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Understanding Collaborative Antipsychotic Prescribing

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Aim
This qualitative study will explore mental health service user, carer and professional attitudes towards the need for collaborative antipsychotic prescribing and the potential use of decision making tools to support this process in mental health services.

Background
Antipsychotic prescribing can be contentious. Despite evidence of effectiveness in reducing psychotic symptoms these drugs can have troublesome side-effects related to physical health including weight gain, increased risk of metabolic disorder and erectile dysfunction [1]. These unwanted side-effects may lead to poor adherence to medication, increasing the risk of relapse.

Recommendations from the National Institute for Health and Care Excellence assert that the choice to prescribe antipsychotic medication should be a joint one made between the prescriber and the service user, based upon an informed decision [2]. However, studies have shown that service users do not feel involved in decisions about antipsychotic prescribing [3]. Creating a more collaborative approach for antipsychotic prescribing may improve attitudes towards antipsychotic medication and medication adherence [4].

Method
We will conduct up to seven focus groups of between eight and ten participants (2/3 with service users, 2/3 with carers and 1 with professionals) to elicit attitudes towards the need for collaborative antipsychotic prescribing and the potential use of decision making tools to support this process in mental health services. If participants request not to take part in a focus group, they will be offered the opportunity to take part in a one-to-one interview.

Sample
Participants will be recruited from Manchester Mental Health and Social Care Trust. Participants will be recruited using a range of methods (trust intranet, invitation packs distributed by professionals, posters, and user and carer forums). Professionals may also be emailed the advert by their managers.

Analysis
Analysis of focus group data will be conducted according to the constant comparative method whereby analysis will be carried out concurrently with data collection. Anonymised verbatim transcripts of audio recordings will be imported into the software package NVIVO for data management. Analysis will draw upon the techniques of grounded theory approaches [5] including initial coding of text segments, followed by re-coding and memo writing to generate conceptual themes. Themes will be constantly compared within and across cases, paying particular attention to negative cases and possible reasons for differences.

Outcome
We will synthesise the data and produce an application to develop any collaborative decision making tools to aid antipsychotic prescribing that participants deemed relevant during focus groups. Two articles will also be produced for peer reviewed journals.

References

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