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Integrating “Personality” into Psychopharmacotherapy Instruction in a Pharmacy Curriculum

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Pacific University

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Integrating “Personality” into Psychopharmacotherapy Instruction in a Pharmacy Curriculum

Abstract
BACKGROUND: Recent survey results found that course content for psycho-pharmacotherapy across various schools of pharmacy focused mainly on depression, schizophrenia, general anxiety and bipolar disorders. In order to meet the demands of patient populations with co-morbid and pervasive personality disorders (PD), it may behoove pharmacy faculty to integrate PD into the curriculum using story-line case scenarios and group activities including PD.

OBJECTIVE: Patient cases and creative group assignments featuring patients with various integrated medical co-morbidities, psychiatric diagnoses, PD, functional / social stressors, and education/prognostic information were used to increase students’ exposure to, and knowledge of, PD.

METHODS: Students were exposed to story-line cases in lecture and given instructions on how to create a patient case addressing components of the five different axes used in psychiatry: Axis I (major psychiatric presentations); Axis II (PD); Axis III (medical diagnoses); Axis IV (functional limitations and stressors); and, Axis V (score for Global Assessment of Functioning) as part of a longitudinal group project.

RESULTS: Students were assessed using questions focusing on the domains of: commonly taught psychiatric topics; communication and health literacy; and, PD.

Disciplines
Pharmacy and Pharmaceutical Sciences

Comments
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Integrating “Personality” into Psychopharmacotherapy
Instruction in a Pharmacy Curriculum
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Introduction

BACKGROUND: Recent survey results found that course content for psychopharmacotherapy across various schools of pharmacy focused mainly on depression, schizophrenia, general anxiety and bipolar disorders. In order to meet the demands of patient populations with co-morbid and pervasive personality disorders (PD), it may behoove pharmacy faculty to integrate PD into the curriculum using story-line case scenarios and group activities including PD.

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RESULTS: Students were assessed using questions focusing on the domains of: commonly taught psychiatric topics; communication and health literacy; and, PD.

Methods

Students were presented with story-line case scenarios featuring patients based on faculty member’s psychiatric practice experience and assigned to create their own cases.

The group assignment challenged them to use at least the following to create a patient case to present to their peers:

- A. One Axis I Disorder (example: Bipolar Disorder II)
- B. One Axis II Disorder (example: Histrionic Personality)
- C. Three Axis III Disorders (examples: Hypertension, Diabetes Mellitus type II, HIV infection)
- D. One Axis IV (example: legal stressors)
- E. One comment on Axis V (discussing global functioning - ability to care for self independently)

Students were given an instruction template useful in integrating the following into their patient cases:

- A. Chief Complaint
- B. History of Present Illness
- C. Past Medical History
- D. Meds Prior to Admission
- E. Allergies / Intolerances
- F. Medication Use History
- G. Labs / Objective data
- H. Comments on Pt Goals
- I. Comment on Pt Education
- J. Comment on Pt Adherence

Students presented their cases to their colleagues and the professor with the goal of discussing treatment possibilities and took an all-inclusive course exam.

Results

Student Case / Subjective Narrative (Excerpt):

Hi! My name is Ms. Kristila Von Engelson. I am lusciously 41 years old. You know they say your 40s are the new 20s… I’m not married and well don’t have any kids… I hope you like my outfit picked out for our meeting. I just had quite a successful day on discharge floor… the day I bought that, the lady at the front desk kept asking about my make-up and hair. She sort of asked it like a little bit of the real me. I didn’t really care. I was pretty to her anyway. People always ask about my ‘story’ of why even bother to come here, well here it is. When I was in kindergarten, my teacher sexually abused me… at the time I didn’t really understand what was going on. I just wanted to be the ‘best girl’ so I did what he asked. the next year, my next teacher did it too… not long after that I started having really bad nightmares and I didn’t sleep hardly at all…

...the doctor was going to try some medications on me… at age 8, my old therapist diagnosed me with PTSD… some time after that passed and I graduated from high school. I wasn’t voted the hottest girl in school, prom queen, beauty queen, or homecoming queen, but I guess other people have to win something sometime. More importantly I became a sorority girl! Sigma Sigma Sigma! I didn’t really click with any of the girls even though I always liked them and I never even started until I realized I was everyone just wanted for me and waited to see me walk in the door, see my outfit, etc. Every guy there wanted my attention and I gave to them. Shake what my mamas gave ya! Until, my freshman year actually, I was raped. I was 16 at that time, not only did I get raped, but I got a damn STD–syphilis actually. I didn’t even know I had the syphilis and now my doctor says it’s bad–like it’s now in my nerves or something.

...I gate up every morning, make myself beautiful and take on the world. Getting up is the hard part though. I still have a horrible time sleeping. Nightmares after nightmare after nightmare… at night. I even talked to my psychiatrist my favorite nurse at Macy’s told me about us couldn’t do anything wrong. I tried to find my way into a free consultation and I’m sure he wanted him, but he was married...

...sometimes I feel sad, but I just go out on something way and shot and head out with my 40-something sisters. We love to have girls’ night out and just dance and drink the night away like some time. I really only call them like no other time when I am bored. I know they are there– they’re my BF’s, ya know… I have a hard time keeping a job. My boss says I don’t get along very well with the other girls, but I always make the sale when it’s a male customer… anyway… I think I’m fine. I think everyone else has the problem and it’s simply jealousy. I’m 41, I look 26 and I have everything going for me. What do YOU think you CAN do for me? wahaha!”

Case Presentation and Objective Information:

41 Year old female presented to psychiatric clinic by mother concerned of depressed mood and suicidal thoughts. Patient complaints of staying up all night and uses speech that is vague lacking details and shows exaggerated emotions such as crying talking about her past history. Pt keeps elaborating on appearance and seeks a male physician for reassurance. At admittance, patient keeps reporting of delusional events such as “someone keeps following me.” She appears to be self-conscious, showing her new outfit, hair, and friends海岸 front to nursing staff. She is overweight female, showing signs of distress and agitation.2/27/2009: 

Results

Sample Items for Assessment

- PD is a 26 year old female being treated for obsessive-compulsive disorder. She has been medicated with paroxetine since age 15. She has been taking paroxetine daily but is experiencing side effects, i.e., weight gain and headache. Which of the following best describes the approach you should take in order to ensure you do not incur any liability?

- Ac is a 23 year old female using lamotrigine. She has benefited from this medication but has been taking it without medical advice. She doesn’t want to get worse and recently met with her provider, who added valproic acid back to her current regimen based on her presentation consistent with rapid cycling. Which of the following BEST describes the use of these 2 medications as mood stabilizers?

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Discussion

• Integrating PD and rarer topics e.g., anorexia nervosa, malingering, factitious disorders, somatization disorders, sociopathic disorders, and hypochondriasis, was possible in a 6-day (36-hour) psychopharmacotherapy course using patient case scenarios, and group projects.

• The total time dedicated to these topics was 8 hours (22%) of the entire course.

• Students achieved an aggregate average of >95.5% competency in both PD and traditional areas assessed in pharmacy education. Samples of assessment questions consistent with each area are shown below (Table 2).

Conclusions

• The top 25% of the class consistently achieved a greater average performance score on all questions on the assessment compared to their cohorts at the bottom 25% of the class.

• All student groups (n = 14) correctly integrated Axis II personality disorders and rarer conditions in their patient case (similar to the one show here).

• Including PD does not have to compromise, and may even help solidify, interest and learning in topics presented in a psychiatric pharmacy course.

Future Implications: Students may use the knowledge of, and exposure to, PD in a psycho-pharmacotherapy course as a foundation to help them approach the changing role of the pharmacist in psychiatric practice areas and meet knowledge requirements for psychiatric specialty board certification in the future.

Average Performance

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PHRM Aggregate Class Performance

Average Performance

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Personality Items | Traditional Items

Average Performance

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