Letters from readers are welcome. They will be published at the editor's discretion as space permits and will be subject to editing. They are limited to 500 words, three authors, and five references and should include the writer's e-mail address. Letters commenting on material published in Psychiatric Services, which will be sent to the authors for possible reply, should be sent to Howard H. Goldman, M.D., Ph.D., Editor, at psjournal@psych.org. Letters reporting the results of research should be submitted online for peer review (mc.manuscriptcentral.com/appi-ps).

Provider Communication in Split Treatment: A Survey

To the Editor: In July 2009 we conducted a survey of Manhattan-based, private-practice psychotherapists in regard to split treatment—that is, receipt of psychotherapy from one professional and psychotropic medication from another (1). The survey addressed the question of whether communication between professionals engaged in split treatment takes place according to the traditionally taught recommendations for such care (2,3). This question is especially relevant in light of recently documented trends indicating that psychiatrists are providing less psychotherapy than ever before (4) and that more Americans are taking psychotropic medication (5). Given these patterns, and escalating concerns over health care costs, split treatment can be expected to continue to grow as the most common arrangement for patients receiving outpatient psychotherapy and medication.

We used the electronic mailing list of the Department of Psychiatry of the Weil-Cornell Medical College to distribute a nine-item anonymous survey to nonmedical psychotherapists in Manhattan. The accompanying e-mail encouraged recipients to distribute the survey to other nonphysician psychotherapists, which resulted in a greater number of respondents but prevented assessment of the response rate. Fifty-three completed questionnaires were returned, including 36 from respondents with a doctoral degree and 17 from those with a master's degree—predominantly psychologists and psychiatric social workers. The mean± SD number of years in practice was 21.15±5.20. A total of 1,197 patients were reported to be in active treatment at the time of the survey (range five to 65 per psychotherapist), of whom 434 (36%) were also receiving medication.

Among the 53 respondents, 24 (45%) reported that they had seen patients in psychotherapy in the past month who were taking medication and about whom they had never spoken with the prescribing psychiatrist (94 patients, or 22% of those receiving medication). When only patients taking medication who had been in psychotherapy for six months or longer were considered (N=320), 19 of the 53 respondents (36%) reported 72 patients (23%) about whom they had never communicated with the prescribing psychiatrist. When psychotherapists were asked about communication with the prescriber for patients who were in long-term psychotherapy (more than one year), only seven reported quarterly communication for all patients in this group, 18 reported no quarterly communication for any of these patients, and 28 reported quarterly communication for some.

Psychotherapists were asked to consider all occurrences of communication about patients and to indicate which professional usually initiated the occurrences. Twenty-three respondents (43%) reported that they initiated all instances of communication with the psychiatrist, one respondent (<2%) reported that the psychiatrist initiated all communication, and 29 (55%) reported that both professionals initiated communication about a patient when needed.

The limitations of the survey—the small sample, open distribution of the survey, heterogeneity of respondents, and some respondents' affiliation with a metropolitan university—may preclude definitive generalizations, However, the findings suggest the disturbing possibility that substantial numbers of patients receiving split treatment do not benefit from communication between the two professionals providing their care. Because health care delivery and reform remain prominent issues, the questions raised by our survey merit more formal, rigorous investigation.

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The Need for Patient Education at a Psychiatric Clinic in Nigeria

To the Editor: Reports from other countries indicate that patients receiving psychiatric services may not have a good understanding of important aspects of their treatments. For

instance, Carol and Wolfson (1) found that in a population of patients receiving clozapine therapy in the United Kingdom, about half did not know why a monthly blood test was needed. Also, in a survey of 253 psychiatric inpatients in Pennsylvania, Clary and colleagues (2) found that at discharge more than half did not know the name and dosage of the psychiatric medications prescribed for them and why they were taking them, even though they had received both group and individual medication instruction during hospitalization. Therefore, as part of a quality improvement program at an outpatient psychiatric clinic in Ibadan, Nigeria, patients were asked whether they knew the purpose of the medication prescribed to treat their extrapyramidal symptoms.

The study was conducted in April 2009 with a sample of 98 outpatients. The study used a clinician-administered questionnaire that was structured to obtain sociodemographic data and elicit respondents' views on the role of benzhexol in their treatment. Patients were asked to state how they perceived the role of anticholinergic drugs as well as the source of this information.

A third of patients (N=32) reported that they did not know the role of anticholinergic drugs in their treatment. Of the 66 patients who claimed to know, 42 gave responses that clinicians felt reflected little understanding and might have led to deleterious health outcomes. Patients' level of education was not related to whether they knew the role of these drugs.

Only 17 patients reported ever having received education about the role of anticholinergic drugs in their treatment. Among these, 13 reported receiving education from doctors, and one each reported nurses, pharmacists, medical students, and family members as the source of education.

In developing countries like Nigeria, where prohibitive cost limits the use of second-generation antipsychotics, a large number of patients who need antipsychotics receive first-generation agents. Extrapyramidal symptoms are more common when first-generation antipsychotics are used, and anticholinergic drugs can reduce these symptoms (3). However, substantial research evidence indicates that there are dangers associated with the use of anticholinergic agents (4). These dangers underscore a need for thorough education of patients who are users or potential users of these agents. Such education should focus on the specific role of the drugs in a patient's treatment and the risks that may be associated with misuse.

This survey provides evidence that most patients attending this outpatient clinic may not be well informed about important aspects of their treatment and that our multidisciplinary health team may have neglected to educate them. It also underlines the urgent need to improve patient information aspects of service delivery in Nigerian clinics.

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