# TREATMENT PREFERENCE AND ATTITUDE TOWARD PHARMACOTHERAPY AND PSYCHOTHERAPY IN LATIN AMERICA. ULAD TASK FORCE

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## SUMMARY

The development of psychopharmacolgy has reached a considerable progress in the treatment of mental illnesses, although patients have an ambivalent opinion regarding its use. It is generally believed that psychoactive drugs produce secondary effects, such as the potential capacity to create addiction. Little is known about the health professionals' attitude towards the risks or benefits of psychopharmacology in the treatment of mental illnesses.

**Objective**

To determine the preferences towards the type of treatment (psychopharmacology *vs.* psychotherapy) and the attitudes in regard to the specific use of psychodrugs that prevail among health professionals in 13 countries of Latin America.

**Method**

A total of 1868 surveys was applied to psychiatrists, non-psychiatric doctors, and psychologists in 13 countries of Latin America. The survey covered the following items: a) questionnaire on the preferences regarding the treatment of mental illnesses, including personality disorders; b) attitude scale on the use of psychodrugs, and c) patient's attitude perceived by doctors while prescribing psychotherapeutical drugs.

**Results**

Pharmacotherapy was preferred by non-psychiatric doctors; psychologists had a negative attitude towards its use pointing out its secondary effects and the risk of addiction; psychiatrists and non-psychiatric doctors held a more favorable opinion. Doctors' opinion as to the patients' attitude towards psychotherapeutical drugs indicates that the latter accept taking them when they are properly informed regarding its use.

**Conclusion**

There is no doubt that psychiatrists and non-psychiatric doctors have a better knowledge about the benefits offered by psychoactive drugs and their potential secondary effects. Psychologists postulate psychotherapy as basic treatment because their knowledge about the benefits of pharmacological treatment is limited. Non-psychiatric doctors have a medical education that permits them to know more deeply the therapeutical action of psychotherapeutical drugs despite knowing less about the psychotherapeutical process.


**Key words**: Psychodrugs, attitude, pharmacotherapy, psychotherapy.


## RESUMEN

Aunque el desarrollo de la psicofarmacología ha presentado considerables avances en el tratamiento de las enfermedades mentales, los pacientes tienen una opinión ambivalente acerca de su uso. En general, se piensa que los fármacos psicoactivos presentan efectos secundarios como su potencial capacidad para generar adicción. Se conoce poco acerca de la actitud que tienen los profesionales de la salud sobre el riesgo-beneficio del uso de la psicofarmacología en el tratamiento de las enfermedades mentales.

**Objetivo**

Determinar las preferencias hacia el tratamiento (psicofarmacología *vs.* psicoterapia) y la actitud hacia el uso específico de los psicofármacos en profesionistas de la salud de 13 países latinoamericanos.

**Método**

Se aplicaron 1868 encuestas a psiquiatras, médicos no psiquiatras y psicólogos de 13 países latinoamericanos. La encuesta desarrollada contó con los siguientes apartados: a) Cuestionario sobre las preferencias de tratamiento en 11 enfermedades mentales, incluidos trastornos de la personalidad; b) escala de actitud sobre el uso de psicofármacos, c) actitud del paciente percibida por los médicos cuando prescriben psicofármacos.

**Resultados**

En la preferencia por el tratamiento, entre los médicos no psiquiatras predominó la farmacoterapia. Los psicólogos manifiestan una actitud negativa, indicando sus efectos secundarios y el riesgo de


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adicción. Los médicos psiquiatras y no psiquiatras opinaron más favorablemente. La actitud del paciente hacia los psicofármacos, en opinión de los médicos, indica que aceptan su uso cuando son informados adecuadamente.

**Conclusiones**

Es indudable que los médicos psiquiatras y no psiquiatras tienen un mayor conocimiento sobre los beneficios que proporcionaron los fármacos psicoactivos; también poseen un mejor conocimiento de los efectos secundarios potenciales. Los psicólogos postulan como tratamiento primordial la psicoterapia por su limitado conocimiento de los beneficios del tratamiento psicofármacológico. Los psiquiatras tienen una formación médica que les permite conocer con mayor profundidad las acciones terapéuticas de los psicofármacos y tienen menos conocimiento del proceso psicoterapéutico.

**Palabras clave**: Psicofármacos, actitud, farmacoterapia, psicoterapia.

## INTRODUCTION

The development of psychoactive drugs since 1950 has allowed for significant advances in the treatment of mental diseases. Increased efficacy and efficiency with fewer side effects are the advantages afforded by the current generation of drugs. However, such compounds have not been well accepted by patients and their relatives - a fact that has negative consequences in terms of patient compliance with pharmacological treatment of the disease.

Psychiatrists attempt to counter the negative image of psychoactive drug prescription among many patients and the population as a whole by increasing patient interest and confidence in these compounds, and providing information based on clinical trials that demonstrate their efficacy.

The negative patient attitude reported in the literature is explained by a lack of information regarding the efficacy of these drugs among the population, and by the negative experiences some patients have had with such medication. In general, psychoactive drugs are thought to be dangerous and capable of causing dependency. This perception is also spread by the mass media, thus serving to further reinforce the existing disinformation.

Few studies have been made to date of the image or attitude towards psychoactive drugs. Two studies conducted in 1961 by Nunally (10) and in 1972 by Schneider and Quiser (11) concluded that the stereotype of mental illness diffused by the media is not based on sound knowledge and is responsible for the negative information received concerning psychoactive drugs.

It has been shown that patient attitude towards pharmacological treatment is influenced by the negative attitude of relatives, friends and even other patients who have received such medication. This often causes the patient to abandon treatment despite the benefits and information received from the physician. Van Putten (12) has found that up to 80% of patients do not accept psychoactive drug therapy, while others agree to take such medication hoping to receive a benefit, even though public opinion (relatives and other patients) tends to influence their decision to either continue or abandon treatment.

Mannheimer et al. (9), in a public opinion study, reported the existence of a negative attitude towards psychoactive drugs. In general, tranquilizers were seen to have dangerous side effects and a dependency-forming potential. Such drugs were only considered necessary in cases of serious mental disorders such as psychosis; however, in minor pathology (e.g., depression or anxiety) they were largely considered unnecessary -preference being shown for psychotherapy- based treatments.

Hillert et al. (7) reviewed all the articles published in 19 German newspapers during the period between August 1991 and July 1992. Fifty percent of the articles mentioned that psychoactive drugs have important collateral effects (particularly neurological, vegetative and addictive); only 9% of the articles mentioned their therapeutic benefits. In another study, these same authors (8) reported that magazines for women address topics involving important personalities who have taken psychoactive drugs, with serious negative reactions that nevertheless may not have been caused by the medication. This has a negative influence upon the reader, who comes to view psychoactive medication as a source of serious consequences. In general, no reference is made to patients who have received successful pharmacological treatment.

Benkert et al. (3), in a series of 2176 subjects from the general population participating in the "Mainz" interdisciplinary study, found that 6% had taken psychoactive drugs, while 41% knew of a mental patient receiving such treatment, and 83% remembered information concerning psychoactive drugs on the radio or television and in newspapers or magazines. The opinion of most of the subjects interviewed was negative, since mental disease was associated to legal problems and drug dependency - the use of such medication being considered valid only in such cases. It was observed that most subjects preferred not to talk about the subject. The mass media were the only source of information on mental illnesses and their treatment for at least 70% of those interviewed -no knowledge of serious scientific reports being evidenced. The publicity media focus more attention on psychoactive drugs than on other forms of medication, probably because the general population fears mental

disease more than physical pathology. As regards mental disorders, it was concluded that patients believe that relief is only possible if psychoactive drugs are avoided, or if other treatments, such as psychotherapy or alternative medical practices, are applied.

In the same series of individuals, Benkert et al. (4) found negative attitudes towards psychoactive drugs which is avere caused by the fact that they are widely viewed as tranquilizers that only afford symptoms relief, while causing serious side effects such as dependency. They are commonly thought to mask only patient problems and to be ineffective against the perceived true origin of the mental disease: the existence of unresolved interpersonal conflicts. Psychiatric disorders are seen as different to physical illnesses in that they represent a threat to patient personality, self-control and self-esteem. However, no similar prejudice applies to drugs used to treat physical illnesses. The study found that 42% of those interviewed considered the use of psychoactive drugs in serious cases, but not in application to mild mental disorders. The side effects associated with psychoactive drugs were stressed, while the potential side effects of medication used to treat physical disease were considered more acceptable. The patients studied in this test regarded psychoactive compounds as drugs of abuse that effectively cause addiction, rather than as substances that control the symptoms of mental disease.

Angermeyer et al. (1,2), in a study of the attitude of medical students towards psychoactive drugs, found their opinions to be more favorable than among the general population. The medical students stressed the therapeutic limitations and collateral effects of psychoactive drugs -thus reflecting improved knowledge of drugs with actions upon the mind. Hillert et al. (6), in a study contrasting the attitudes of medical students, found students in the first years of study to have similar opinions to those found in the general population. These are the only studies to date addressing attitude towards psychoactive drugs in relation to health care professionals.

Heinze et al. (5) studied the attitude of Mexican health professionals towards the prescription of psychoactive drugs; the opinion was found to be less favorable among psychologists -preference generally being expressed for treatments combining psychotherapy and pharmacotherapy.

## AIMS

1. To describe the attitude among Latin American health professionals (psychiatrists, non-psychiatric physicians and psychologists) towards psychoactive drugs.
2. To define treatment preferences for mental disorders among the individuals interviewed.
3. To describe patient attitude towards the prescription of psychoactive drugs, as referred by the physicians.

## METHOD

### Type of investigation

A cross-sectional, descriptive, comparative and prospective study design was adopted.

*Variables*

Independent:

Health professional specialty:

- Psychiatrist
- Non-psychiatric physician
- Psychologist

Dependent:

Treatment preference for mental disease:

- Pharmacological
- Psychotherapeutic
- Both

The following mental diseases were considered:

- Depression
- Schizophrenia
- Anxiety
- Bipolar disorder
- Epilepsy
- Drug dependency
- Alcoholism
- Obsessive-compulsive disorder
- Phobias
- Personality disorder
- Eating disorder

### Attitude towards psychoactive drugs

An attitudinal scale was developed consisting of 27 Lickert-type ordinal items. Based on its application to the study population, a psychometric analysis was performed comprising:

1. Determination of item discrimination. This was calculated from the total items correlation. In the case of the Latin American sample, all the items exhibited good discrimination.
2. Determination of the factorial structure of the scale. A factorial analysis was carried out by means of the principal components method with varimax rotation and determination of the number of factors by the Kuder Scree method. This analysis generated four orthogonal factors that explained 43.7% of the total variance.

**Table 1. Frequency of each study group by participating countries**

| *Country* | *Psychiatrists* | *Non-psychiatric physicians* | *Psychologists* | *Total* |
|---|---|---|---|---|
| Argentina | 84 | 33 | 57 | 174 |
| Brazil | 24 | 70 | 41 | 135 |
| Colombia | 40 | 51 | 3 | 94 |
| Costa Rica | 3 | 20 | 12 | 35 |
| Cuba | 65 | 75 | 21 | 161 |
| Ecuador | 21 | 26 | 21 | 68 |
| El Salvador | 39 | 51 | 79 | 169 |
| Guatemala | 34 | 198 | 16 | 248 |
| Honduras | 31 | 109 | 27 | 167 |
| Mexico | 112 | 46 | 33 | 191 |
| Peru | 98 | 51 | 49 | 198 |
| Dominican Republic | 14 | 11 | 2 | 27 |
| Venezuela | 103 | 68 | 30 | 201 |
| Total | 668 | 809 | 391 | 1868 |

3. Confirmation of the factorial structure. In this context, the observed factorial structure was confirmed by structural analysis using the AMOS, version 6.2 program. The three factors found fitted with an AGFI value of 85.7%, with a minimum squares fit RMSEA of 0.068. The structure was considered valid.
4. Determination of internal consistency. This was based on the Cronbach coefficient, yielding $\alpha = 0.827$.

The factors were identified as:

I. Agreement concerning the positive aspects of psychoactive drugs. These aspects refer to the affirmation that psychoactive drugs are effective, provide genuine patient benefit, and constitute a good therapeutic alternative.
II. Agreement concerning the negative aspects of psychoactive drugs. These aspects refer to the affirmation that psychoactive drugs are ineffective, producing more damage than benefit, and only serve to sedate the patient, etc.
III. Agreement concerning defective psychoactive drug prescription. This refers to abuse, lack of information and the cost of psychoactive drugs.
IV. Agreement on the combined application of pharmacotherapy and psychotherapy.

## Patient attitude towards psychoactive drug prescription according to physician opinion

Attitude was assessed by means of two rank ordering factors; in application to each question, the physician was instructed to arrange the possible answers in the order of the perceived importance of each option.

*Subjects*

The study subjects were interviewed by direct invitation, observing anonymity at all times. Psychiatrists, non-psychiatric physicians and psychologists were interviewed. A total of 1868 interviews were delivered in 13 countries. The sample distribution by countries is shown in Table 1. The sample showed significant differences in terms of sex and age distribution. Females predominated among the psychologists (76.2%), but represented only 39.6% and 36.1% of the psychiatrists and non-psychiatric physicians, respectively [$\chi^2(2) = 185.2$; $p<0.001$]. The mean age among the psychiatrists, non-psychiatric physicians and psychologists was 40.8, 39.5 and 33.1 years, respectively - the differences being significant [$F(2, 1865) = 74.5$; $p<0.001$] (Table 2).

*Statistical analysis*

1. The qualitative sociodemographic variables were analyzed by $\chi^2$ contrasting for independent groups, while simple analysis of variance (ANOVA) was used for the quantitative variables.
2. Treatment preference for mental disorders was analyzed by $\chi^2$ contrasting for independent groups.
3. Attitude towards psychoactive drugs was contrasted by simple ANOVA.
4. Patient attitude towards the prescription of psychoactive drugs, according to the opinion of the physicians studied, was analyzed in relation to each of the two factors using the procedure for

**Table 2. Frequency of the sociodemographic. Variables in each study group (% [n] for categorical data, mean ± s.d. for continuous data)**

| | *Psychiatrists (n=668)* | *Non-psychiatric physicians (n=809)* | *Psychologists (n=391)* | *Significance* |
|---|---|---|---|---|
| Sex | | | | |
| Female | 39.6 (264) | 36.1 (292) | 76.2 (298) | |
| Male | 60.4 (404) | 63.9 (517) | 23.8 (93) | $\chi^2$= 185.2; <0.001 |
| Age | 40.8 ±10.4 | 39.5 ± 9.9 | 33.1 ± 10.5 | F= 74.4; <0.001 |

dimensional analysis by associated pairs described by Thurstone.

## RESULTS

### Treatment preference for mental disorders

The treatment preferences for mental disorders showed significant differences among the three study groups for all diseases considered ($p<0.001$). Table 3 shows the percentages and significances obtained for each group and treatment preference.

In the specific case of depression, all three groups preferred combined pharmacological and psychotherapeutic management; however, 19.0% of the psychologists preferred psychotherapy -this figure being considerably higher than among the psychiatrists and non-psychiatric physicians (1.5% and 10.3%, respectively).

As regards the treatment of schizophrenia, psychiatrist opinion was divided: 49.1% preferred drug therapy, while 50.5% opted for a combined treatment approach. The psychologists predominantly (69.1%) favored combined therapy, while the non-psychiatric physicians coincided with the psychiatrists in preferring a purely pharmacological approach to treatment (52.2%).

In the case of bipolar disorders, 42.4% of the psychiatrists and 38% of the non-psychiatric physicians preferred pharmacological treatment -both groups also showing an inclination towards combined therapy. In turn, the psychologists favored both treatments (49.9%), with psychotherapy alone to a lesser extent (45.5%).

For the treatment of anxiety, 85.4% of the psychiatrists preferred combined management, while the psychologists opted for psychotherapy in 45.5% of the cases and combined treatment in 49.9%. The non-psychiatric physicians preferred drug therapy in 19.8% of the cases and combined treatment in 54.0%.

According to 83.3% of the psychiatrists, obsessive-compulsive behavior is best treated by adopting a combined psychotherapeutic and pharmacological approach. In comparison, the psychologists considered psychotherapy to be indicated in 41% *versus* a combined therapy in 53.3%. The non-psychiatric physicians showed a predilection for pharmacotherapy in 21.5% of the cases.

All three professional groups coincided that pharmacological treatment is the best option in patients with epilepsy; this was particularly the case among the non-psychiatric physicians (76.3%). A proportion of the psychiatrists and psychologists was of the opinion that combined therapy affords advantages.

In the case of drug dependency and alcoholism, the psychiatrists and non-psychiatric physicians showed a preference for a combined therapeutic approach, while the psychologists preferred psychotherapy (44.3% and 50.6%, respectively, for both disorders).

As regards phobias and eating disorders, the psychologists showed a marked preference for treatment limited to the adoption of psychotherapeutic measures (66.8% and 53.3%, respectively); the non-psychiatric physicians were of the same opinion, though to a lesser degree (46.9% for both disorders). Finally, the psychiatrists clearly preferred a combined treatment for both disorders (80.5% and 81.1%, respectively).

As regards personality disorders, all three professional groups preferred psychotherapy (50.6% of the psychiatrists, 49.1% of the non-psychiatric physicians and 62.7% of the psychologists).

### Attitude towards psychoactive drugs

Attitude towards psychoactive drugs was evaluated for each of the four factors of the scale: agreement concerning the positive aspects of psychoactive drugs, agreement concerning the negative aspects of psychoactive drugs, agreement concerning defective psychoactive drug prescription, and agreement on the combined application of pharmacotherapy and psychotherapy. The totals corresponding to each factor were referred to the number of items; as a result, a score of 5 indicates the most favorable attitude, while a score of 1 corresponds to the most unfavorable attitude (Table 3).

**Table 3. Percentage treatment preferences corresponding to the different mental disorders by health care professional group. P: psychiatrists, NP: non-psychiatric physicians, Ps: psychologists**

| | *Pharmacotherapy* | | | *Psychotherapy* | | | *Combined therapy* | | | $\chi^2$ *Significance* |
|---|---|---|---|---|---|---|---|---|---|---|
| *Disorder* | *P* | *NP* | *Ps* | *P* | *NP* | *Ps* | *P* | *NP* | *Ps* | |
| Depression | 8.3 | 19.2 | 4.3 | 1.5 | 10.3 | 19.0 | 90.1 | 70.4 | 76.7 | 161.7; p < .001 |
| Schizophrenia | 49.1 | 52.2 | 29.3 | 0.5 | 5.0 | 1.6 | 50.5 | 42.8 | 69.1 | 94.2; p < .001 |
| Anxiety | 5.4 | 19.8 | 4.7 | 9.2 | 26.2 | 45.5 | 85.4 | 54.0 | 49.9 | 275.5; p < .001 |
| Bipolar disorder | 42.4 | 38.0 | 22.9 | 0.3 | 8.4 | 8.8 | 57.3 | 53.6 | 68.3 | 83.8; p < .001 |
| Epilepsy | 71.5 | 76.3 | 56.1 | 0.2 | 1.3 | 5.9 | 28.4 | 22.4 | 38.0 | 82.7; p < .001 |
| Drug dependency | 2.2 | 9.1 | 5.5 | 19.6 | 36.1 | 44.3 | 78.1 | 54.8 | 50.1 | 116.8; p < .001 |
| Alcoholism | 2.2 | 8.0 | 2.4 | 21.8 | 37.0 | 50.6 | 75.9 | 55.0 | 47.1 | 124.5; p < .001 |
| Obsessive-compulsive dis. | 14.1 | 21.5 | 5.7 | 2.6 | 22.7 | 41.0 | 83.3 | 55.7 | 53.3 | 283.6; p < .001 |
| Phobias | 4.3 | 9.9 | 1.4 | 15.2 | 46.9 | 66.8 | 80.5 | 43.2 | 31.8 | 344.2; p < .001 |
| Personality dis. | 2.5 | 7.6 | 3.0 | 50.6 | 49.1 | 62.7 | 46.9 | 43.3 | 34.3 | 40.3; p < .001 |
| Eating dis. | 1.9 | 8.2 | 5.8 | 17.0 | 46.9 | 53.5 | 81.1 | 45.0 | 40.8 | 232.3; p < .001 |

As regards the negative aspects of psychoactive drugs, significant inter-group differences were observed [$F(2, 1837) = 235.1$; $p<0.001$]; the psychiatrists yielded an average of $2.15 \pm 0.58$ points *versus* $3.05 \pm 0.73$ in the case of the psychologists. This implies that the psychiatrists disagree with the negative aspects of psychoactive drugs, i.e., they are considered effective and are seen as a good treatment alternative. In contrast, the psychologists are of the opinion that such medication is more damaging than beneficial. The non-psychiatric physicians exhibited an intermediate attitude ($2.73 \pm 0.62$ points) (figure 1).

In the case of the positive aspects of psychoactive drugs, significant inter-group differences were again observed [$F(2, 1839) = 282.0$; $p<0.001$]; the psychiatrists yielded an average of $3.99 \pm 0.52$ points *versus* $3.20 \pm 0.64$ in the case of the psychologists. This implies that the psychiatrists agree with the positive aspects of psychoactive drugs, while the psychologists are inclined to refute the benefits of such medication. As before, the non-psychiatric physicians exhibited an intermediate attitude ($3.59 \pm 0.59$ points) (figure 1).

The attitude towards psychoactive drug prescription showed differences among the groups [$F(2, 1839) = 25.0$; $p<0.001$]. The psychiatrists and psychologists differed from the non-psychiatric physicians, who showed greater agreement with the notion that psychoactive drug prescription is defective. Despite the statistical differences, however, the other two professional groups were inclined to agree that prescription practices are poor (figure 1).

Finally, agreement concerning the combined use of pharmacotherapy and psychotherapy was generalized in all three study groups –with increased preference being recorded among the psychologists (figure 1, table 4).

## Patient attitude towards psychoactive drug prescription according to physician opinion

Patient acceptance of psychoactive drugs in the opinion of the physicians interviewed was assessed by means of two rank ordering factors involving five hierarchies. In the first place, the physicians considered that the patients accept such drugs without objections (53.7%

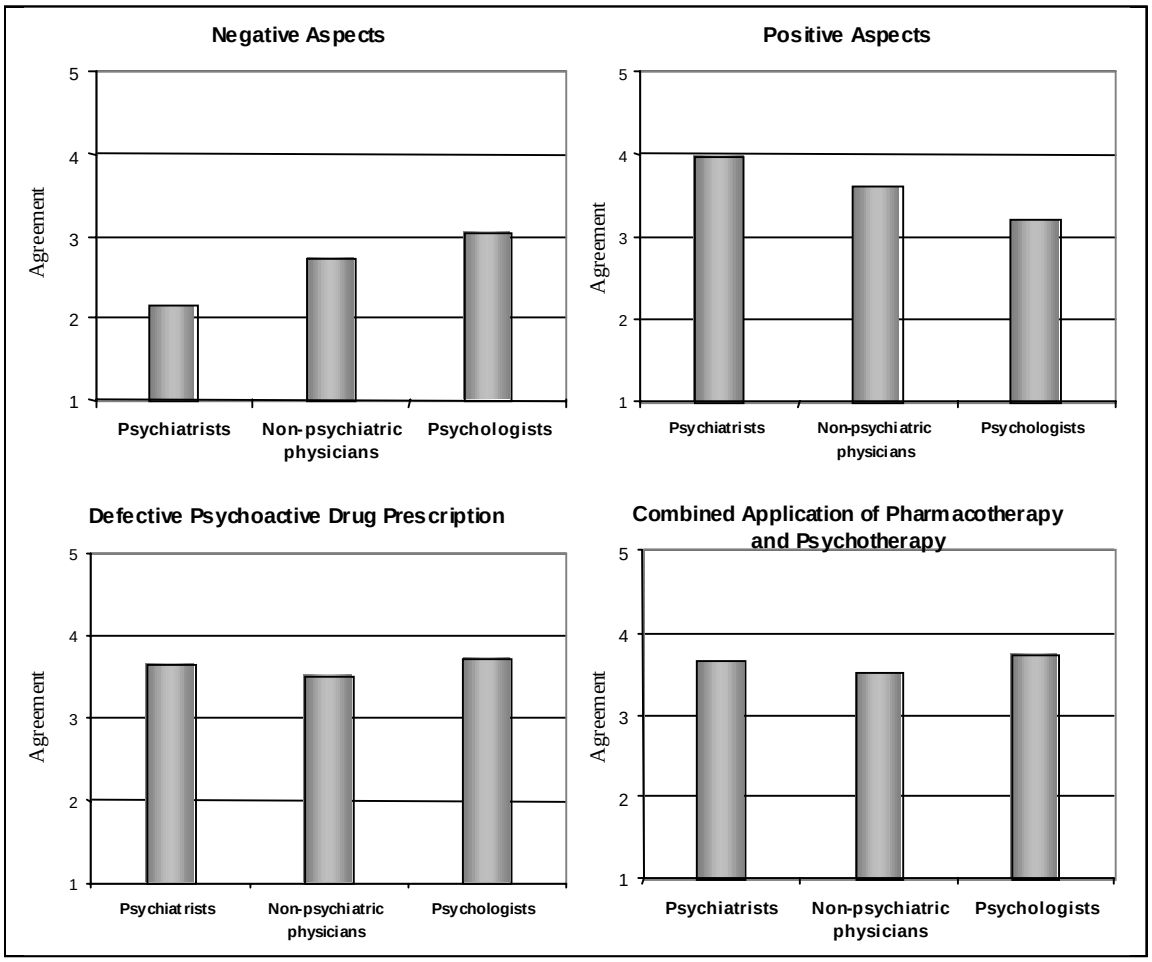


**Fig 1**. Mean attitude towards psychoactive drug prescription and use; 5 = maximun agreement, 1 = minimun agreement.

**Table 4. Attitude towards psychoactive drug prescription and use (mean ± s.d.; 5 = maximum agreement, 1 = minimum agreement)**

| | *Psychiatrists* | *Non-psychiatric physicians* | *Psychologists* | *F; significance* |
|---|---|---|---|---|
| Negative aspects | 2.15 ± 0.58 | 2.73 ± 0.62 | 3.05 ± 0.73 | 235.1; < 0.001 |
| Positive aspects | 3.99 ± 0.52 | 3.59 ± 0.59 | 3.20 ± 0.64 | 282.0; < 0.001 |
| Prescription | 3.67 ± 0.54 | 3.51 ± 0.60 | 3.73 ± 0.53 | 25.0; < 0.001 |
| Psychotherapy | 3.79 ± 0.58 | 3.70 ± 0.60 | 3.96 ± 0.56 | 26.4; < 0.001 |

frequency in hierarchy I); this concept was assigned a scale value of 100. This was followed in the second place by the opinion that the patients accept but are not very convinced by such medication (20.6% in hierarchy I and 44.7% in hierarchy II), with a scale value of 96 – implying that this concept is scalewise very close to the first. In the third place, the patients accept but do not take the medication (58.2% in hierarchy II), with a scale value of 51. In the fourth place, the opinion was that patients refuse to take the medication (51.4% in hierarchy IV), with an assigned value of 32. The last position corresponded to patients who fail to return (64.0% in hierarchy V), with a scale value of 0 (table 5).

Factor two refers to patient attitude to psychoactive drug prescription. Fear of dependency ranked first (58.6% frequency in hierarchy I) – corresponding to a scale value of 100. The second place corresponded to patients abandoning treatment on the advice of their relatives (29.3% in hierarchy II and 26.3% in hierarchy III), with a scale value of 42. The third place involved patients abandoning treatment because of side effects; this aspect was distributed with uniform frequency in all five hierarchies, with a scale value of 29 – which is attitudinally close to the fourth place. Latter place corresponded to patients who abandon treatment on the advice of other health professionals, with a scale value of 16. Finally, the last position corresponded to patients who lose control of their problems and therefore abandon treatment (34.3% in hierarchy V), with a scale value of 0 (table 6).

## DISCUSSION

The present study reveals differences in terms of treatment preference and attitude towards psychoactive drugs.

Little concordance is observed between the study groups regarding the choice of treatment for the different mental disorders – the greatest differences in this sense correspond to the psychologists *versus* the psychiatrists and non-psychiatric physicians.

As expected, knowledge of the use of psychoactive drugs was greatest among the psychiatrists, who showed a predilection for combining such medication with psychotherapy in those diseases where a combined management approach has been shown to be more effective.

In contrast, the psychologists were more inclined to resort to psychotherapy as the main form of treatment – even in cases such as epilepsy, schizophrenia and depression, where pharmacotherapy is known to play a primordial role in controlling patient symptoms, particularly in the acute phase of the disease.

As regards the attitude towards psychoactive drugs, the psychologists showed greater agreement with the negative aspects of psychoactive drugs and disagreement with their positive aspects – associating such medication to the possibility of addiction and important side effects. These differences in attitude can be explained by limitations in knowledge of the subject – the roots of which may be found in the academic training received, since the educational programs of psychologists do not include formal courses in pharmacology. Likewise psychologists lack continuous updating in advances in psychoactive drugs. In this context, physicians are in charge of diagnosing and treating mental disorders – the tendency being for psychologists to refrain from such practices. Attempts have been made by psychologists particularly in Anglo-Saxon countries to increment knowledge and promote familiarization with the administration of psychoactive drugs. Such efforts have largely failed, however, precisely because of the non-medical training of these professionals.

On the other hand, the training of clinical psychologists involves very few practical activities with

**Table 5. Hierarchical distribution of the acceptance of psychoactive drug prescription among the patients, in the opinion of the physicians. Percentage response in each hierarchy and scale value**

| | *Hierarchy* | | | | | |
|---|---|---|---|---|---|---|
| *Factor* | *I* | *II* | *III* | *IV* | *V* | *Scale value* |
| Accept indication without objections | 53.7 | 20.6 | 8.6 | 10.2 | 6.8 | 100 |
| Accept indication but are not very convinced | 31.7 | 44.7 | 11.2 | 7.3 | 5.0 | 96 |
| Accept indication but do not take medication | 3.7 | 17.9 | 58.2 | 12.7 | 7.5 | 55 |
| Refuse to take medication | 7.2 | 8.6 | 16.8 | 51.4 | 16.1 | 32 |
| Fail to return | 2.6 | 8.9 | 6.1 | 18.4 | 64.0 | 0 |

**Table 6. Hierarchical distribution of patient attitude towards psychoactive drug prescription, in the opinion of the physicians. Percentage response in each hierarchy and scale value**

| | Hierarchy | | | | | |
|---|---|---|---|---|---|---|
| *Factor* | *I* | *II* | *III* | *IV* | *V* | *Scale value* |
| Fear of drug dependency | 46.8 | 17.5 | 16.6 | 11.1 | 7.9 | 100 |
| Because of side effects | 23.7 | 22.3 | 21.6 | 15.6 | 16.9 | 53 |
| In response to family advice | 13.0 | 23.3 | 23.7 | 24.2 | 15.9 | 33 |
| Belief that control over problems is lost | 10.9 | 17.3 | 20.3 | 21.4 | 30.1 | 8 |
| In response to advice by other health professionals | 4.9 | 19.9 | 19.1 | 27.6 | 28.6 | 0 |

actual psychiatric patients; in general, their training appears more directed towards intrapsychic conflicts than towards psychiatric disorders as such.

In contrast, the psychiatrist receives constant information regarding the therapeutic aspects of psychoactive drugs and is therefore better prepared to prescribe such medication – with extensive knowledge of the benefits and potential adverse effects involved.

Physicians find that most patients accept such medication without objections. Nevertheless, the scale value of the notion that such patients accept but are not very convinced by psychoactive drugs reflects the importance of ensuring that the physician provides the patient with the information needed regarding the therapeutic benefits and possible side effects of psychoactive medication.

It is important to stress that the results obtained indicate a certain lack of knowledge about the adequate prescription among non-psychiatric physicians; such professionals would thus benefit from improved information on the risk/benefit characteristics of psychoactive drugs.

The negative information generated by the mass media in this context exerts a considerable influence upon patient affinity towards psychoactive drug therapy; indeed, as a result of such misinformation, patients often attempt to solve their problems by resorting to psychotherapy or alternative medical practices.

In order to improve the attitude of health professionals towards psychoactive drugs, it will be necessary to provide the minimum information required by each particular group based on the implementation of continuous training programs, involving both psychiatric institutions and medical laboratories. Such information should emphasize the benefits of combined pharmacotherapy and psychotherapy to ensure more integral collaboration between physicians and psychiatrists in the treatment of mental patients.

Recent studies (l4, l5) confirm that the combined treatment of psychotherapy and pharmacotherapy is not only the best approach to treat patients suffering from depression but that it also enhances the percentage of remissions and decreases that of recurrence.

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