. Over 1,000 eligible psychiatrists responded to the surveys. PRN psychiatrists participated in the study by

testing the instruments and providing feedback on the study methods.

Although the data have not yet been fully analyzed, preliminary data indicate a discrepancy between what most patients are receiving and the types of treatments the study psychiatrists reported to be most effective. For example, although approximately two-thirds of psychiatrists considered depot or long-acting injectable medications to be somewhat or extremely effective in treating non-adherent patients with schizophrenia, fewer than one in five non-adherent patients were prescribed these preparations. Similarly, although about one-third of psychiatrists reported clozapine to be the most effective treatment for patients with treatment resistant psychotic symptoms, fewer than one in ten patients were receiving these medications to combat treatment-resistant symptoms. Additional analyses are planned to determine other factors, including patient preference, that might account for such discrepancies.

Preliminary study findings also indicated that psychiatrists' commonly manage treatment resistant schizophrenia by switching the patient to another antipsychotic medication. Approximately three-quarters of psychia-

trists reported switching antipsychotics in managing treatment resistant schizophrenia. Nearly one-half the psychiatrists reported adding an additional antipsychotic while a slightly smaller proportion reported adding another type of psychopharmacologic medication.

Analyses are currently under way to examine psychiatrist determinants of the management of medication non-adherence and treatment resistance in schizophrenia and successful outcomes of medication non-adherence and treatment resistance in the community treatment of schizophrenia. Darrel A. Regier, M.D., M.P.H., Executive Director of APIRE commented, *"We are very impressed by the discrepancies between what psychiatrists know about optimal treatment and what we are able to implement in actual practice. Dr. Olfson's study should provide important guidance on how to reduce barriers to optimal care for patients with schizophrenia. His innovative new study of first episode psychosis treatment should advance our capacity to intervene even more effectively in the early stages of psychotic disorders."*

This new follow up study of the treatment of first episode psychosis will also examine bar-

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### PRN 2004 Annual Meeting Events

*This year's Annual Meeting takes place in New York from May 1st - 6th. The PRN is excited to host several events of interest to both clinicians and researchers.*

*See page 3 for details.*

## New PRN Data Show Potential Under-Treatment of Anxiety Disorders

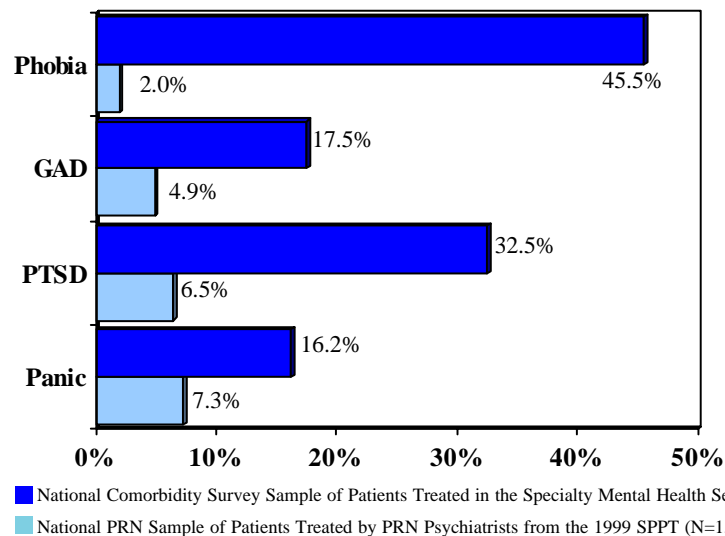
Findings from the Practice Research Network's 1999 *Study of Psychiatric Patients and Treatments* (SPPT) indicate that anxiety disorders may be underdiagnosed and undertreated in routine psychiatric practice. The prevalence of anxiety disorders reported by PRN psychiatrists in routine practice was much lower than the prevalence found in the *National Comorbidity Survey* (NCS) among specialty mental health service users ascertained through a structured household interview using the UM-CIDI.

Phobias were 22 times more likely to be diagnosed in the NCS sample compared to the PRN SPPT sample (see figure 1). PTSD was diagnosed in the NCS sample at 5 times the PRN SPPT rate, GAD at over 3 times the rate, and panic disorder at more than twice the rate. When PRN SPPT patients with a DSM-IV anxiety disorder were combined with patients who had no reported anxiety disorder but with moderate or severe anxiety symptoms reported, the percentage in the SPPT sample increased to 54.7%, closer to the overall level of anxiety diagnoses in the NCS sample (68.1%).

Additionally, over 10% of SPPT patients with panic disorder were receiving neither psychotherapy nor anti-anxiety medication, while 14% of patients with no anxiety diagnosis, but moderate to severe anxiety symptoms were not receiving psychotherapy or anti-anxiety medication. 21.1% of patients with generalized anxiety disorder and 19.4% of patients with panic disorder were not receiving anti-anxiety medications, while 36.3% of patients with a phobia diagnosis were not receiving these medications. The most commonly prescribed anti-anxiety medications included Alprazolam (16.7% of patients with anxiety disorders), Clonazepam (16.4%), and Paroxetine (15.9%).

These findings suggest that anxiety disorders may be underdiagnosed and undertreated in routine psychiatric practice. The rate of anxiety diagnoses is much less than expected given the rates found in the NCS. Additionally, although there are high rates of treatment of anxiety disorders in general, there are a small but significant number of patients who are currently receiving no treatment for their anxiety symptoms. Further research is needed to examine associated factors or clinical rationale for these findings such as anxiety symptoms being seen as secondary to other disorders and not seen as clinically significant. Also, research examining the presence of comorbidity that may affect treatment patterns for anxiety, and prevailing standards of diagnostic assessment is needed. Longitudinal research that includes an in depth assessment of diagnostic criteria, treatment patterns, sequencing, and outcomes is needed to assess the extent to which not diagnosing and treating anxiety disorders and symptoms results in poorer outcomes.

Are Anxiety Disorders Under-Diagnosed in Routine Psychiatric Practice?



### Clinicians' Opinions Count when Looking at the Utility of the DSM: New PRN Personality Disorders Survey

The multiaxial diagnostic system, first introduced in DSM-III, has not been without criticism over the years. Among these is the separate placement of Personality Disorders on Axis II, along with Mental Retardation. This was originally done to highlight the importance of Personality Disorders in psychiatric diagnosis and increase the likelihood they will be diagnosed by clinicians. Critics have contended that this segregation is of limited usefulness and may paradoxically contribute to underdiagnosis and stigmatization of people with Personality Disorders.

In response to an APA Assembly Action Paper, a subgroup of the APA Committee on Psychiatric Diagnosis and Assessment (CPDA) is examining the issue of whether to move Personality Disorders to Axis I. Recognizing that the issue is one of high impact on clinical practice, the group has asked the PRN for its input. A brief survey has been developed to assess PRN members' opinions on Personality Disorders and Axis II. The survey will be administered electronically via e-mail, with hard-copies sent to a random sample of PRN members without e-mail addresses. PRN staff is working carefully to see that this study engages a representative outlook from clinicians while insuring the utmost confidentiality. Results from this survey will be an integral piece of CPDA's response to the Assembly, so your responses are very important.

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# PRN 2004 Annual Meeting Events

*This year's Annual Meeting takes place in New York from May 1st - 6th. The PRN is excited to host the following events of interest to both clinicians and health services researchers. We hope that you will join us!*

## **Monday**

### **PRN Member and Liaison Breakfast Meeting**

*Monday, May 3<sup>rd</sup> from 7:30 to 9:00 a.m. in Liberty Suite 3, Third Floor, Sheraton New York, 811 7th Ave on 53rd St.*

PRN members and liaisons are invited to a breakfast meeting for an update on PRN research and recent findings and to advise on future studies. Please RSVP by calling 800-713-7123 or emailing Lisa Countis at lcountis@psych.org.

### **Access to Evidence-Based Psychotherapies**

*Monday, May 3<sup>rd</sup> from 12:00-1:30 pm in Room 1E10, Level 1, Javits Center.*

This session will feature leading psychotherapy researchers who will provide an overview of the empirical support for psychotherapies for most major mental disorders. They'll also highlight critical "treatment fidelity" issues affecting the effectiveness of these treatments in routine practice. Darrel A. Regier, M.D., M.P.H. and John S. McIntyre, M.D. will co-chair this symposium. John Rush, M.D. will provide an overview of evidence-based psychotherapies for mood disorders; David Barlow, Ph.D. will focus on anxiety disorders; Marsha Linehan, Ph.D. will review psychotherapy efficacy for personality disorders; and Anthony Lehman, M.D. will review evidence-based psychotherapeutic treatments for schizophrenia. Josh Wilk, Ph.D. will present national data from the PRN on patterns of evidence-based psychotherapies in routine psychiatric practice. Finally, Lisa Mellman, M.D., will review the state of psychotherapy training in psychiatric residency programs. Two discussants with expertise in the theory and practice of psychotherapy, Myrna Weissman, Ph.D. and Robert Michels, M.D., will comment on how current psychotherapy research and practice might be modified to improve treatment access.

### **Work Disability and Treatment Access in Psychiatry**

*Monday, May 3 from 11:00 a.m. - 12:30 p.m. in Wilder Room, Fourth Floor, Marriott Marquis.*

Mary Jane England, M.D. and Alec O. Oskin, M.D. will co-chair this Scientific and Clinical Reports session. The PRN's Farifteh F. Duffy, Ph.D. will discuss the rates of unemployment due to disability among patients treated by psychiatrists and identify barriers to vocational rehabilitation and other services. Henry A. Nasrallah, M.D. will provide information about treatment effectiveness and functional recovery in schizophrenia.



## **Tuesday**

### **Practice Guidelines, Quality Indicators, and a Practice Research Network: An International View**

*Tuesday, May 4th from 2:00-5:00 p.m. in Room 1E10, Level 1, Javits Center.*

Drs. John S. McIntyre and Wolfgang Gaebel will co-chair this symposium. Dr. Gaebel will introduce the results of an international survey on treatment guidelines in psychiatry. John M. Oldman, M.D. will present information on clinically-based quality indicators, Darrel A. Regier, M.D. and Joyce C. West, Ph.D., M.P.P. will present findings from the PRN on rates of guideline consistent treatment for depression, schizophrenia and bipolar disorder. Drs. George Christodoulou and Rodrigo A. Munoz will provide discussion.

### **Challenges in Increasing Buprenorphine Treatment Access**

*Tuesday, May 4th from 11:00-12:30 p.m. in Room 1E01/2, Level 1, Javits Center.*

In this Scientific and Clinical Reports Session, Joyce C. West, Ph.D., M.P.P., will present findings from the 2002 APIRE PRN National Survey of Psychiatric Practice highlighting significant barriers faced by clinicians in providing buprenorphine treatment for opiate addiction. This session will include presentations by Paolo Marzorati, M.D. and Michael Oreskovich, M.D. regarding the effectiveness of buprenorphine treatment. David M. McDowell, M.D. will chair this session.



# Attention Researchers!

## PRN Data Available for External Investigators

Data from the American Psychiatric Institute for Research and Education (APIRE) Practice Research Network (PRN) is available to external investigators. The PRN databases, which include the *Study of Psychiatric Patients and Treatments* (SPPT) and the *National Survey of Psychiatric Practice* (NSPP), are clinically detailed and provide information on a large national sample of psychiatrists and patients in the full range of public and private, managed and non-managed practice settings. The data have been effectively used to study a broad range of clinical and policy issues, including patterns of treatment for specific disorders, quality of care, and access and patterns of care in different types of health plans and systems of care.

An outline of the domains of information collected from the studies is presented below.

Researchers interested in using these unique databases to develop and disseminate mental health clinical and services research findings are encouraged to contact the PRN Director, Joyce C. West, Ph.D., M.P.P., at [jwest@psych.org](mailto:jwest@psych.org) or telephone 1-800-713-7123.

### *National Survey of Psychiatric Practice (NSPP)*

#### **Psychiatrist Characteristics**

- Age and gender
- Race and ethnicity
- Training

#### **Professional Activities/Work Setting**

- Type of activity and time spent in activity during last typical work week
- Type of work setting for direct patient care and time spent during last typical work week
- Medical school affiliation status

#### **Patient Care Workload**

- Number of patients seen during last typical work week
- Number of new patients seen during last typical work month

#### **Characteristics of Patients Seen During Last Typical Work Week (Caseload Estimates)**

- Age and gender
- Race and ethnicity
- Setting and locus of care
- Insurance coverage and health plan
- Primary diagnostic category and treatments

#### **Characteristics of Reimbursement for Direct Patient Care**

- Total income
- Type of reimbursement
- Fee discounting

### *Study of Psychiatric Patients and Treatment (SPPT)*

#### **Sociodemographic Characteristics of Patients**

- Age and gender
- Race and ethnicity
- Education level
- Marital status

#### **Diagnostic Information (DSM-IV Axes I-V)**

- Principal diagnosis
- Other mental disorders and personality disorders
- General medical conditions
- Psychosocial and environmental problems
- Global assessment of functioning
- Other clinical information, including symptoms, severity, presence of disability in various areas

#### **Current Mental Health Treatments**

- Types of treatments provided (including specific psychopharmacologic agents & dosage)
- Setting and locus of care
- Treatments by other providers

#### **Mental Health Treatment History**

- Timing and frequency
- Prior hospitalizations for psychiatric disorders

#### **Future Treatment Plans**

- Timing and frequency

#### **Financing of Care**

- Source of payment
- Type of health plan
- Psychiatrist payment method
- Utilization management mechanisms
- Impact of financial considerations on treatments provided

## Lack of Psychosocial Treatment for Work Disabled Psychiatric Patients

Despite the fact that one-third of patients treated by psychiatrists are reported to be unable to work due to a mental or physical disability (1999 PRN SPPT), access to vocational rehabilitation and other psychosocial treatments appears to be very limited. Among work disabled psychiatric patients studied in the 1999 PRN Study of Psychiatric Patients and Treatments (SPPT), only 1.1% were reported to be receiving any vocational rehabilitation services in the past 30 days.

Strikingly low rates of psychosocial treatment services were observed in this population. Only 15.0% of the work disabled patients received any of the psychosocial treatment services listed in figure 1 in the past 30 days, including vocational rehabilitation, social skills training and/or case management. The highest rates of psychosocial services provision were observed among the work-disabled patients with schizophrenia (24.0%), substance use (19.0%), and personality (18.5%) disorders.

Despite evidence in support of psychosocial services and supported employment for work disabled persons with serious mental illness, these data suggest only a small minority of work-disabled patients have access to such services. Although additional research is needed to better understand these patterns, these findings indicate changes in current health care financing and services delivery systems may be needed to address the troubling rates of inadequate access to vocational rehabilitation and other psychosocial treatment services among work disabled psychiatric patients.

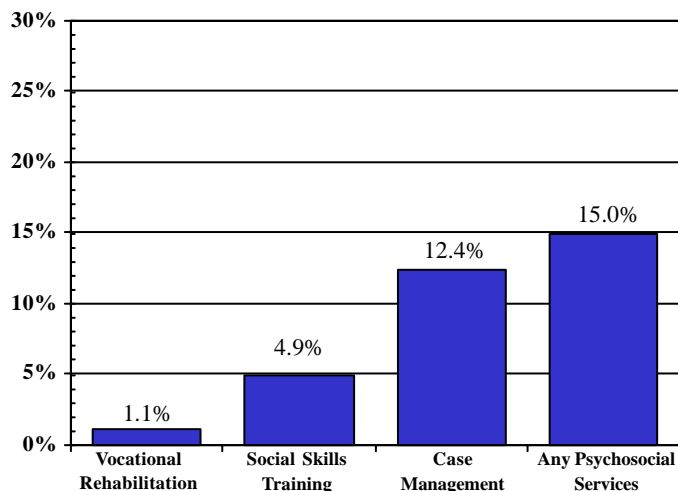
This study, supported by a grant from the Center for Mental Health Services (Melvyn R. Haas, M.D. and Ilze Ruditis, M.S.W., Project Officers), will be presented at the 2004 APA Annual Meeting on Monday May 3<sup>rd</sup> at the "Work Disability and Treatment Access in Psychiatry" Scientific and Clinical Reports Session. See page 3 for details.

### NIMH Schizophrenia Study Continued from page 1

riers to psychopharmacologic and psychosocial treatments. According to Jack McIntyre, M.D., chair of the PRN Steering Committee, "This study will be particularly important in light of previous findings from the PRN showing very limited access to psychosocial treatments among patients with schizophrenia. It will help us understand whether these patients and their family members received psychosocial treatments early in the course of their illness."

Data from AdvancePCS, a major pharmacy benefit management company, will be used to identify physicians who are treating first episode patients. Preliminary analyses of AdvancePCS data indicate that this should be a highly efficient and practical way of identifying these physicians, given the very low incidence of first-episode psychosis. Data from the pilot will inform a NIMH grant application to conduct a national study to assess clinical management, treatment, and barriers to treatment for patients with first episode psychosis.

Figure 1. Percent of Work-Disabled Patients Receiving Psychosocial Services (N=530 patients)



## PRN Snapshot: Overview of Current Research Initiatives

This past year, the PRN has focused on conducting the NIMH-funded *Psychiatric Management of Schizophrenia Study* (see page 1), testing the PRN's first longitudinal clinical effectiveness studies of the treatment of depression funded by the American Psychiatric Foundation (APF), further analysis of the 2002 *National Survey of Psychiatric Practice* (NSPP) data, and developing grant and contract proposals. Much of our efforts have focused on obtaining external grant and contract funding to implement the PRN's strategic research agenda, focusing on issues related to access to psychiatric treatment; patterns, outcomes and quality of treatment for specific mental disorders; systems of care/economic issues; and special populations/disparities in care.

**Clinical Effectiveness of Treatments for Major Depression Pilot Studies.** Data collection for the *Outcomes of Psychiatric Treatment for Adolescent Depression* and the *Clinical Effectiveness of Treatments for*

*Adults with Depression* studies funded by the American Psychiatric Foundation (APF) concluded in January, 2004. The goal of these studies was to assess the feasibility of conducting longitudinal studies and obtaining information from both patients and physicians. The studies were useful in informing changes in the informed consent procedures and implementation methods to enhance the feasibility of the studies. We will discuss future plans for these studies at the 2004 Annual PRN Member and Liaison Breakfast (see page 3).

**Recent Studies and Papers.** Recent PRN studies which have been completed and accepted for publication include studies of:

- Financial Disincentives for the Provision of Psychotherapy (*Psychiatric Services*, December 2003).

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- Comparing Clinical Practice to Guideline Recommendations for the Treatment of Depressed Geriatric Patients: Findings from the American Psychiatric Practice Research Network (*American Journal of Geriatric Psychiatry*, July-Aug 2003).
- Access to Psychiatric Services for Patients with Different Types of Insurance and Health Plans (Accepted for publication in *Psychiatric Services*, June 2005).
- Challenges to Evidence-Based Medicine: A Comparison of Patients and Treatments in Randomized Controlled Trials with Patients and Treatments in a Practice Research Network (Accepted for publication in *Social Psychiatry and Psychiatric Epidemiology*).
- Concomitant Pharmacotherapy Among Children and Adolescents Treated in Routine Psychiatric Practice (Accepted for publication in the *Journal of Child and Adolescent Psychopharmacology*).
- Variations in Use of Second Generation Antipsychotics by Race and Ethnicity Among Adult Psychiatric Patients (Accepted for publication in *Psychiatric Services*, June 2004).
- Challenges in Improving Access to Buprenorphine Treatment for Opiate Addiction (Accepted for publication in the *American Journal on Addictions*, May 2004).
- Association of Utilization Management and Treatment Plan Modifications Among Practicing Psychiatrists in the U.S. (Accepted for publication in the *American Journal of Psychiatry*).

Recent PRN studies which have been completed and submitted for publication include studies of:

- Access to Evidence-Based Psychopharmacologic and Psychosocial Treatments for Patients with Schizophrenia
- Access to Evidence-Based Psychopharmacologic and Psychosocial Treatments for Patients with Major Depressive Disorder
- Racial and Ethnic Variations in Psychiatric Diagnosis
- Racial and Ethnic Variations in Psychiatric Treatment
- Quality of Care Measures for the Treatment of Bipolar Disorder
- Patterns of Axis I Comorbidity and Under-Detection and Under-Treatment of Anxiety Disorders in Routine Psychiatric Practice

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THE PRN ACKNOWLEDGES THE GENEROUS SUPPORT OF THE AMERICAN PSYCHIATRIC FOUNDATION, THE NATIONAL INSTITUTE OF MENTAL HEALTH, THE CENTER FOR MENTAL HEALTH SERVICES, THE CENTER FOR SUBSTANCE ABUSE TREATMENT, AND THE JOHN D. AND CATHERINE T. MACARTHUR FOUNDATION.

- Predictors of Psychiatrist-Reported Treatment Compliance Problems among Patients in Routine U.S. Psychiatric Care

Support from the American Psychiatric Foundation (APF) and the Center for Mental Health Services (CMHS) was instrumental in carrying out these studies.

**Treating Substance Use Disorders Grant Applications.** The PRN has developed and is seeking funding for two studies related to the treatment of substance use disorders. The first study, "Increasing Access to Treatment for Opiate Addiction" entails collaborating with the other national associations representing addiction and primary care physicians, addiction counselors, psychologists and social workers to identify

strategies based on current models of technology diffusion to increase access to this promising new treatment for opiate addiction. The other study, which was developed in light of data from the PRN indicating that most psychiatric patients with a co-occurring substance disorder are not currently receiving treatment for their substance disorder, aims to improve treatment for individuals with co-occurring mental and addictive disorders.

**Other New Grants and Grant Applications.** This year the PRN received funding from the American Psychiatric Foundation (APF), the National Institute of Mental Health (NIMH), the Center for Mental Health Services (CMHS), and the Center for Substance Abuse Treatment (CSAT). Grant proposals were submitted to the National Institute of Mental Health (NIMH), the National Institute of Drug Abuse (NIDA), and the Robert Wood Johnson Foundation (RWJF).