

## Expert Panel Discussion and Recommendations

### Evidence-based medicine, algorithms, practice guidelines

There has been a phenomenal growth in evidence-based medicine since 2000. Evidence-based medicine is a set of easily taught tools that integrate individual clinical expertise, the best available external clinical evidence from systematic research, and the patient's values and expectations. Despite the growth of evidence-based medicine, there is a great deal of resistance to its incorporation into day-to-day practice. This resistance includes the adherence to the "art" of medicine as opposed to the science, very busy schedules, lack of incentives, institutional settings that make utilization of evidence-based medicine difficult, and the large number of solo practitioners in psychiatry leading to decreased contact with colleagues. Medication algorithms are defined as a step-by-step protocol for the management of health care problems. Based on available evidence, they are testable approaches to the pharmacological management of patients with psychiatric illnesses. The goals of algorithms are to decrease variation in patient care, provide a framework for clinical decision-making, deliver consistent treatment across clinicians and environments, improve patient outcomes, and improve provide metric for evaluating new treatments. In contrast, a practice guideline is a systematically developed statement designed to assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances. Practice guidelines list the preferred drug and nondrug treatments for common health problems. Several practice guidelines and medication algorithms exist to help child psychiatrists in their treatment planning, including the Texas Children's Medication Algorithm and the AACAP Practice Parameters. The DCFS Psychopharmacology Consultation Program often relies upon principals of evidence-based medicine, medication algorithms, and practice guidelines to advise DCFS regarding whether or not to recommend that DCFS consent for a medication. This break-out group will address the following issues:

- 1) Should consultants refer to treatment algorithms and practice guidelines when evaluating the appropriateness of a medication consent request?
- 2) How should the DCFS Psychopharmacology Consultation Program choose which algorithms to utilize in their independent medication reviews?
- 3) How should decisions regarding consent be made in areas where available treatment algorithms and practice guidelines are outdated or do not exist?
- 4) How closely should guidelines and algorithms be adhered to? What information should be used when the decision is made to disregard the guidance of existing algorithms and guidelines?
- 5) What are the pros and cons to consulting existing guidelines and algorithms when making a determination about the appropriateness of a medication request?
- 6) How should a clinician's personal experience be used in making determinations about the appropriateness of a consent request? For example, "in my experience paroxetine is better for depression than fluoxetine when the patient has sleep problems and anxiety?"
- 7) How should information regarding algorithms and guidelines used in the consent process be relayed to clinicians?

## Panel Report

The panel raised several concerns about published guidelines and algorithms. For example, many child psychiatrists thought the American Academy of Pediatrics Practice Guidelines were too vague. Other panel members expressed concern about the American Academy of Child and Adolescent Psychiatry Practice Guidelines, specifically the role “political” factors played in the decision making process.

- 1) The panel was in full agreement with the DCFS psychiatric consultant utilizing published algorithms and practice guidelines when evaluating psychotropic medication consent requests.
- 2) The panel recommended that the algorithms utilized be specifically for children and adolescents when possible. The algorithms chosen should be recognized as being authoritative and specific to the disorder for which a medication consent request was submitted. The panel also recommended that conflict of interest and “politics” be factored into the decision making process regarding which algorithm or practice guideline to use. The various algorithms should be compared from time to time to assure that the algorithms used in the consent process. The panel thought the Texas Children’s Medication Algorithm Project was an appropriate evidence based algorithm on which to base consultation decisions.
- 3) The panel thought there were several sources on which to base decisions regarding consent requests, including published literature and the expertise of experienced clinicians. The panel thought clinicians should be granted some latitude for their requests based on the clinician’s rationale for use of the requested medication. The panel also thought that Illinois could design its own treatment algorithms.
- 4) The panel thought that several factors could lead a clinician to override the algorithms and guidelines, including history of adequate trials, urgency of the clinical situation, family and patient preference, refusal of blood draws, and religious preference.
- 5) This discussion paralleled the discussion in 4) above.
- 6) The panel was emphatic in stating that clinician preference for an intervention or experience with that treatment should not over-ride evidence driven treatments.
- 7) The panel thought that all denials should be accompanied by an explanation or rationale for the reason for the denial that guidelines be made available to clinicians.