

Evaluation of an Algorithm for Simplifying Complex Psychotropic Medical Regimens

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Problem: Polypharmacy has become common in the treatment of severe chronic mental illness yet it is not an evidence-based practice. **Practice change:** Our objective was to compare in a real world setting the use of an algorithm to reduce the number of psychotropic medications for acutely hospitalized psychiatric patients versus usual care in a state hospital. **Evidence:** We performed a pilot study of 12 cases and 12 non-intervention controls matched for number of medications on admission, diagnosis, and admission dates within 4 years. **Strategy:** The intervention used a collaborative decision algorithm based on the best available evidence regarding indication for and efficacy of particular medications for target symptoms identified by a patient combined with his or her historical responses to and tolerance of medications. To guide changes, the identified target symptoms were assessed during the patient's stay. **Evaluation:** Outcome measures were number of medications at discharge, Brief Psychiatric Rating Scale (BPRS) changes, and number of days in the hospital. **Results:** The group of patients following the algorithm was discharged on significantly fewer medications with no difference in BPRS scores or length of hospital stay, as compared with their non-intervention controls. **Recommendation:** A systematic approach appears effective for reducing medications without compromising treatment outcome.

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