

Just What the Doctor Should Not Order
By John Caccavale, Ph.D.

Why are family doctors with little training in mental illness allowed to prescribe and bill Medicare for often unapproved, ineffective or unnecessary medication?

Sadly, the reasons have less to do with patient care than with big pharma's bonus payments to doctors and pharmaceutical ads creating artificial consumer demand. Mental health drugs are the fastest growing segment for the drug industry. In 2009, the number of prescriptions written for antipsychotic medications exceeded 52 million resulting in sales of \$14.6 billion.

But Pharma's advertising largesse is only part of the problem. It's time we stop the shift of mental health care from trained experts to general practitioners. And it's time to stop prescribing expensive medications as the first line treatment for a condition when many of these drugs have not been proven more effective than a placebo or psychotherapy.

Physicians in record numbers are treating patients complaining of behavioral disorders with medications doctors know, or should know, are no more effective than sugar pills. Every day, physicians, who are untrained and lack the expertise to diagnose possible mental health problems, are prescribing drugs which may not work for conditions patients may not even have.

Numerous dangerous side effects have been identified with prescribed antipsychotic medications, which are the number one selling class of prescription drugs in the United States. In 2010, the number of prescriptions written for antipsychotic medications exceeded 56 million costing \$16 billion dollars.

The costs associated with inappropriate prescriptions are significant. According to the U.S. Department of Health & Human Services (HHS), adverse drug events (ADEs) result in more than 770,000 injuries and deaths each year and cost up to \$5.6 million per hospital. In 2007, the estimated cost associated with adverse drug events was \$172 billion. HHS says that "ADEs constitute a widespread problem that causes injuries to patients and disproportionately increases expenses."

An appropriate diagnosis is critical to put the patient front and center and consider the most effective treatment options.

Regrettably, politically influential groups like the American Medical Association (AMA) and American Academy of Family Physicians (AAFP) continue to foster the status quo in mental health care. The AMA and AAFP refuse to even acknowledge the significant body of research indicating the shift to primary care has led to the proliferation of psychotropic drugs, misdiagnoses and non-treatment of behavioral health disorders.

These drugs are being overprescribed with steep costs to states and the federal government.

We can stop the harm and contain costs.

Medicare and other federally-funded programs should stop reimbursing for any psychotropic medication unless the patient has been appropriately evaluated and diagnosed by a doctoral-level mental health specialist or licensed social worker. Even if medication is required, patients should be evaluated on an on-going basis by these mental specialists who have the necessary expertise. Some medications can worsen mental health conditions while dosages are being adjusted, and some may cause new behavioral problems.

Further, federal reimbursements for unapproved uses or so-called off-label prescribing of antipsychotic medications should cease. This practice is not illegal, but it's not necessarily safe for the patient. A

2009 study reports that among the nearly 300,000 veterans who received a prescription for an antipsychotic medications, more than 60 percent had no record of a diagnosis for which the drug was approved.

The federal government should not pay for any psychotropic drug unless it's proven to be effective. Rising healthcare costs from unnecessary and usually more expensive medications occur when such drugs are prescribed; the federal government already pays the lions' share of mental health prescriptions.

Unfortunately, doctors prescribe patients medications on a long-term basis with no scientific evidence to support this extended use or evaluation by a mental health specialist. Long-term prescription regimens can have harmful effects on the patient including a greater likelihood to become disabled. Health problems encountered include heart disease, significant weight gain and greater risk for diabetes. In terms of costs, 2010 social security disability payments amounted to \$116 billion. Between 35% to 40% of that amount went to people who are disabled due to a mental disorder.

At a time of severe strain on our fiscal resources, mental health care is one area where we can reduce taxpayer costs and increase quality of care for millions of patients. It time to have an honest conversation about mental health and set aside political interests.

Common-sense changes in federal reimbursement rules are a start.

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