Questionnaire Survey with Brief Case Vignettes on the Prescription of Psychotropic Drugs and Psychiatric Practice (For psychiatrists) Ver.1.2.

[Purpose]

“Research on Asian Psychotropic Prescription Pattern (REAP)” has carried out international collaborative research to grasp the actual prescription pattern of psychotropic drugs for patients with schizophrenia and depression in Asian countries. This additional survey aims to review opinions of psychiatrists in Asia and other areas regarding the prescription pattern for patients with schizophrenia and other psychiatric disorders, and also to grasp additional psychiatric practices in each country.

[Methods]

First, we present four clinical case vignettes. After you read each vignette, please answer all questions. If you are unsure about how to answer, please give the answer that best reflects your opinion. This survey should take appropriately 30 minutes to complete.

This study has been approved by the ethical review board of Kyushu University. Collected data including your answers will be announced through academic conferences and published in journals. If you have any questions, please contact us at “mood@npsych.med.kyushu-u.ac.jp”.

Yours sincerely,

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Your Basic Information and Psychiatric Experiences

[Q1-1] Your Age: _____ **years old**

[Q1-2] Your Gender: ☐ **1) Male**
☐ **2) Female**

[Q1-3] Your Nationality: _____

[Q1-4] Have you been trained as a psychiatrist in multiple countries?

☐ **1) Yes……If "yes", which countries?** _____
☐ **2) No**

[Q1-5] Experience as a psychiatrist (including psychiatric training/research periods)

_____ **Years**

[Q1-6] Country of your present clinical work: _____

1. Vignettes survey

This section is based on 4 case vignettes. Please read each vignette and answer the following questions.

Case A: a 19 years old, male university student

Mr. A is a 19 years-old male university student with a quiet character. He has just entered a university this spring and started to live on his own leaving his parents' home in a nearby neighborhood. He had difficulty in adapting to his new life and developing new friendships. He started missing school. Six months after admission, he stopped going to school and withdrew into his room.

Gradually, Mr. A became convinced that he was being watched at from the outside and came to feel that he was being monitored at all times and criticized in a scary voice by someone, making it impossible for him to go outside. His concerned family members visited him but were told, "Why would you come here?" "Did you wiretap me?" by Mr. A with hostile and suspicious eyes. They struggled to persuade and take him to your hospital, where Mr. A kept murmuring with fear and was diagnosed with schizophrenia. Risperidone was prescribed up to 6mg/day one month after the admission, and then wiped out the feeling of being monitored and made him able to go outside. He was discharged from your hospital two months after the admission. He restarted to live on his own and returned to the university after two-months recuperation at his parents' home.

When he actually returned to school, he felt attacked with words such as "He is weird" by other students. He re-withdrew into his room and started sitting around all day long. Although his doctor additionally prescribed aripiprazole 24mg/day for him, it seemed not to be sufficiently effective. He remains to be withdrawn but is desperate to return to school at any cost. His family members also hope for a fast road to recovery.

Please imagine you are his attending psychiatrist, assume you have as much time as needed to rotate drugs and Mr. A will follow up, and answer the following questions (check the appropriate number for each question).

[A-1] How likely are you to increase his regular dose of risperidone?

Not at all 1 2 3 4 5 **Extremely**

[A-2] How likely are you to increase his regular dose of aripiprazole?

Not at all 1 2 3 4 5 **Extremely**

[A-3] How likely are you to add electroconvulsive therapy (ECT) to his medication?

Not at all 1 2 3 4 5 **Extremely**

[A-4] How likely are you to add a new antipsychotic drug to his present medication?

Not at all 1 2 3 4 5 **Extremely**

[A-5] How likely are you to reduce the dose of his present medication and combine a new antipsychotic drug?

Not at all 1 2 3 4 5 **Extremely**

[A-6] How likely are you to replace all the present medications with new antipsychotics at a similar dose?

Not at all 1 2 3 4 5 **Extremely**

[A-7] How would you be most likely to treat him as an attending doctor?
(Please describe in detailed terms)

Case B: a 46 years old, male office worker

Mr. B is a 46 years-old man and worked as an office worker after graduating from university. When he was 21 years old, he suffered from auditory hallucinations and persecutory delusions. He was diagnosed with schizophrenia and underwent therapeutic treatments in an outpatient department. His psychotic symptoms were ameliorated by treatment with risperidone 4mg/day. However, he gradually stopped going to hospital and finally stopped treatment 3 years ago when he was 43 years old.

One day, he suddenly began screaming meaninglessly near an elementary school. A neighbor found him coming at a student with a hammer and reported him to the police. Then, Mr. B was admitted to your hospital.

After the admission, Mr. B tirelessly wandered his cell severely agitated while mumbling incoherently. His speaking and behavior was disorganized. Although olanzapine 20mg/day was prescribed for him, he was still excited all day and was severely aggressive toward others all night. Therefore, risperidone 4mg/day were added for agitation and chlorpromazine 50mg/day were added for insomnia. After the addition of drugs, he calmed down and his behavior and speech was gradually organized.

Please imagine you are his attending psychiatrist and answer the following questions.

[B-1] How likely are you to agree with the additional risperidone 4mg/day?

Not at all 1 2 3 4 5 **Extremely**

[B-2] How likely are you to agree with the additional chlorpromazine 50mg/day?

Not at all 1 2 3 4 5 **Extremely**

[B-3] How likely are you to think that this three-type-combined medication is too much?

Not at all 1 2 3 4 5 **Extremely**

[B-4] What would you be most likely to prescribe him as an attending doctor?
(Please describe in detailed terms)

Case C: a 24 years old, unemployed male living with his parents

CC: (His parents say) He never comes out of his own room. (Mr. C) just keeps saying “I don’t know”.
Life history: He is an only child. He is brought up by his parents in a two-bedroom urban apartment. There was nothing particularly problematic during his development until elementary school. In junior high school, he often skipped school and avoided mingling with peers, which he linked to experiences such as being bullied by classmates in elementary school. His academic performance was historically good, and he directly entered a middle-class university of engineering faculty, but three years ago (third grade, 21 years old) Mr. C dropped out of university for lack of motivation.
Family history: None
HPI: For the last three years he has hardly ever left his room, spending 24 hours a day behind its closed door. He eats food prepared by his mother who leaves trays outside his bedroom. He sleeps all day, then awakes in the evening to spend his time surfing the internet, chatting on online bulletin boards, reading manga (comic books), and playing video games. Despite parental encouragement, he has repeatedly resisted going to vocational school or taking a job.
Psychiatric history: Since last year, his parents have taken him to several local hospitals where he was variously diagnosed with ‘depression’ and 'latent schizophrenia’. On mental status exam, he had a flat affect, denied depressed mood or anxiety, and answered most questions by saying ‘I don’t know’. Neuro-psychological testing revealed no cognitive abnormalities. Brain imaging and standard screening laboratory studies for altered mental status were unremarkable. He failed trials of psychotropic medications including antidepressants and antipsychotics.
Past psychiatric history and Drug history: Described in HPI
Mental Status Exam on First Interview:
Expecting a possible solution of his social withdrawal, his parents brought him to the psychiatric faculty where he is examined by you. Mr. C, just standing between his parents kept silent politely. His attitude does not imply any psychotic experience, such as delusion/hallucination. He just seems to be a quiet person. Even when you addressed him, he just replied “I don’t know”.

Please imagine you are his attending psychiatrist and answer the following questions.

[C-1] Do you think this kind of case is common or rare in your country (Urban or Rural area)?

1) Urban: **Very rare** 1 2 3 4 5 **Very common**

2) Rural: **Very rare** 1 2 3 4 5 **Very common**

3) Possible reasons: If possible, please describe rationale.

4) Do you yourself see this kind of case in your clinical practice?

Very rare 1 2 3 4 5 **Very common**

[C-2] To what extent do you think he is likely to be at risk of committing a suicide?

Unlikely 1 2 3 4 5 **Very likely**

[C-3] To what extent do you think he has been affected by:

1) Mind (psychological factors) Small extent 1 2 3 4 5 **Large extent**

2) Brain (biological factors) Small extent 1 2 3 4 5 **Large extent**

3) Social factors Small extent 1 2 3 4 5 **Large extent**

4) Cultural factors Small extent 1 2 3 4 5 **Large extent**

5) Mother Small extent 1 2 3 4 5 **Large extent**

6) Father Small extent 1 2 3 4 5 **Large extent**

7) School environment Small extent 1 2 3 4 5 **Large extent**

8) Economical environment Small extent 1 2 3 4 5 **Large extent**

9) Tendency of psychosis Small extent 1 2 3 4 5 **Large extent**

10) Tendency of mood disorders

Small extent 1 2 3 4 5 Large extent

11) Tendency of personality disorders

Small extent 1 2 3 4 5 Large extent

[C-4]

1&2) Do you think this case can be applied to ICD-10/DSV-5 criteria or not? If so, what is his most likely diagnosis (ICD-10/DSV-5)?

3) If possible, please describe rationale.

1) ICD-10 ☐ This case would be applied to the following ICD criteria:

Code:

☐ This case seems to be out of ICD-10 diagnosis.

2) DSM-5 ☐ This case would be applied to the following DSM criteria:

Code:

☐ This case seems to be out of DSM-5 diagnosis.

3) What would you be most likely to diagnose/assess him as an attending doctor? (Please describe in detailed terms)

[C-5] Where should he be treated at this point?

- ☐ **1) No treatment indicated**
- ☐ **2) Outpatient visit**
- ☐ **3) Hospitalization in Open ward**
- ☐ **4) Hospitalization in Locked ward**
- ☐ **5) Other (please specify:)**

[C-6] Regardless of whether you do or not, to what extent do you think the following interventions will be effective:

1) Psychotherapy [including referring to a psychotherapist]

Not at all 1 2 3 4 5 **Extremely**

2) Pharmacotherapy

Not at all 1 2 3 4 5 **Extremely**

3) Non-pharmacologic biological treatment (such as ECT, TMS…etc.)

Not at all 1 2 3 4 5 **Extremely**

4) Environmental intervention

Not at all 1 2 3 4 5 **Extremely**

5) Alternative treatment (oriental medicine, yoga...etc.)

Not at all 1 2 3 4 5 **Extremely**

6) Self-Help (exercise, lifestyle guidance...etc.)

Not at all 1 2 3 4 5 **Extremely**

[C-7] How likely are you to choose the following interventions for him in your daily clinical setting:

1) Psychotherapy [including referring to a psychotherapist]

Unlikely 1 2 3 4 5 **Very likely**

2) Pharmacotherapy

Unlikely 1 2 3 4 5 **Very likely**

3) Non-pharmacologic biological treatment (such as ECT, TMS…etc.)

Unlikely 1 2 3 4 5 **Very likely**

4) Environmental intervention

Unlikely 1 2 3 4 5 **Very likely**

5) Alternative treatment (oriental medicine, yoga...etc.)

Unlikely 1 2 3 4 5 **Very likely**

6) Self-Help (exercise, lifestyle guidance...etc.)

Unlikely 1 2 3 4 5 **Very likely**

[C-8] What do you think is the most appropriate intervention?

(If possible, please describe rationale)

Case D: a 21 years old, male university student

CC: feeling depressed and no desire to do anything

Life history: He is an only child who was raised with great care by his father, a company employee, and his mother, a full-time homemaker. His school results were slightly above average, among sports he did not like ball sports, but he was a member of swimming group and had friends just like other students. Without any particular future aim for himself, just following his parents' advice he entered the faculty of economics of a private university in Tokyo (capital city), leaving his parents' home. He did not make any close friends, but he properly attended his classes and advanced to the next year.

Past psychiatric history: None

Family history: None

HPI: In his final year, his schoolmates one after another were receiving provisional job offers, while he could find neither a job that he would most want nor his future vision and he felt anxious. He took several employment exams, but nothing worked out and when his career adviser told him, "What have you been doing until now? Unless you show more incentive, you will not be fit to work, even when you become a working member of society", inside he felt really angry, but he kept silent. Since then, his late arrivals and absence from school have noticeably increased. He first tried online dating just to pass the time but became completely absorbed in it and this is where he got to know a woman. They went on several dates, but soon after she refused to see him due to his being "a boring person", he became depressed and at the same time anger welled up in his heart. Since then, he completely stopped going to the university and all he would do was surf the net to relax. On the Internet he found a site "Mind medicine cures your Depression!!" and he came to the nearby psychiatric faculty where he was examined by you.

Drug history: None

Mental Status Exam on First Interview: When Mr. D entered the examination room, he bowed politely, saying: "I'm a X university student, D" and when asked: "What is the matter?", he read out his life history and medical history from a memo he had prepared. When he finished, he handed you a depression checklist which he had found on the Internet and requested medicine by himself: "Doctor, as I have just mentioned, these diagnostic criteria apply to me. I heard SSRI is effective".

Please imagine you are his attending psychiatrist and answer the following questions.

[D-1] Do you think this kind of case is common or rare in your country (Urban or Rural area)?

1) Urban:	**Very rare**	1	2	3	4	5	**Very common**
2) Rural:	**Very rare**	1	2	3	4	5	**Very common**

3) Possible reasons: If possible, please describe rationale.

4) Do you yourself see this kind of case in your clinical practice?

Very rare 1 2 3 4 5 **Very common**

[D-2] To what extent do you think he is likely to be at risk of committing a suicide?

Unlikely 1 2 3 4 5 **Very likely**

[D-3] To what extent do you think he has been affected by:

1) Mind (psychological factors) **Small extent** 1 2 3 4 5 **Large extent**

2) Brain (biological factors) **Small extent** 1 2 3 4 5 **Large extent**

3) Social factors **Small extent** 1 2 3 4 5 **Large extent**

4) Cultural factors **Small extent** 1 2 3 4 5 **Large extent**

5) Mother **Small extent** 1 2 3 4 5 **Large extent**

6) Father **Small extent** 1 2 3 4 5 **Large extent**

7) School environment **Small extent** 1 2 3 4 5 **Large extent**

8) Economical environment **Small extent** 1 2 3 4 5 **Large extent**

9) Tendency of Psychosis **Small extent** 1 2 3 4 5 **Large extent**

10) Tendency of mood disorders

Small extent 1 2 3 4 5 **Large extent**

11) Tendency of personality disorders

Small extent 1 2 3 4 5 **Large extent**

[D-4]

1&2) Do you think this case can be applied to ICD-10/DSV-5 criteria or not? If so, what is his most likely diagnosis (ICD-10/DSV-5)?

3) If possible, please describe rationale.

1) ICD-10 ☐ **This case would be applied to the following ICD criteria:**

Code:

☐ **This case seems to be out of ICD-10 diagnosis.**

2) DSM-5 ☐ **This case would be applied to the following DSM criteria:**

Code:

☐ **This case seems to be out of DSM-5 diagnosis.**

3) What would you be most likely to diagnose/assess him as an attending doctor? (Please describe in detailed terms.)

[D-5] Where should he be treated at this point?

☐ 1) No treatment indicated

☐ 2) Outpatient visit

☐ 3) Hospitalization in Open ward

☐ 4) Hospitalization in Locked ward

☐ 5) Other (please specify:)

[D-6] Regardless of whether you do or not, to what extent do you think the following interventions will be effective:

1) Psychotherapy [including referring to a psychotherapist]

Not at all 1 2 3 4 5 Extremely

2) Pharmacotherapy

Not at all 1 2 3 4 5 Extremely

3) Non-pharmacologic biological treatment (such as ECT, TMS…etc.)

Not at all 1 2 3 4 5 Extremely

4) Environmental intervention

Not at all 1 2 3 4 5 Extremely

5) Alternative treatment (oriental medicine, yoga...etc.)

Not at all 1 2 3 4 5 Extremely

6) Self-Help (exercise, lifestyle guidance...etc.)

Not at all 1 2 3 4 5 Extremely

[D-7] How likely are you to choose the following interventions for him in your daily clinical setting:

1) Psychotherapy [including referring to a psychotherapist]

Unlikely 1 2 3 4 5 Very likely

2) Pharmacotherapy

Unlikely 1 2 3 4 5 Very likely

3) Non-pharmacologic biological treatment (such as ECT, TMS…etc.)

Unlikely 1 2 3 4 5 Very likely

4) Environmental intervention

Unlikely 1 2 3 4 5 Very likely

5) Alternative treatment (oriental medicine, yoga...etc.)

Unlikely 1 2 3 4 5 Very likely

6) Self-Help (exercise, lifestyle guidance...etc.)

Unlikely 1 2 3 4 5 Very likely

[D-8] What do you think is the most appropriate intervention?

(If possible, please describe rationale)

2. Polypharmacy

Such cases of polypharmacy as Case B. are common in Japan.
In your country, do you find cases of polypharmacy?

[E-1] In outpatient, Not at all 1 2 3 4 5 Very often

[E-2] In inpatient, Not at all 1 2 3 4 5 Very often

[E-3] Do you have any cases of polypharmacy in your clinical experiences?

1) In outpatient (If you do not work in outpatient settings, check "N/A"),

☐ **N/A** Not at all 1 2 3 4 5 Very often

2) In inpatient (If you do not work in inpatient settings, check "N/A"),

☐ **N/A** Not at all 1 2 3 4 5 Very often

[E-4] What do you think is the cause of polypharmacy? Please give your subjective opinions.

1) Seriousness of diseases

Unlikely 1 2 3 4 5 Very likely

2) Lack of knowledge of psychiatrists

Unlikely 1 2 3 4 5 Very likely

3) Lack of efforts of psychiatrists to reduce medications

Unlikely 1 2 3 4 5 Very likely

4) Not referring to clinical guidelines

Unlikely 1 2 3 4 5 Very likely

5) Pressure of patients themselves

Unlikely 1 2 3 4 5 Very likely

6) Pressure of relatives of patients

Unlikely 1 2 3 4 5 Very likely

[E-5] What do you think about polypharmacy?

1) As depending on the situation, it can be an important treatment option

Not at all 1 2 3 4 5 **Extremely**

2) Absolutely needs to be avoided

Not at all 1 2 3 4 5 **Extremely**

3) Inevitable in severe cases

Not at all 1 2 3 4 5 **Extremely**

4) Are you careful to avoid polypharmacy in your usual clinical practice?

Not at all 1 2 3 4 5 **Extremely**

[E-6]

If you feel that there should be limitations in prescription, please state your subjective maximum number of the medications prescribed to a patient simultaneously.

1) Antipsychotics 1 2 3 4 5

2) Atypical Antipsychotics 1 2 3 4 5

3) Hypnotics 1 2 3 4 5

4) Mood stabilizers 1 2 3 4 5

5) Antidepressants 1 2 3 4 5

6) Anxiolytics 1 2 3 4 5

[E-7]

How effective for reducing polypharmacy do you think the following approaches are? Please note your subjective opinions.

1) Government policy

Never effective 1 2 3 4 **5** **Absolutely effective**

2) Vigilance and penalty (e.g. Financial disincentive by insurance systems)

Never effective 1 2 3 4 **5** **Absolutely effective**

3) Guidelines by national psychiatric society

Never effective 1 2 3 4 **5** **Absolutely effective**

4) Specific instruction during undergraduate medical education

Never effective 1 2 3 4 **5** **Absolutely effective**

5) Specific instruction during postgraduate training of psychiatrists

Never effective 1 2 3 4 **5** **Absolutely effective**

6) Specific instruction to other medical specialists (e.g. internal medicine specialists or general practice doctors)

Never effective 1 2 3 4 **5** **Absolutely effective**

7) Having CMEs (continuing medical educations) to make clinicians aware of ill effects of polypharmacy

Never effective 1 2 3 4 **5** **Absolutely effective**

8) Improving ethical standards

Never effective 1 2 3 4 5 **Absolutely effective**

9) Other (Please describe in detailed terms.)

[E-8] Is there any limitation on the use of psychotropic drugs in your country?

- ☐ **1) No**
- ☐ **2) Yes**

1) If "yes", what is the limitation?

2) If "yes", how important for you is the limitation?

Never important 1 2 3 4 5 **Very important**

3) If "yes", are you frustrated at the limitation?

None 1 2 3 4 5 **Very frustrated**

[E-9]

Do you utilize the prescription guidelines on psychotropic drugs (issued by professional organizations, universities or other bodies) in your clinical practice?

- ☐ **1) No**
- ☐ **2) Yes**

1) If "yes", what is the prescription guidelines?

2) If "yes", how important for you is the guidelines?

Never important | 1 | 2 | 3 | 4 | 5 | Very important

[E-10]

Is the prescription of psychotropic drugs covered financially by the Government or national insurance coverage?

- ☐ **1) Yes, 100% covered without restriction**
- ☐ **2) Yes, covered with a few exceptions**
- ☐ **3) Yes, covered with many restrictions**

[F-1]

Please indicate the total years for each of the following career experience after graduating from medical school [including training or research periods]: If you work/worked at several facilities during the same period, please indicate all.

1) University (department of psychiatry) as a psychiatrist or psychiatric resident

☐ **None**

☐ _____ **years**

2) General Hospital (department of psychiatry, NOT involving university) as a psychiatrist or psychiatric resident

☐ **None**

☐ _____ **years**

3) Psychiatric Hospital as a psychiatrist or psychiatric resident

☐ **None**

☐ _____ **years**

4) Psychiatric Clinic as a psychiatrist or psychiatric resident

☐ **None**

☐ _____ **years**

5) As a clinician (NOT involving psychiatry)

☐ **None**

☐ _____ **years**

6) Community Facilities (Public health center, etc…)

☐ **None**

☐ _____ **years**

7) Research Center (Laboratory, etc…, including University)[including PhD student]

☐ **None**

☐ _____ **years**

[F-2] To what extent have you already been committing/devoting yourself to the following psychiatric aspects in your psychiatric experience?

1) Diagnosis of a psychiatric disease by ICD-10 or DSM-5

Small extent 0 1 2 3 4 5 **Large extent**

2) Clinical interview

Small extent 0 1 2 3 4 5 **Large extent**

3) Schizophrenia

Small extent 0 1 2 3 4 5 **Large extent**

4) Mood disorder

Small extent 0 1 2 3 4 5 **Large extent**

5) Psychosocial treatment

Small extent 0 1 2 3 4 5 **Large extent**

6) Psychotherapy (general)

Small extent 0 1 2 3 4 5 **Large extent**

7) Cognitive behavioral therapy (including cognitive therapy or behavioral therapy)

Small extent 0 1 2 3 4 5 **Large extent**

8) Psychoanalysis (including psychodynamic psychotherapy)

Small extent 0 1 2 3 4 5 **Large extent**

9) Psychopathology

Small extent 0 1 2 3 4 5 **Large extent**

10) Community-based mental health

Small extent 0 1 2 3 4 5 **Large extent**

11) Suicide prevention

Small extent 0 1 2 3 4 5 **Large extent**

12) Epidemiology

Small extent 0 1 2 3 4 5 **Large extent**

13) Child and adolescent psychiatry

Small extent 0 1 2 3 4 5 **Large extent**

14) Brain physiology (Brain Image, EEG, etc)

Small extent 0 1 2 3 4 5 **Large extent**

15) Basic neuroscience

Small extent 0 1 2 3 4 5 **Large extent**

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Thank you very much for your contribution to our survey.

If you have any questions, please feel free to contact Takahiro Kato.

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