Attitudes towards antipsychotic treatment strategies - results from a national survey -

Franz M, Ranger J, Lujic C, Hubrach S & Gallhofer B

Social Psychiatry Research Group, Justus-Liebig-University Gießen,
Am Steg 24, D - 35385 Gießen, Germany
E-mail: michael.franz@psychiat.med.uni-giessen.de

INTRODUCTION

There is much empirical data about indication, efficacy and tolerance of antipsychotic medication for the treatment of schizophrenia. However, there is a lack of research findings about the preferences and attitudes of prescribing psychiatrists towards antipsychotic treatment options. While there have been some surveys in the USA, in Germany the physicians´ subjective view has not been investigated. It has been demonstrated that attitudes towards treatment options can influence therapeutic decisions [1,2]. As a part of a research project about the determinants of antipsychotic treatment selection in schizophrenia we examined the attitudes of German psychiatrists towards four general classes of antipsychotics:

Typical	Typical oral antipsychotics **(TO)**	Typical depot antipsychotics **(TD)**
Atypical	Atypical oral antipsychotics **(AO)**	Atypical depot antipsychotics **(AD)**
	Oral	**Depot**

METHOD

Method: National postal survey among German psychiatrists

QUESTIONNAIRE DEVELOPMENT

Goal: Assessing the view of four classes of antipsychotics regarding their efficacy for target symptoms of schizophrenia

Content: Literature review resulted in a list of 14 criteria for the evaluation including

- short-term targets of the treatment of schizophrenia
- long term objectives of the therapy of schizophrenia
- typical problems of daily practice

Scaling: 5 Point-Rating-Scale

SAMPLING PROCEDURE

Target Population: Prescribing physicians involved in the therapy of schizophrenia

Sampling: Addresses of physicians were provided by different sources, such as internet databases, the German General Medical Council and a pharmaceutical company

REALISATION OF THE SURVEY

Course: Questionnaires were sent to 4214 physicians all over Germany

11/03	A first wave of 4214 questionnaires were sent to physicians
12/03	A reminder to complete the questionnaire was sent to 908 physicians
02/04	1342 questionnaires were returned

Response Rate: 31.8

SAMPLE CHARACTERISTICS

Sample distribution of age and sex

Specialisation	Total	Sex(%) M	Sex(%) F	Age (%) < 35	35-39	40-49	50-59	60-65	> 65
Psychiatry	463	263 (56.8)	200 (43.2)	17 (3.7)	112 (24.7)	237 (52.2)	82 (18.1)	6 (1.3)	0 (0.0)
Neurology	40	31 (77.5)	9 (22.5)	4 (10.0)	19 (47.5)	14 (35.0)	3 (7.5)	0 (0.0)	0 (0.0)
Psychiatry & Neurology	475	300 (63.2)	175 (36.8)	1 (0.2)	32 (6,8)	201 (42,9)	169 (36.1)	57 (12.2)	8 (1.7)
Neurology (Nervenheilkunde)	199	143 (71.9)	56 (28.1)	1 (0.5)	10 (5.1)	53 (27.0)	99 (50.5)	31 (15.8)	2 (1.0)
Psychotherapeutic Medicine	114	74 (64.9)	40 (35.1)	0 (0.0)	7 (6.1)	38 (33.3)	55 (48.2)	12 (10.5)	2 (1.8)
Total (Subpopulations)	**1135**	**700 (61.7)**	**435 (38.3)**	**23 (2.1)**	**169 (15.2)**	**497 (44.6)**	**330 (29.6)**	**86 (7.7)**	**10 (0.9)**
Total Whole Sample)	**1328**	**803 (60.5)**	**525 (39.5)**	**102 (7.9)**	**227 (17.5)**	**537 (41.3)**	**336 (25.9)**	**87 (6.5)**	**10 (0.7)**

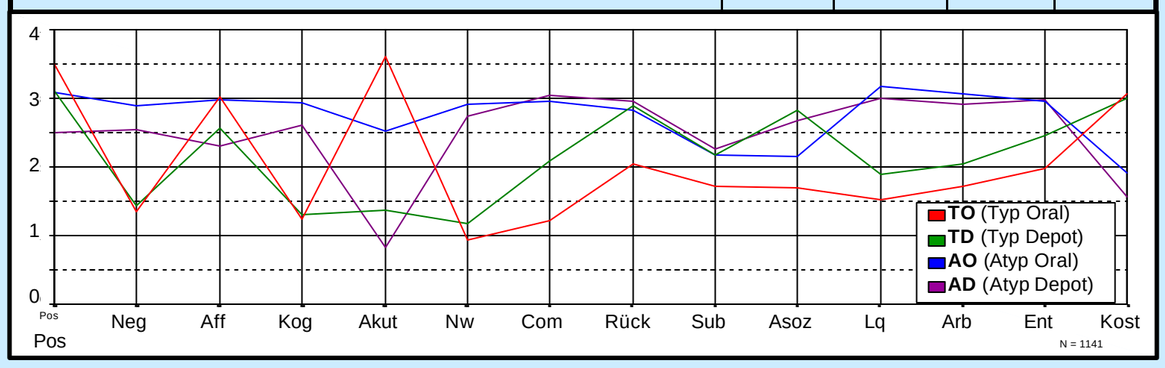
Population distribution of sex and age*

Specialisation	Total	Sex(%) M	Sex(%) F	Age (%) < 35	35-39	40-49	50-59	60-65	> 65
Total**	**17207**	**10243 (59.5)**	**6964 (40.5)**	**288 (1.7)**	**2218 (12.9)**	**6798 (39.5)**	**5394 (31.3)**	**1993 (11.6)**	**538 (3.1)**

RESULTS – AVERAGE EFFICACY RATING

Scaling: 5-point rating scales from [0] „not efficacious“ to [4] „very efficacious“

Average Rating	Class of antipsychotics TO	AO	TD	AD
Efficiacy against positive symptoms **(Pos)**	3.50	3.12	3.09	2.50
Efficiacy against negative symptoms **(Neg)**	1.35	1.44	2.89	2.55
Efficiacy against affective symptoms **(Aff)**	3.03	2.57	2.98	2.30
Improvement of cognitive abilities **(Cog)**	1.23	1.30	2.93	2.62
Rapid onset of effects in agitated patients **(Akut)**	3.60	1.38	2.54	0.84
Low side-effects **(Nw)**	0.93	1.18	2.92	2.74
Improvement of compliance **(Com)**	1.21	2.08	2.95	3.05
Reduction of relapse **(Rück)**	2.04	2.90	2.83	2.95
Preference in case of additional substance abuse **(Sub)**	1.72	2.18	2.17	2.26
Preference for maladjusted patients **(Asoz)**	1.71	2.83	2.16	2.69
Improvement of subjective quality of life **(Lq)**	1.53	1.89	3.18	3.00
Improvement of ability to work **(Arb)**	1.73	2.04	3.08	2.92
Reduction of the burden of relatives **(Ent)**	1.99	2.46	2.97	2.98
Favourable cost-benefit relation **(Kost)**	3.07	3.00	1.93	1.56

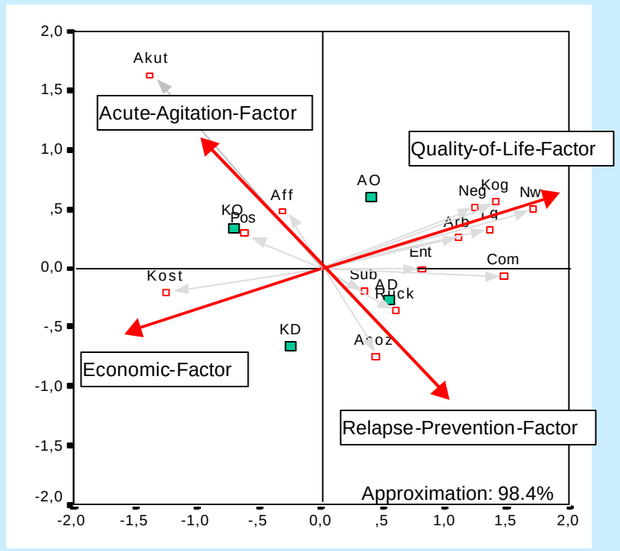


Statistical analysis: Two-way multivariate ANOVA for repeated measurement data

- Omnibus test for all ratings: Significant substance class x form of application - interaction
- Multiple tests for each rating: Significant substance class x form of application - Interaction

BIPLOT REPRESENTATION OF RATING AVERAGES

Analysis: Biplot-representation of average ratings for the four treatment strategies



The average ratings of the four medication classes can be approximated by two dimensions:

Dimension 1 seems to express the suitability for the treatment of acute symptoms versus the potential to promote treatment adherence.
This dimension separates oral from depot neuroleptics.

Dimension 2 reflects the ability to improve quality of life versus a favourable cost-benefit relation.
The dimension distinguishes typical form atypical neuroleptics.

DISCUSSION

Atypical oral antipsychotics possess a positive image in Germany regarding 1) their effectiveness in the management of negative symptoms and cognitive impairment 2) their potential to improve the patients´ quality of life and compliance and 3) their tolerance. Despite their advantages atypical oral antipsychotics are rated lower in respect of cost-benefit relation.

Conventional depot antipsychotics possess their strength in the 1) treatment of maladjusted patients, 2) ensuring the compliance and 3) reducing the risk of relapse.

Although atypical depot antipsychotics share the positive qualities of atypical antipsychotics und depot antipsychotics, they are not yet considered as markedly superior to atypical oral medications, e.g. in promotion of compliance or prevention of relapse.

REFERENCES