

Introduction

Antipsychotic Agents: Clinical, Economic, and Legal Considerations in the Treatment of Psychosis

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Our topic in this supplement, “Antipsychotic Agents: Clinical, Economic, and Legal Considerations in the Treatment of Psychosis,” recognizes what may be a new era in the treatment of persons with psychotic disorders. At least 3 major forces are shaping this new era. First of all, recent and ongoing advances in the neurosciences are yielding a better understanding of how the brain functions and are offering many new opportunities to design treatments for psychosis and other disorders of the brain. These scientific advances renew interest, instill hope for treatment of patients who have lived with disability for many years, and spur new activism in efforts for early intervention to try to avert disabilities. The most visible manifestations of these treatment efforts are the new antipsychotic agents, but with them has come renewed interest in psychosocial programs that enable patients to take advantage of the clinical gains made with these medications.

A second phenomenon contributing to this emerging age of renewed hope is the dramatic growth of family and consumer advocacy. Once disempowered by treatment systems that viewed patients as incompetent and families as part of the problem, patients and families have developed a strong voice in the shaping of public images and public policy regarding mental illness. The National Alliance for the Mentally Ill has grown to over 185,000 members with about 1200 chapters spread throughout all 50 of the United States and is a powerful lobby for programs that treat severe mental illnesses at the national, state, and local levels. Hence, we not only have new opportunities for better treatments afforded by science, but increased demand for better treatments from consumers and their advocates.

The third phenomenon is managed care. While not always a positive force in improving the quality of care to date, managed care does espouse the principle of providing care that has been demonstrated effective (so-called evidence-based practice) and offers the tools to promote more sound practice. If used appropriately, managed care could insist that effective treatments be made available to patients and that resources be used to support the best care.

One evident product of this new era is the introduction of several sets of criteria that define quality care. These include the American Psychiatric Association's Practice Guideline for the Treatment of Patients With Schizophrenia,¹ the Schizophrenia Patient Outcomes Research Team's Treatment Recommendations,² the

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Department of Veterans Affairs Practice Guidelines for Psychosis Treatment, and the Expert Consensus Guidelines for Treatment of Schizophrenia.³ Most important about these criteria is that they provide explicit guidelines for treating persons with schizophrenia and other psychoses and establish expectations about quality of care. They constitute some common tools that can be used by patients and families to evaluate the care they are receiving, by providers to assess the quality of care they offer, by insurance companies and other payers to make decisions about what kinds of care to purchase, and by advocates to guide advocacy agendas.

This supplement addresses many of the clinical, ethical, and legal issues that we face in this new era of care for persons with psychotic disorders.

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