



BUILDING HEALTHY RELATIONSHIPS WITH YOUR MEDICATION AND MEDICATION PROVIDER

Psychoiatric medication is one of many wellness tools used to help people living with mental health challenges manage their symptoms. Yet advertisements seem to over-promise on the effectiveness of medication, providing messages that medication will solve all of one's problems, or that one will miraculously recover from mental illness in 30 seconds. It's important to remember that medication is not a cure—it is a tool. While I know people for whom medication made a substantial difference, recovery remains a day-by-day journey.

The truth is that we still don't know very much about what makes some psychiatric medication work for people when it does work and what contributes to it not working in other circumstances. For example, preliminary evidence indicates that psychotropic medication may affect people differently based on their ethnicity, but few studies have aimed to understand this phenomenon.¹ Because we know so little about how psychotropic medications work, people often complain of feeling like a guinea pig when they try different medications and/or dosages of medications.

Deciding whether or not to try medication is not easy for most people. Many factors are involved in this decision. Whatever you choose, remember that this decision is not a moral one. It is a matter of deciding which tool is the best for your situation. There are several steps involved in de-

termining whether a medication is helping or not. Here are several strategies that can help people feel more in control of their lives and choices about medication.

CONSIDER PERSONAL MEDICINE AS A WELLNESS TOOL

Not every problem requires medication. Ask your provider if there are non-medication strategies for the symptoms and problems you're experiencing. Many people living with mental health issues use *personal medicine*—personal wellness strategies and activities that enhance well-being. Pat Deegan, a psychologist/researcher who has recovered from schizophrenia, says that personal medicine is “self-initiated, non-pharmaceutical self-care activities that aim to decrease symptoms, avoid undesirable outcomes like hospitalization, and improve mood, thoughts and behaviors and our overall sense of well-being.”² Many people use exercise and yoga as part of their personal medicine. Others use meditation, spirituality, and diet.

Another form of personal medicine is Mary Ellen Copeland's Wellness Recovery Action Plan (W.R.A.P.).³ W.R.A.P., an emerging evidence-based practice, helps people identify their strengths and capacities and build their personal wellness toolbox for when life is difficult.⁴ I know many people have used their W.R.A.P. to identify ways to reduce their medication as they've strengthened other tools.

TALKING TO YOUR HEALTHCARE PROVIDER ABOUT MEDICATIONS

If you do decide that medication is the right tool for you, it is important to realize that several types of health care providers (HCPs) prescribe psychiatric medication. Their

WHAT TO BRING WHEN YOU MEET WITH YOUR HCP

Goals and agenda for what you want to get out of your appointment.

A person that you trust—Many of us can be quite anxious when we meet with our healthcare providers and aren't able to do our best listening. Having a trusted person with us listening can be helpful.

Paper and pen to take notes or to doodle on (this can help reduce anxiety).

Questions you may have about recovery, treatment diagnosis, medications, etc.; for a list of possible questions, see <http://www.peerlink.us/Downloads/SampleQuestions.pdf>.

A list of your other medications—Make sure you ask about how your psychiatric medication(s) interacts with other medication you take. Another person to ask about medication interactions is your pharmacist.

knowledge about psychiatric medication and recovery can vary tremendously. But no matter who you are dealing with, HCPs who prescribe medication are required to inform you about the benefits and risks, possible adverse events, and any alternative treatments. Providers should also give you an opportunity to ask questions about any treatment(s) being offered. This is called informed consent. If your provider doesn't tell you how long she or he expects you to be on the medication, don't hesitate to ask. Ask about the risks associated with long-term use of all medications. Several of the newer antipsychotic medications have side effects which can cause other serious health conditions, such as diabetes.

It's important to have a positive relationship with your HCP. Shared decision-making (see sidebar) is an approach that can help reduce the power imbalance between your HCP and you and assist you in becoming a more active participant in your treatment.⁵ HCPs should respect your decisions and boundaries even if they disagree with them. Negotiating these areas of disagreement can be challenging; if a HCP treats you disrespectfully, it's okay to discuss how you feel. You also can change providers if you don't feel comfortable with your current one.

Share Goals Not Just Symptoms

Most people discuss their symptoms with their HCP. While this is certainly important, also discussing how symptoms interfere with what is most important to you (whether it's being a good employee, a good parent, or something else) will help your HCP make better decisions about what s/he offers to prescribe you. Sometimes, discussing what's important to you can be difficult. For example, antidepressants are well known for their negative sexual side effects, and telling your HCP that it's important to have a fulfilling sex life may be particularly embarrassing. Some ways to discuss difficult, but important, concerns include writing a letter to your provider, staring at a particular spot on the wall while you talk, leaving a voice mail message, or sending your provider an email. Practice what you would say in front of a mirror and/or ask a trusted friend to help you practice what you would say. Another option is to consult with your provider to see whether a "medication holiday" is a safe option for special occasions.⁶

GETTING ALONG WITH YOUR MEDICATION(S)

Starting a New Medication

If you or your HCP suggests that you start a new medication, negotiate with your provider how long the medication trial will be. A good length for medication trials is 60-90 days. Many psychiatric medications take several weeks to get the full effect. If the problem that you and/or your provider was hoping to treat has not improved significantly within your medication trial, it is time to try something different (such as a personal medicine strategy or different medication).

If you know that your body is highly sensitive to medications, don't be afraid to ask your HCP to go slower than usual when building up the dosage. Even if your body is not sensitive to medications, it is generally a good idea to start slowly and gradually increase the dosage if needed.

Several psychiatric medications have unpleasant side effects for the first week or so, but frequently go away once

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your body gets used to them. For some people, sticking it out for a week is OK; for others, the side effects are intolerable for even a short time. You have to decide what you can live with and for how long—but make sure to ask your provider which side effects are “urgent” and require immediate medical attention.

Lastly, inform a trusted friend or family member that you are starting a new medication. They can note if a new medication is causing problems that typically aren’t expected, or that you might not notice.

Changing or Adding Medications

If you are changing medications, don’t be afraid to ask your HCP to reduce your old medication dosage slowly, especially if you have been using that medication for a long time. If you need to make multiple medication changes, ask your provider to only change one medication at a time. If something doesn’t work, then it will be easier to identify which medication is causing which problem.

Psychiatric medications can be finicky at times and their effectiveness can decrease. Sometimes this can mean adding an additional medication, which HCPs call *augmenting*. If your HCP is recommending more than two medications to treat one problem or condition, particularly if the medications are in the same class (e.g., two antipsychotic medications), ask your provider about his or her reasoning for prescribing both medications. You may also consider getting a second opinion. Medicaid and Medicare are required to pay for second opinions. Some people may feel uncomfortable asking for a second opinion because they feel as though they are challenging their HCP’s authority. Doctors and nurse practitioners are human beings who sometimes make mistakes, or who may have narrow perspectives. That is partly why provision of second opinions is required.

Some terms to be aware of that HCPs use are *monotherapy*, *combination therapy* and *polypharmacy*. Monotherapy is the use of one drug to treat a single condition. Combination therapy is the use of multiple drugs to treat one condition. The practice of prescribing multiple medications, particularly more than one in the same class of medications is called polypharmacy (e.g., olanzapine and ziprasidone). Polypharmacy can increase the risk of bad outcomes from the medication. If you have concerns, ask your provider if you are being treated with polypharmacy.

Deciding to Stop Taking Medications

Sometimes, people living with mental health challenges decide to stop taking psychiatric medication. This decision can be a conscious and well thought-out one. Other times, the decision is due to intolerable or dangerous side effects. Many people have difficulty taking their medication as prescribed.

Occasionally, the decision to stop taking medications may be an impulsive one, with little thought to possible consequences. People who use medication can find themselves at odds with their HCP when their concerns about medications are not heard. The resulting frustration can cause complete rejection of the therapeutic relationship and medication. While this reaction is understandable, it’s important to find areas of agreement between the HCP and the person taking the medication.

Before you stop taking your medication, consider the following:

- What symptoms is the medication supposed to treat?
- What is your plan to deal with those symptoms if you stop the medication?
- Have you developed skills to help you with those symptoms?

For example, if you have a problem with anxiety, what skills or techniques have you learned to help you when the anxiety reaches an intolerable level? Do you use meditation, yoga or breathing exercises to help you? This is also a good time to use your W.R.A.P. plan if you have one.

Regardless of the reason a person decides to stop taking medications, stopping psychiatric medications suddenly can cause people to become very ill—even to the point of death. In many cases, when withdrawing from psychiatric medications, individuals experience withdrawal symptoms that often look like psychiatric symptoms (e.g., psychosis, suicidality, unusual thinking patterns, etc.), which can make it appear as though the medication is needed again. If possible, people should work with their HCPs to gradually reduce the amount of medication they take. For additional support, you may wish to inform a trusted friend or family member that you have decided to stop your medication.

CONCLUSION

Many people have been told by a HCP that they have a serious mental illness and will be on medication for the rest

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of their lives. The unfortunate consequence of this statement is that it can strip people of their life goals. If this has happened to you, please reconnect with your hopes and dreams. As you start following them, your life will improve, and you will have to think about the role medication plays in your life. The decision to use or not use medication is a deeply personal one and depends on many factors. I hope this article provides some strategies and ideas that will make it easier for you to make an informed decision about the use of medication in your life. Remember—people can and do recover from mental illness.

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