Editorial

Ethics of Rational Polypharmacy in Psychiatry

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INTRODUCTION

Psychiatric polypharmacy refers to the prescription of two or more psychiatric medications concurrently to a patient. The basis for this definition is solely quantitative and does not take into account the clinical pertinence of the use of these medications (for example, the presence of multiple diseases) or the adequacy of the proposed therapeutic regimen [1]. The term polypharmacy suggests that more medication is being used than is 'clinically indicated.' The number of medications that constitute polypharmacy however, has not been defined in the available literature [2].
The commonly used definition of psychiatric polypharmacy is the use of two or more psychiatric medications in the same patient, [3] or using two or more medications (of the same chemical class or same pharmacologic actions) to treat the same condition [4].

TYPES OF POLYPHARMACY

Due to the increasing prevalence and complexity in psychiatric polypharmacy, it is categorized as follows:

1. **Same-Class Polypharmacy:** refers to the use of more than one medication from the same class (e.g. use of two selective serotonin reuptake inhibitors in a case of depression).
2. **Multi-Class Polypharmacy:** is the use of full therapeutic doses of more than one medication from different classes for the same symptom cluster (e.g. use of valproate along with an atypical antipsychotic, such as olanzapine, for treatment of mania).
3. **Adjunctive Polypharmacy:** Use of one medication to treat the side effects of another medication from a different class, is described as Adjunctive Polypharmacy (e.g. using trazodone for insomnia caused by bupropion).
4. **Augmentation Polypharmacy:** refers to the use of one medication at a lower than normal dose along with another medication from a different class in full therapeutic dose for the same symptom cluster (e.g. addition of low dose haloperidol in a patient responding partially to risperidone); or the addition of a medication that would not be used alone for the same symptom cluster (e.g. augmentation of antidepressants with lithium or thyroid hormone).
5. **Total Polypharmacy:** is the total count of medications used in a patient, or total drug load. [3]

IS POLYPHARMACY REQUIRED IN PSYCHIATRY

The practicing guidelines promotes synergistic drug combinations. Majority of psychiatric patients benefit from synergistic use of drugs; they are also essential in achieving and maintaining recovery. In clinical practice it is very difficult to achieve remission or recovery with monotherapy. So, the use of polypharmacy in psychiatry is rational [5]. Irrational polypharmacy includes clinicians fear

about poor and unstable state of patient, sloppy diagnosis, stuck in cross titration of drugs, blind adherence to specifications of guidelines, inadequate knowledge of receptor pharmacology or a lack of attention to it [6].
Rational polypharmacy combines drugs with synergistic therapeutic effects between the drugs. Multiple drugs with each for a specific target symptom. Each evaluated individually for efficacy and side effects and adjusted optimally. Elimination of each one that is no longer necessary [5].

Polypharmacy contributory factors:

1. **Patient related:** Age, Multiple comorbidity, Intellectual disability, Acute hospitalisation.
2. **Healthcare related:** Multiple providers, Medication errors
3. **Doctor related:** Untreated medical problem, Improper medication selection, Medication use with no selection

ETHICAL ISSUES IN PSYCHIATRIC POLYPHARMACY

The objectives of ethics of polypharmacy in Psychiatry are –

Informed consent
Medical paternalism implies seeking consultation = consent for treatment. Considering patients right a greater emphasis should lay upon conveying nature of illness, treatment options available and freedom to choose. Consumer protection compels the medical professional to provide a detailed information for their own protection. The Constituents of an Informed consent are –

- Information to be provided by psychiatrist
- Competence of patient to comprehend information provided
- Freedom to choose
- Liberty to ask and further clarification/information and to withdraw the consent whenever patient wants to.

In such situations, prescribing rational polypharmacy can be challenging.

Voluntary and involuntary treatment
As psychiatric patients do not consider themselves to be ill, they have to be treated against their will. They should be evaluated on principle of beneficence As soon as conditions requiring compulsory treatment are no longer required the consent for continuation of medicines from patient should be taken. Psychiatric treatments shall be initiated only on clinical considerations and shall be in accordance with scientific knowledge and professional ethics. The patient's welfare should be the primary factor determining the choice of treatment modality.

Respect for patients and his human rights
Each patient has to be respected as an individual and the aim of treatment should be towards an early restoration of the functioning of the individual. Nothing should be done which could be perceived as violation of human rights of the individual. Every treatment method should be in conformity with the basic human rights, polypharmacy may produce adverse reactions and hence the use can be challenging.

Third party responsibility
In modern era, medical treatment has no longer remained within the confines of doctor-patient relationship. Many external agencies influence both content and form of treatment eg. Insurance companies, caregivers, NGO. In India, where most treatment facilities are government funded the ability of drugs and number of trained personnel could be main factors affecting the decision making of treatment. However, pharmaceutical companies are also nowadays indirectly influencing the treatment decisions. This can hamper the decisions made for the use of polypharmacy.

Psychiatric research

When research involves human-beings certain safeguards are a must. The Helsinki declaration provides the guidelines for use of human subjects in research. Any research that does not benefit the patient should not be undertaken. The role of polypharmacy in research is till date debatable.

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