Systematic review of patient and nurse attitudes to depot antipsychotic medication

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Authors’ objectives
To investigate the following: patient satisfaction with depot antipsychotic medication; the patient-preferred setting for the administration of depot antipsychotic medication; patient preference for depot antipsychotic medication or oral antipsychotic medication; and nurse satisfaction with depot antipsychotic medication.

Searching
MEDLINE, EMBASE, CINAHL, PsycINFO and The Cochrane Library were searched from 1966 to the end of May 1999. The search terms were 'depot', 'delayed-action preparations', '(intramuscular) injections' and 'antipsychotic (agents)' and/or 'neuroleptic (drugs)'. The databases were also searched using specific depot drug names, but these names were not reported. Searches of reference and library sources, plus handsearches, were also carried out.

Study selection
Study designs of evaluations included in the review
The review did not specify any inclusion criteria for the study design. The included studies were randomised controlled trials (RCTs), cross-sectional surveys and quasi-case-control studies.

Specific interventions included in the review
The studies had to assess depot antipsychotic medications to be included in the review. These were defined as long-acting depot antipsychotic medications, administered intramuscularly every 1 to 6 weeks. The medications were not specifically named.

Participants included in the review
The inclusion criteria for the participants were not stated in the review. The studies presented included patients whose diagnosis was schizophrenia, manic-depressive psychosis, schizoaffective disorder, or unspecified. Other participants were practitioners (community psychiatric nurses, practice nurses, general practitioners or nurses). Further characteristics were not reported. The participants were seen in hospital-based depot clinics, out-patient clinics and general practitioner (GP) surgeries.

Outcomes assessed in the review
The studies had to assess patient and nurse satisfaction (any opinion or attitude) with depot antipsychotic medication to be included in the review.

How were decisions on the relevance of primary studies made?
One reviewer selected the studies for inclusion in the review. A second independent reviewer checked a random 10% of the references. Any differences between the reviewers were resolved by discussion.

Assessment of study quality
Two stages of quality assessment were performed. The authors applied a combination of two hierarchies of evidence (NHS Centre for Reviews and Dissemination, and Greenhalgh) to grade the studies: RCTs, through non-randomised controlled trials, to cohort studies, to case-control studies, to case series, and so on (see Other Publications of Related Interest nos. 1-2). The authors also assessed the studies using a 13-item checklist constructed specifically for this review, but derived from the two checklists already mentioned. The authors' checklist covered justification of sample size, sampling, response/drop-out rates, validity of measures, and the generalisability of the results. Two reviewers independently assessed the validity of the included studies and resolved any disagreements by discussion.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the reviewers performed the data extraction. The data were extracted into tables for study characteristics, quality of studies, patient satisfaction with depot antipsychotics, patient preference for treatment setting, and patient preference for depot versus oral antipsychotic.

**Methods of synthesis**

*How were the studies combined?*

The studies were reported in tables and discussed in a narrative review.

*How were differences between studies investigated?*

The authors do not present any assessment of heterogeneity among the included studies. The studies were grouped according to the study objective.

**Results of the review**

Twenty-two studies (n=2,311) met the inclusion criteria: 1 RCT (n=149), 18 cross-sectional surveys (n=1,899) and 3 quasi-case-control studies (n=263).

The quality of the studies was mixed: the quality assessment scores ranged from 1 to 10 out of a maximum of 13 (mean score 44%). Ten studies (48%) failed to score on 8 of the checklist items.

Ten of the 12 studies reporting specific attitudinal or preferential data found that their patients held some positive views towards depot antipsychotic medication. One reported a neutral view and one a negative view.

Four of the 5 studies (n=761) reporting patient preference found that the majority preferred to receive their medication at the depot clinic, while the remaining study found that the preferred setting was at home. None of the studies found in favour of GP-based administration of treatment.

Five out of 6 studies (n=547) found that the majority of participants preferred to receive their medication via depot administration, rather than in tablet form.

Two studies reported side-effects data. The top five side-effects were sleepiness, increased fatigability, weight gain, tension or inner unrest, and concentration difficulties.

There were minimal data for nurse satisfaction with depot antipsychotics. However, some difference was found between the attitude of community psychiatric nurses and practice nurses: community practice nurses felt more confident in administering the medications, while practice nurses did not.

**Authors' conclusions**

The authors state that high-quality data examining patient and nurse attitudes to depot antipsychotics are sparse. The available data show patients have a positive attitude towards depots.

**CRD commentary**

The research question was stated, but the pre-specified inclusion criteria and some of the review process were not reported clearly. The review included a good literature search, but publication bias was not analysed. The review does not report who, or how many of the authors, performed the data extraction and whether this data were checked. The included studies were assessed for quality, but the results of the assessment were not used to group the studies in the narrative discussion or used for further sub-group analyses. A narrative review was performed, which was appropriate given the heterogeneity of the research questions stated in the included studies.

While the conclusions of this review follow from the results presented by the authors, these should be interpreted carefully given the differences between the aims of the included studies and the lack of data found in the included studies. The review was funded by the NHS Health Technology Assessment programme, and one of the authors is
funded from several pharmaceutical companies active in this area of research.

**Implications of the review for practice and research**

Practice: The authors state that more and better training is needed for nurses, and that there is ambiguity as to the type of nurse who should administer the depot antipsychotic medication.

Research: The authors state that future RCTs should include satisfaction as an outcome measure.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.