

National Alliance of Professional Psychology Providers

Failure To Serve

*A White Paper on The Use of Medications As A First line Treatment
And Misuse In Behavioral Interventions*

This report was prepared by:

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A Statement Of Concern From: The National Alliance of Professional Psychology Providers

There is a crisis in our nation's behavioral health care system. Many factors contribute to this crisis, including financial, regulatory, and cultural issues. One of the most glaring problems in this crisis is the corporate healthcare industry's practice of placing earnings and exorbitant profits above the public interest at the expense of quality services to those in need. There is another significant factor contributing to the poor quality of services provided to patients suffering from behavioral disorders: a significant shift of behavioral healthcare from specialists, such as psychologists and psychiatrists, to primary care physicians. While well-meaning, the majority of primary care physicians is not trained or experienced enough to provide behavioral health treatment and diagnosis. These physicians have become naive distributors for drug manufacturers and collude with insurers in the face of solid research that shows that psychotropic medications are not effective or beneficial for an ever-growing number of patients. NAPPP accepts that not every primary care physician is a puppet of drug companies or the insurance industry. Most are caring and hardworking professionals. However, as a profession, primary care physicians know, or should know, that psychotropic medications are mostly ineffective and potentially dangerous to patients. As such, most physicians who prescribe psychotropic medication do so to the detriment of their patients.

The enclosed report, "A Failure to Serve," addresses this crisis by providing a perspective of the problems encountered by patients who need behavioral healthcare but are not receiving it. The authors provide solid solutions based on sound, up-to-date research to support our assertions and conclusions about this crisis in behavioral healthcare. The problems of the present system, in which behavioral health is provided in primary care settings, will become even more pronounced as the new healthcare mandates take effect. NAPPP is concerned that healthcare reform will continue and even exacerbate the violation of patient care that is ubiquitous and characteristic of the present system.

We believe that the concerns and problems addressed in this report need to be taken seriously as a public policy issue and that this issue should be a matter of public interest. Consumers of behavioral healthcare must be protected and provided with positive and cost-effective treatments. Should the current practices of behavioral health treatment be continued by primary care physicians, NAPPP strongly believes that patients in desperate need of these services will suffer as drug companies, healthcare insurers, and physicians all gain at patients' and the public's expense.

Among the problems thoroughly documented and detailed in the report are:

1. Medication as a first line treatment for behavioral conditions is unsupported by the most recent outcome research.
2. Providing behavioral healthcare in a primary care setting without an appropriate evaluation by a doctoral level psychologist is ineffective, non-beneficial, costly, and denies patients the standard of care required to treat behavioral disorders.
3. The growing incidence of adverse drug events can be directly tied to the lack of skills and training provided to physicians in medical school and practice. On-the-job training to prescribe medications must be preceded by solid educational preparation. Even the best medical schools provide only 90 hours of pharmacological education over a four-year medical school curriculum. The vast majority of medical schools provide far less training.
4. There is a long-term shortage of psychiatrists that will not be resolved. Because of this shortage, primary care physicians have become the dominant prescribers of psychotropic medications. Drug companies, seizing on physicians' lack of training, have deceived them and the public about the safety, effectiveness, and benefit of psychotropic medications. Consequently, patients have been put at risk and become literal guinea pigs for questionable medications such as antidepressants, antipsychotics, and other drugs marketed to treat behavioral disorders.
5. Children and the aged populations are at the most risk as they are receiving treatment from the least prepared physicians, and are the targets of drug companies, which see children and the aged as "profit centers" in the ever-increasing quest for market share. Off-label use of medications among these populations are promoted by drug companies simply to expand the profitability of their existing products.
6. Taxpayers are also victims of the healthcare industry. Healthcare reform will now require an additional 30+ million people to obtain healthcare insurance. For those unable to afford insurance, their costs will be subsidized. NAPPP supports healthcare reform and universal coverage. We advocate and agree to extending care to everyone who needs it. What we are most concerned about, however, is having

taxpayers subsidize drug companies, insurers and providers whose products and services are not proven to work as advertised. Costs for medications will continue to increase to a projected \$400 billion by the time the new reform takes effect. We have a right and responsibility to require physicians to work in the public interest -- and not as mere distributors for drug companies and in collusion with insurers who gladly reimburse for ineffective medications because they are cheaper than providing effective care.

7. Unlimited licensure of physicians contributes to a system in which patients are not being appropriately served and subjected to undue harm. Limited licensure can improve competence and treatment outcomes. It can greatly decrease the cost of healthcare while raising the standard of care provided to patients.

Patients suffering from behavioral disorders are among our most vulnerable citizens. We should not allow any profession or entity to hide behind selective science and the professional domination of healthcare to subject patients and the public to patently ineffective and non-beneficial treatments. We do not argue that the healthcare industry and providers should be denied making a profit. Profit, however, must be balanced with the public good and must honestly and ethically be earned, be based on real need, and be based on sound theories and outcome research. Failure to hold physicians, providers, drug manufacturers and insurers to these minimal standards will produce an even greater crisis in healthcare aside from the misery afflicted on a trusting population at the mercy of a system concerned more with profit than results.

NAPPP believes that we can all do better, and we should strive to so.

For the purpose of this document, behavioral disorders are defined as any mental, emotional, or behavior disorder included in the International Classification of Diseases-9th Revision Clinical Modification (ICD-9-CM) or the Diagnostic and Statistical Manual (DSM IV) diagnostic manuals.

Signed:

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Executive Summary

Behavioral healthcare in America has largely been reassigned to primary care physicians as a result of the overall penetration in healthcare of for-profit managed care companies and insurers; the long-term campaign by drug manufacturers to replace effective behavioral interventions with medications; and a two-decades long shortage of psychiatrists. All of these factors have contributed to patients being denied effective treatments as the profits of these companies continue to increase. The healthcare reform bill recently signed by President Obama is unlikely to resolve any of the issues discussed in this report. In fact, the more likely outcome is that patients seeking and needing effective behavioral healthcare will not get it because the new healthcare bill further concentrates treatment and health decisions in primary care settings under the influence of insurance corporations and other third-party payers. As gatekeepers for physical ailments, primary care physicians perform admirably under difficult circumstances. However, patients needing behavioral healthcare are not receiving and cannot receive effective treatment from primary care physicians who generally are unskilled and lack training evaluating, diagnosing and treating behavioral disorders. This report discusses the problems and solutions associated with medications when used as a first-line treatment for behavioral disorders.

I. The Evidence Against Primary Care Physicians Providing Behavioral Healthcare

- The healthcare industry composed of physician groups, insurers, large contract providers, medical device companies, and the pharmaceutical industry has achieved total control of the healthcare system that routinely misleads and colludes with government regulators.
- The healthcare industry has embraced the myth that a behavioral disorder is a medical problem and implies that it is either genetically or neurohormonally caused, typically lifelong in duration and requiring treatment with medications.
- Primary care physicians providing behavioral healthcare overwhelmingly favor medications as first-line treatments for behavioral disorders despite the evidence that many of these drugs do not perform better than placebos.

- Renowned researchers have been writing voluminously for the need to require protocols, which include psychosocial and behavioral treatments with medications and, in some cases, in place of medications.
- Primary care physicians routinely provide drugs without obtaining an evaluation or appropriate diagnosis from a doctoral level psychologist or psychiatrist.
- Patients treated in primary care settings for behavioral disorders receive less than 50% of the standard of care that is required by medical guidelines.
- Behavioral healthcare patients are exposed to undue risk and harm as primary care physicians account for more than 80% of the prescriptions written for psychotropic medications. In effect, physicians have become virtual distributors for drug companies despite the mounting evidence that many of these drugs are unwarranted and risky to patients.
- Visits to emergency rooms for the abuse of pain medications and sedatives are now equal to or exceed visits for heroin and other illegal drugs. This is a direct result of physicians writing too many prescriptions for these drugs.

II. Reducing Adverse Drug Events From Physician Error

- Physician errors attributed to prescribing medications account for many deaths and harm to patients. The Institute of Medicine continues to report the risk to patients due to physician errors. While estimate may vary, the IOM believes that 100,000 deaths per year are caused by physician error. The IOM only counts deaths that occur in hospitals. There is no comparable data for harm occurring in outpatient settings because there is no formal reporting mechanism.
- Estimates of the annual cost due to increased harm from medication-related injuries ranges from a low of \$72 billion to a high of \$172 billion.
- Physician errors increase hospital costs on the average of \$6,000 per patient.

- Annual non-fatal injuries from Adverse Drug Events (ADEs) are estimated to be about 650,000.
- Many of the errors attributed to medications can be reduced or eliminated by better education and training. However, few medical schools have developed a curriculum to confront this problem. Physicians, at the best medical schools, receive only 90 hours of training in pharmacology. Most provide far less. Even fewer provide training to reduce adverse drug events.
- Medical psychologists are in the unique position of being a positive factor in reducing ADEs and they can provide behavioral health services effectively and efficiently. Primary care physicians and other non-psychiatric physicians are not behavioral health specialists or psychopharmacologists.

III. Psychiatry In Crisis: Impacts on Primary Care, Patient Safety and Public Healthcare Policy

- The number of medical students choosing psychiatry as a specialty has continued to decline over the past two decades. The shortage of psychiatrists has been so steep and there are no credible solutions that will impact the decline.
- As a result of this shortage, about 70% of primary care physicians have reported difficulty in obtaining high-quality outpatient behavioral health services.
- Psychiatrists, as a whole, have abandoned providing behavioral healthcare treatments outside of medications. Few have sought or receive behavioral training. As a result, psychiatry no longer is a stakeholder in advancing effective patient care. Their economic survival is tied to drug companies, making their allegiance to patients highly questionable.
- Public safety has been compromised as psychiatry refuses to consider and implement alternative strategies to deal with their shortage. Public policy and public safety have been held hostage to economic factors as psychiatry continues to reject collaborative practice with psychologists.
- Despite the overwhelming evidence showing that some of the most successful outcomes in behavioral health treatment are a result of medications when appropriately diagnosed and used concurrently with behavioral therapy or psychotherapy alone, psychiatrists continue to subscribe to medication-only strategies.

IV. Antidepressant Medications Are Ineffective And Claims Are Misleading

- Biologically based imbalance theories have long been posited as a basis for antidepressant medications. These theories, although largely unfounded, untested and unproven, provide the foundation for medications sold by the millions of doses.
- There is no scientific substantiation or agreement that depression is caused by biological, chemical imbalances, defective genes, or that it is remedied in any significant way by available medications.
- Antidepressant medications actually build negatively impacts that ability to function without the drug and, over time, the condition becomes chronic. The data show that the longer one stays on this type of drug, the higher the likelihood of relapse of depression.
- The side effects of these drugs include cardiac complications, withdrawal, akathisia and motor abnormalities, sexual side effects, drug-induced violence, neuropsychiatric effects including insomnia, apathy, and mania. Physicians have responded to these side effects by prescribing additional medications, most of which are "off-label" and not authorized by the FDA.
- Behavioral approaches for depression are now well-established as effective first line treatments for depression. They are just as effective and, in many cases, more effective than antidepressants, and have no risk of side effects.
- The results of many clinical trials, meta-analyses and reviews point to one inescapable conclusion: Behavioral therapy works for the treatment of depression, and the benefits are substantial.
- Antidepressants only dampen or partially control some symptoms of the disorder and in a minority of patients, and therefore do not qualify as a "stand alone" or a "first line treatment."
- The evidence is clear that antidepressant medications work no better than placebos in nearly all patients with depression. The use of these chemicals on 32 million people, when they simply do not work, presents a moral dilemma and should be a major public policy concern.

- Research shows that most people will respond positively to behavioral intervention. Typically, 13 sessions of cognitive-behavioral intervention relieves symptoms and allows patients to resume work, family responsibilities and function well.
- Only a smaller number of patients, a minority of about 12-15%, respond solely to medications.

V. Physicians Often Do Not Provide Patients With Important Information When Prescribing Medications

- Most physicians routinely do not provide important information to their patients when they prescribe a medication. Research shows that only 62% of the necessary information about a medication is communicated to patients. Only 35% of physicians advised patients of the adverse effects associated with a medication. In attempts to address this problem, it has become public policy to require dispensing pharmacists to provide the missing information that the physician is either too under-informed or too rushed to provide.
- Among the most profitable and growing segment of pharmaceuticals are psychotropic medications and their use by physicians for conditions for which they were not developed or FDA-approved. Physicians continue to prescribe these medications with no research or data that can provide any clues of the side effects when prescribed for a condition that has not been studied.
- The Nonpartisan Center for Public Integrity reports that pharmaceutical companies spent more than \$855 million for marketing, which is more than any other industry, between 1998 and 2006. Marketing comprises a significant portion of the cost of medications. These are at the low end of the estimates for drug company advertising. Advertising is unnecessary and many times violates FDA rules for marketing a drug.
- Even higher cost estimates for advertising by the Kaiser Foundation show manufacturer spending on advertising was almost twice as much in 2008 (\$11.3 billion) as in 1998 (\$5.9 billion). After increasing every year since 1996, the total amount manufacturers spent on advertising declined from 2004 to 2005 (from \$12.1 billion to \$11.7 billion), then rose to \$12.0 billion in 2006, falling to \$11.8 billion in 2007 and \$11.3 billion in 2008. The share directed toward consumers in 2008, through advertising on television,

radio, magazines, newspapers, and outdoor advertising, was more than 3 times that spent in 1998, \$4.4 billion compared to \$1.3 billion, though spending decreased 10% from 2007 (\$4.9) to 2008 (\$4.4 billion).

- The marketing strategy used by drug companies is similar to that employed by cereal makers, who line supermarket shelves with tens of boxes of the same sugar-laden cereals. Patients are being prescribed unnecessary medications and are not provided with important information and are not receiving the appropriate treatment because psychologists are being kept out of the treatment mix and because drugs, in the short term, are cheaper than more appropriate and proven care.
- The use of medical psychologists, those trained in applying behavioral interventions to medical problems and clinical psychopharmacology, are an effective solution to control the unnecessary rise and subsequent costs for psychotropic medications while providing patients with the necessary information to make decisions.

VI. Reducing Harm and Healthcare Costs: A Review Of A Physician's Unlimited License To Practice

- Generally, physicians are licensed under what is termed an "unlimited" license. Underlying the intent of unlimited licensure is the expectation and requirement that physicians only provide those services for which they have received specific training and education. Unfortunately, there is no entity that can police or oversee that physicians adhere to the intent underlying the justification for unlimited licensure. As a result, unlimited licensure contributes to undue harm to patients and is a public policy issue that needs to be addressed and modified.
- Psychologists, nurses, nurse practitioners and other healthcare professionals practice under what is termed a "limited" license. This means that these professionals can only practice what is stated in their scope of practice law. They can legally provide only those services for which they have specific training, education, and experience.
- State licensure boards establish procedures for granting initial licensure. However, in virtually all states, it is possible for a physician to practice medicine for a lifetime without having to demonstrate to the state medical board that he or she has maintained an acceptable level of continuing qualifications or competence.

- The Federation of State Medical Boards, raising the concern about on-going physician competency and the consequences that lack of training and competence can have on patient care and outcomes, believes that leniency extended to physicians is no longer acceptable.
- The ongoing advances in science and technology and the knowledge that is required to digest and make use of this knowledge by physicians is at the core of why unlimited licensure is bad for patients and is a direct cause of excessive healthcare costs.
- The FSMB issues a report that raises concerns about the generally poor quality of medical school applicants; the small amount of time that physicians have to devote to patients; and the shortage of American-trained physicians and the increased reliance on foreign-trained physicians with limited language skills.
- There needs to be a balance between professional autonomy and patient care. Unlimited licensure subverts treatment and ethical considerations because of economic issues, or the interests of corporations such as drug manufacturers and insurers. It does not promote a balance. It sabotages professional ethics and the foundation for an effective and efficient healthcare system.

VII. Medicating America's Children

- Prescriptions for antipsychotic medications to children aged 2 to 5 years doubled between the years 1999-2001 and 2007. The top-selling medicines in 2008 were anti-psychotics for schizophrenia and bipolar disorder, with \$14.6 billion in sales.
- The age of children being medicated with psychotropic drugs is getting younger, and the number of children given prescriptions is increasing every year. Yet, there is compelling research demonstrating the effectiveness of behavioral treatment to rapidly stabilize ADD and ADHD symptoms and without medication.
- There appears to be little evidence, if any, that these drugs are efficacious with this population of patients, yet physicians continue to prescribe drugs to children "off label" and at doses developed for adults.

- Drug manufacturers have been charged with hiding, obscuring and falsifying the results of clinical trials. The efficacy of Prozac, for example, could not be distinguished from placebo in 6 out of 10 clinical trials. The FDA, nevertheless, allowed Prozac to be prescribed to millions of patients including children.
- It is clear that bipolar disorder is being over-diagnosed in children and adolescents. Many of these patients are being treated in primary care settings. This is wrong, ill advised, and potentially dangerous to the patient. Patients diagnosed with bipolar disorder need to be evaluated and diagnosed by a doctoral psychologist or psychiatrist and regularly followed by both during the course of treatment.
- Many children are prescribed psychostimulants for attention-deficit problems. To date, not a solitary cause has yet been identified for ADHD. The National Institutes of Health Consensus Development Conference and the American Academy of Pediatrics agree that there is no known biological basis for ADHD. These drugs are top sellers for manufacturers.
- Large-scale research shows that children who are prescribed psychostimulants and are provided behavioral intervention have less need for these medications and experience rapid stabilization of their symptoms.
- Children are at great risk when taking psychostimulant drugs. In 2007, the FDA issued an administrative order that require that all makers of ADHD medications to develop and provide patients with Medication Guides. The FDA took this action because of complaints and the increasing data that concluded ADHD patients with heart conditions had a higher risk of strokes, heart attacks, and sudden death when using these medications.
- The psychological symptoms associated with these drugs include: hearing voices, experiencing hallucinations, becoming suspicious for no reason, or becoming manic.
- Strattera, a psychostimulant prescribed to children and teenagers, is more likely to produce suicidal thoughts in children and teenagers than in those who do not use this medication. Children who use Strattera must be supervised and their behavior carefully monitored because they may develop symptoms suddenly, and they are a serious threat to the child.

- ADD/ADHD are not the only conditions for which children are being prescribed potentially dangerous medications. Increasingly, children as young as five years old are being diagnosed with bipolar disorder by physicians, without even an evaluation by a psychologist.
- The use of antidepressant medications is commonly prescribed for pregnant women. The use of these drugs during pregnancy is based upon the false assumption that they are safe to the fetus and the mother. They are not and they can cause serious medical impairments for newborns.

VIII. Patients Deserve To Be Evaluated And Treated By Real Doctors

- Since the penetration of managed care as the gatekeepers to healthcare, behavioral health services have been the most negatively impacted.
- As managed care became the gatekeeper for behavioral health services, costs dropped 40% as a result of delaying services, denying claims, arduous utilization review procedures, phantom panels, and the use of non-doctoral level providers.
- The U.S. Surgeon General, in a report on mental health, admitted that private health insurance is generally more restrictive in coverage of mental illness than in coverage for somatic illness.
- Mental health parity legislation has not remedied the disparity in treatment for behavioral health patients. Insurers and managed care companies employ sophisticated utilization review procedures to delay and deny treatment.
- Insurers state that they need these procedures to contain costs. Studies by health economists have concluded that unlimited mental health benefits under managed care cost virtually the same as capped benefits: The average increase was about \$1 per employee compared with costs under a \$25,000 cap, which is a typical limit under cost-containment plans.

IX. The Treatment Of The Aged In Long Term Care

- The services psychologists provide patients in long-term care results in benefits to patients and the healthcare system. However, the underutilization of psychologists in these facilities remains a significant problem.
- The shift from a custodial care model to a functional capacity model that utilizes psychologists and other healthcare providers has increased the quality of care provided to nursing home patients.
- According to the American Geriatric Society, there are 1.5 million older adults in nursing homes. Anywhere from 65% to 91% have symptoms of a psychiatric disorder. Beyond these primary psychiatric diagnoses, many of the medical conditions presented on admission have underlying psychological factors that contribute to or exacerbate the conditions.
- Many research studies have repeatedly shown that higher costs and reduced quality of life for medically ill individuals are associated with depression, stress, and negative future outlook.
- The Institute of Medicine in a recent report projects significant shortages of all health professionals with specialized training in geriatrics and aging.
- Despite this prevalence of psychological disorders in nursing homes, psychological services, as elsewhere, have been negatively impacted by the medicalization of behavioral health. Elderly patients in nursing homes continue to be over-medicated and not provided the level of behavioral interventions that are needed.
- The Department of Health and Human Services published a report saying that 7 out of the 10 leading health and illness indicators are psychological, such as inactivity, obesity, smoking, substance abuse, behavioral illness, irresponsible sexual behavior, and violence. Many elderly patients never receive the appropriate treatment for these symptoms and are instead treated with ineffective drugs.

- Numerous studies looking at the effect of psychological interventions on medical utilization found that 90% of the studies showed reduced medical utilization following some psychological intervention and a corresponding reduction in cost.
- Studies show that there is an over-reliance of drugs in nursing home settings. These studies show that it is not uncommon for patients in nursing homes to be prescribed between 5 and 13 medications. The adverse drug events from this practice causes deaths and other harms to elderly patients.
- The increasing costs for medications clearly can be reduced if physicians, more often than not, would include behavioral interventions into the treatment plan.

