

# Person-centred prescribing: Lessons learned from an expert patient story

Aysha Mendes

*'Our patients are our greatest teachers—we cannot provide a care plan for them that meets their needs if we are not guided by them'*—Sara Davison, Professor of Medicine in Nephrology and Immunology at the University of Alberta, Canada (Mendes, 2015).

Laurie Oakley is a long-time mental health patient and a brave survivor of a health-care system that failed her. She has just crawled out from the other side of an alienating 18-year journey with depression, anxiety, panic attacks and debilitating insomnia, heartbreakingly interwoven with a vicious cycle of side-effects, misdiagnosis, dependency and withdrawal perpetuated by the prescription of more drugs than the health professionals on whom she relied for help could keep track of. *Crazy And It Was: Surviving the Corporate Pharmaceutical Corruption of Western Medicine* is Laurie's recently published first-hand account of her experience tangled up in the American health-care system (Oakley, 2015). Her story, which is poignant for health professionals prescribing worldwide, includes thorough research, case notes from her medical records, personal journal entries and a brave look into her broken childhood. Laurie says she felt unsupported and disrespected by doctors, and experienced dangerous side-effects; she became suicidal after taking medications that, at the time, were not recognized to cause suicidality, a side-effect that is still downplayed now.

'I spent many years having my side-effects misdiagnosed as psychosomatic complaints while the offending drug was

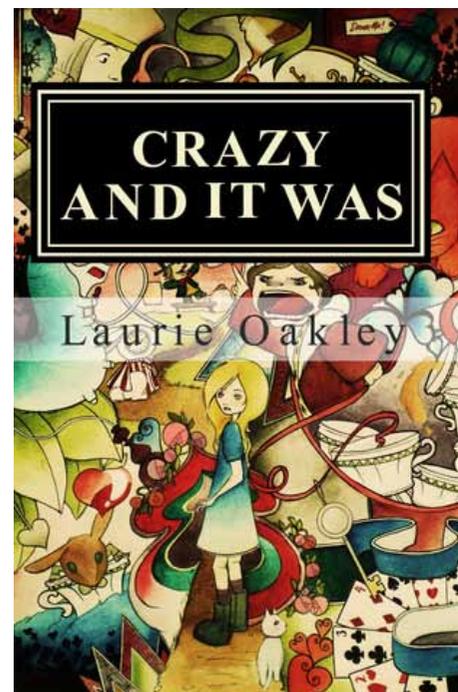
listed right there in my medical record,' says Laurie.

'I was humiliated by doctors who were the ones completely missing what was happening with the drugs they were prescribing,' she says. 'I spent important years of my life dealing with the physical and psychological effects of these drugs.'

## Laurie's story

Laurie's mental health-care journey began in 1996 as a recently divorced social work student and mother-of-two who found herself overwhelmed and experiencing feelings of depression. This was the era when selective serotonin-reuptake inhibitors (SSRIs) were taking the world by storm for their ability to improve symptoms of depression for many patients and even becoming fashionable to use (McKelvey, 2013). Laurie, having heard the positive reviews, visited her doctor for a prescription. However, within 2 months, she had already been on five different antidepressants, none of which seemed to work for her, and was newly experiencing panic attacks. To aid this new symptom (which was actually an unrecognized side-effect of her antidepressants), she had been prescribed clonazepam, which became a regular part of her life for 8 years, alongside appearances by many other prescription medications.

Clonazepam in particular resulted in memory loss and confusion, which led to the prescription of further medication, and tolerance withdrawal symptoms that were misdiagnosed numerous times as psychosomatic symptoms. Feeling exhausted and abandoned, Laurie decided to walk away from the mental health-care system in 2004 and tapered herself off clonazepam; she suffered terrible withdrawal and unbearable insomnia, which ultimately led her back into the medical system 3 years later. For the next



SUZANNE MILLS

*'Crazy And It Was: Surviving the Corporate Pharmaceutical Corruption of Western Medicine' by Laurie Oakley*

7 years, and despite treatment, Laurie continued to suffer from insomnia, an unrecognized long-term side-effect of clonazepam, which is suspected to lead to brain damage with long-term use. Disillusioned with the system, Laurie began doing her own research and filing grievances for the wrong she felt had been done to her over the years.

## Big Pharma influence

While Laurie had some success with some specific complaints made against individuals, her biggest complaints involved the larger systemic problem of prescribers being influenced by the profitable pharmaceutical industry and the lack of transparency surrounding clinical trials (Berenson et al, 2004; Neville, 2012). These concerns were not satisfactorily

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addressed as no one person or agency can be held individually accountable and answerable.

Concern about the reliance of both the medical profession and researchers on pharmaceutical companies is valid; however, much of the drug research currently being undertaken could not be carried out without this funding, and it must be said that much of it does result in longer, better lives. Still, such concerns have been echoed in the UK (Kliner, 2012; Wright, 2014), and prescribers must be aware of conflicts of interest, unethical practices, and what to look for when evaluating research or prescribing for individual patients.

## The UK landscape

Approaches to mental health in the UK favour the use of talking therapies, self-education and interventions, such as exercise, as first-line treatment, and turn to prescription medications as needed or in cases of more serious mental illness (NHS Choices, 2013).

The drug that Laurie was prescribed from 1996–2004 (clonazepam) is a benzodiazepine, which has been recommended in the UK for short-term use only, from 2–4 weeks, since 1988 (Harding, 2014). According to the National Institute for Health and Care Excellence (NICE, 2014), benzodiazepines are associated with less favourable outcomes in the long-term and should not be prescribed for the treatment of individuals with panic disorder. Worryingly, however, up to 1 million people in the UK are still being prescribed benzodiazepines in the long-term (Mehdi, 2012) and the potentially grave consequences of this must be considered and acted upon.

During Laurie's research, she came across the work of several respected doctors and professors who have been conducting in-depth research and raising the awareness of safe prescribing and the safe use of certain drugs, particularly benzodiazepines, among health professionals and patients around the world. Now-retired clinical pharmacologist, Heather Ashton, and psychiatrists Malcolm Lader and David Healy are among these household names—all of whom are from the UK.

## Patient-centred prescribing

Person-centred care is a standard that the NHS strives for, and it is hoped that the same fervour is extended to putting the patient at the heart of prescribing practice. This was not, however, Laurie's experience, and her journey is a potent reminder for all health professionals with the responsibility to prescribe medications to remember whose interests must be served. She rightly says that the old paradigm of 'doctor knows best' must be phased out but that despite the valuable information patients have to offer, some prescribers have a hard time listening.

'The playing field needs to be levelled to where prescribers and patients become equals. Ideally, prescribers, and particularly doctors, will begin to listen to what patients are telling them,' says Laurie. 'The internet is already being used by individuals who want to be informed and active in their own treatment, and prescribers need to appreciate the ways in which this can improve patient outcomes.'

In the UK, there are specific guidelines in place for nurse prescribers (Nursing and Midwifery Council (NMC), 2006), and there appears to be an effort to move away from paternalism and involve patients in their treatment decisions. Prescribers must actively listen to patients regarding their experiences and symptoms experienced (whether or not they are listed or recognized (Medicines and Healthcare products Regulatory Agency, 2015)), as well as their feelings about discontinuing medications or opting for non-pharmacological options in order to ensure safe, effective and supportive care.

Caution, awareness and an open mind towards changing side-effect profiles are important, particularly in mental health cases, where symptoms and the side-effects of the drugs being used to treat them can be difficult to differentiate. Additionally, being aware of the quality of research published in academic journals, who is funding it, balancing out industry-sponsored information with independent research and information sources, and refraining from accepting sponsorship or gifts from organizations with commercial interests (NMC, 2015) are all important considerations.

While randomized controlled trials are considered to provide the highest quality of evidence (Centre for Evidence-Based

Medicine, 2009), when it comes to making treatment decisions for individual patients, the patient anecdote is king.

*Laurie Oakley's story is told with refreshing honesty and contains valuable insight for prescribers and patients alike. It can be found at: <http://amzn.to/1aLZn7k>*

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