Prescriptions in telepsychiatry

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Abstract

A lot of psychiatric care can be effectively delivered by technological applications, i.e. via telepsychiatry. However, there are concerns about how telepsychiatric services can answer to the challenge of prescription drug abuse. This article reviews the annual statistics of a private telepsychiatric practice in Finland emphasizing the prescription policy of the clinic.

General

Telepsychiatry (or telemental health), the use of telemedicine to provide mental health assessment and treatment at a distance, has increased access to psychiatric care (1). Telepsychiatry is a useful way to provide mental health care services (2). Psychiatric evaluation by phone or via video conference appears to be as accurate as in-person encounters, and there are randomized controlled trials suggesting that psychiatric care delivered by telepsychiatric means is as effective as in-person encounters (3-5). Telepsychiatry services could be applied more widely (6).

Some of the prescription drugs used in psychiatry are potentially addictive, for example, benzodiazepines, z-drugs (zopiclone, zolpidem, zaleplon) and stimulants. Occasionally psychiatrists also have to deal with opioids. The mentioned medications are controlled substances due to their potential for abuse. Prescription drug abuse is a widespread problem (7). Undesired use is often misuse in the form of self-medication unauthorized by the prescriber or abuse for euphoric effects (8).

The Internet has formed a new challenge to the control of the use of prescription drugs. The National Center on Addiction and Substance Abuse (CASA) at Columbia University has reported an alarming increase in the number of websites selling controlled prescription drugs (i.e. oxycodone HCl, acetaminophen/hydrocodone, diazepam and methylphenidate) in the last decade (9). Since telepsychiatric services are relatively easy to access, people seeking a fast way to prescription drugs may be understandably interested in such services. Small telepsychiatry service providers lacking clear prescription guidelines and operating without sufficient regulation may be at risk of developing an undesired prescription policy, especially if the inflow of clients is scarce.

Aim of the study

The objective of this article is to see whether a private telepsychiatry service can be run without significant prescription drug abuse problems. The annual statistics (2014 and 2015) of a private telepsychiatric service were reviewed in order to assess the medication policy of the service. No personal data of the patients was included in the analysis of the data.

Description of the service

Nettipsykiatri (Online psychiatrist) is a private practice in Finland offering online psychiatric care. The service encounters are delivered via phone, video conference, chat or e-mail. The clinician is a specialist in psychiatry.

Prescriptions are made by phone directly to a pharmacy or by using electronic prescription (e-Rx). The terms of service inform the clients that the private practice runs a strict prescription policy regarding sedatives, stimulants and pain medication: alprazolam, diazepam, midazolam, nitrazepam and temazepam are ruled out as possible medication.

The treatment consists principally of counselling and offering the patient concrete psychological tools to deal with stressors and problems. Patients are also offered medication, but if a patient wishes that his/her treatment is free of medication, such a wish is respected.

Results

Patients. During 2014 and 2015 the telepsychiatric private practice had 57 clients. There were 335 service encounters, which meant that one patient had approximately 3 appointments per year. The median for service encounters was 2 during the entire treatment period. 60% of the patients had more than one appointment.

The two most common reasons to seek telepsychiatric help were unipolar depressive disorder and anxiety disorders. 37% of the clients sought help primarily for unipolar depressive disorder (major depressive disorder, mild to moderate depressive disorder or recurrent depressive disorder), and 37% of the clients had some anxiety disorder as the main psychiatric problem. Unspecified anxiety disorder (11% out of all patients), social phobia (7%) and obsessive-compulsive disorder (7%) were the most common of the anxiety disorders. 12% of the clients were diagnosed as having a schizophrenia spectrum disorder or other psychotic disorder, and 4% had a bipolar mood disorder as the primary diagnosis. 7% of the clients were classified as having primarily a substance abuse disorder.

Medication. The majority of the clients received some psychoactive medication as a part of their treatment (74% with medication vs. 26% without medication). 51% of all clients received antidepressants, 19% benzodiazepines or non-benzodiazepine hypnotics (BZD/z-drugs), 14% antipsychotics, 4% antiepileptic medication and 16% had some other psychoactive medication, for example, buspirone or hydroxyzine. 12% of the patients had some non-psychiatric medication, for example, salbutamol or propranolol.

Prescriptions. During 2014 and 2015 there were 204 prescriptions made. 28.4% of the prescriptions were for antidepressants, 25.0% for benzodiazepines or z-drugs, 10.3% for antipsychotics and 19.1% were for other psychoactive medications. 85.7% of the prescribed antipsychotics were second-generation antipsychotics and 14.3% were "old" antipsychotics. 17.2% of the prescriptions were for non-psychiatric medications. Opioids and stimulants were not prescribed at all.

Patient records concerning the prescriptions were adequate in 90.2% of the prescriptions, meaning that it was clear what brand or generic name, strength and amount was prescribed. Documentation was insufficient or unclear in 9.8% of the prescriptions, in most cases because of inadequate documentation information was lacking concerning the amount of the prescribed medication.

Diagnostic groups and medication. 50% of the patients prescribed antidepressants were suffering primarily from unipolar depressive disorder. 39% receiving antidepressant medication had some anxiety disorder as their main diagnosis. Of those who were prescribed benzodiazepines or z-drugs, 55% had an anxiety disorder, 27% had depression and 18% had a substance disorder as their main diagnosis. Antipsychotics were mainly used in the treatment of anxiety disorders and unipolar depression. Of those receiving antipsychotics, 42% had unipolar depression, 33% had anxiety disorder and 17% had bipolar disorder as the main cause of seeking help. Interestingly, none of the patients that were prescribed antipsychotics had a psychotic disorder. Of those receiving other psychoactive medication, 62% had an anxiety disorder, 23% had unipolar depressive disorder and 8% had a bipolar mood disorder as their main diagnosis.

Benzodiazepine and z-drug prescriptions. 11 of the 57 patients (19% of all patients) received a BZD or z-drug prescription. These patients had on average 12 service encounters during their treatment, the median for service encounters being 4. In this group, 55% patients had more than one appointment.

The most often prescribed BZD or z-drugs were oxazepam, chlordiazepoxide, zopiclone and zolpidem. The combined amount of all prescribed benzodiazepines and z-drugs per year equals 6585mg of diazepam equivalents [diazepam 5mg = oxazepam 30mg = clordiazepoxide 25mg = clonazepam 0.5mg = lorazepam 1mg = zopiclone 7.5mg = zolpidem 10mg (10, 11)]. This amount is little over half of what one patient taking 30mg diazepam daily consumes in a year (30mg/day x 365 days = 10,950mg).

Discussion

Delivering psychiatric care completely via technological applications has its risks. One of them is prescription drug abuse.

Patients suffering from anxiety disorders seem to find telepsychiatry attractive (6). This exerts extra pressure on the telepsychiatrist to relieve the symptoms by using benzodiazepines, z-drugs and other medication that has significant abuse potential. 40% of all patients and 45% of the patients receiving BZD or z-drugs had only one appointment in the analysed data. This means that the possibility to control the proper use of the prescribed medication is low with almost half of the patients. On

the other hand, the patients receiving BZD or z-drug prescriptions, that committed to the use of the service, were more committed than patients in general when assessing client loyalty by the number of service encounters.

Many telepsychiatry services are small private practices. In such services the documentation may be unstructured and information concerning the prescriptions in the patient records may be insufficient, especially if prescriptions are made by phone to the pharmacy and not electronically.

According to the analysed data, it seems possible to run a telepsychiatric service without significant prescription drug abuse. The total amount of prescribed drugs that have significant potential for abuse was small in the analysed data. Strict prescription guidelines which are transmitted to patients before the service encounters, prescribing sufficiently small amounts of drugs, using medication with low abuse potential and offering concrete psychological tools to deal with anxiety may help to avoid prescription drug abuse in private practice.

Limitations

In telepsychiatry, patients often give feedback of their health status via e-mails without reserving another appointment. It is, therefore, possible that the state of some patients is, in fact, controlled by their physician better than the statistics indicate in cases where patients only have one service encounter.

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