

TREATMENT CHOICE IN PSYCHIATRY? HOW WOULD EUROPEAN TRAINEES TREAT PSYCHOSIS FOR THEIR PATIENTS AND THEMSELVES, AND WHAT INFLUENCES DECISION-MAKING?

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Objectives: Recent evidence has questioned modern psychiatric clinical practice, specifically the prescribing of “atypical” antipsychotics. Our Pan-European Research Group wished to ascertain clinical practice amongst European trainees, which treatments trainees would desire for themselves, and factors influencing this.

Methods: A semi-structured survey was constructed from prior literature, piloted, and a homogenous sample size of at least 50 was agreed upon from each country, with 50% minimum response rate. It was distributed via web-link, with questions on preference of antipsychotic for patients in given scenarios, and factors influencing choice. Physicians were asked for their preference should they develop psychosis.

Results:

i) Treatment choice of antipsychotic for patients

93% (n=600) of respondents chose to prescribe “atypical” antipsychotics (excluding Clozapine), 6% (n=42) choosing “typical” antipsychotics, 1% (n=6) choosing Clozapine as first-line therapy.

ii) Treatment choice if trainees developed psychosis

89% (n=530) of responders chose to prescribe “atypical” antipsychotics (excluding Clozapine), 7% (n=40) choosing “typical” antipsychotics, 4% (n=23) choosing Clozapine as first-line therapy.

iii) Factors influencing choice

These mapped onto three domains: cost, efficacy and side-effect profile (less than 5% other reasons). 79% (n=458) of those who responded felt efficacy most important, 46% (n=270) felt side-effect profile most important and 3% (n=16) considered cost of paramount importance.

38% (n=272) of those who responded to the survey stated that the CATIE trial had influenced their decision-making.

Conclusions: Psychiatry trainees' choice of antipsychotic medication for both patients and themselves is based on perceived benefits, as opposed to evidence base and recent literature.