

QUESTIONS TO ASK YOUR PROVIDER

What is my diagnosis?

Your provider will give you a diagnosis—the name of the condition you have. You are entitled to know your diagnosis and the basis upon which your clinician made this decision. In psychiatry, all diagnoses come from a book called the *Diagnostic and Statistical Manual*, or *DSM*. You may wish to ask your clinician to describe the diagnostic criteria he or she used and how you fit them. You may also look up your condition online to see what has been written about it. Please note that many, if not most, of the diagnoses in the *DSM* were decided upon by a group of experts based on their experiences with patients. As of today, there are no objective tests that differentiate between those who have a diagnosis and those who do not. If you disagree with your diagnosis, that doesn't necessarily mean your clinician can't help you, but at the same time your clinician should not try to persuade you that you have a diagnosis that you believe is incorrect.

What is the natural course of my illness?

Your clinician should be able to give you an explanation of what to expect over time if your illness is *not* treated, as well as how treatment will affect the course of your illness. Of course, no two people are identical, so it's impossible to predict how your condition will evolve. But your clinician should be able to give you some tips on how to reduce the impact of illness on your life. Several studies now show that people can recover from just about any psychiatric illness, sometimes without medications. Also, your diagnosis might change over time, so if your clinician insists that you'll have a disorder "until you die," or that you need to take a pill every day for the rest of your life, be aware that other clinicians may see things differently.

What is the biological basis for my disease?

Because many of our interventions involve medications which cause changes in the body, you are entitled to know the best explanation for how certain abnormalities in the body's biology and chemistry underlie your condition. You may ask for evidence if you wish. Be aware that in psychiatry, most of these explanations are hypotheses—"guesses," based on what we have learned from animal studies or what we assume might be happening as the result of a drug's effect. We never know *exactly* what is happening in your body without performing a brain scan or blood test—and even then, we can rarely, if ever, use that information to diagnose a psychiatric disorder. If you don't agree with the explanation you receive, let your clinician know.

How does this medication work?

All medications have a "mechanism," which is an explanation of how they change the underlying biology and chemistry of the brain and the body. Your clinician is required to give you "informed consent"—in other words, a description of how the medication works and the potential side effects (see below), and all clinicians should be knowledgeable about the mechanism of the drugs they prescribe. Please note, however, that sometimes these mechanisms are just guesses. That doesn't mean the drugs don't work, but frequently it's hard for us to explain exactly why. If you do not agree with your clinician's explanation, or if you prefer not to take a drug whose effects in your body are not predictable, you have the right to refuse the medication.

What are the side effects of this medication?

Unfortunately, all medications may cause side effects—physical effects that are not intended and may be uncomfortable. Some of these are minor and short-lived, but others can last a long time, even after you stop taking the medication. Your provider should explain all of the most common side effects of the medication(s) you take and give you the option to refuse the medication if you are worried about them. If you do experience side effects, it is your provider's responsibility to manage them effectively; this might mean changing the medication to something else, decreasing the dose, stopping the medication altogether, or adding another medication—but be aware that adding an additional drug might lead to other, unexpected effects.

What is the evidence that this medication will help me?

In order for a medication to be approved for use in the US, drug companies have to do studies to prove that the medication works for a certain diagnosis (called the "indication" for the drug). You are entitled to know how these studies were conducted and how well the medication helped for the condition you have. In some cases, people in the studies only had a small positive response to the drug you're taking. That's all that's necessary to get a drug approved, but it might mean that your expectations of the drug are far greater than what it *really* does. Be aware that advertising may have a huge impact on your expectations; a drug that "helps treat depression," according to a TV commercial, may only help in a very small way, and your provider should be able to explain this to you.

Sometimes clinicians prescribe drugs for *different* reasons (sometimes called "off-label" prescribing). This is perfectly legal, but it requires that the clinician have a different sort of evidence base for making this decision. It might be past experience with the medication, it might be what he or she has heard from other experts, and so forth. If you are uncomfortable with the clinician's justification for a drug, you are entitled to refuse it.

Have you seen patients like me before? If so, what has helped them?

Especially in psychiatry, clinicians who have seen lots of patients often have a good "sense" for what might work, while those with less experience have fewer successes (or failures) from which to learn. Both types of clinicians can provide good care, but you may feel more comfortable with a clinician who has seen many patients similar to you, and who has successfully treated them in the past. Unfortunately, however, in psychiatry some doctors see *lots* of patients and give diagnoses after only spending a few minutes with them. For instance, a provider who says he or she works with "a lot of depressed patients" may not have quite the experience as the provider who works in a specialty clinic that focuses on depression.

Always keep in mind that you are unique. If you believe that your clinician is ignoring important aspects of your personal situation in order to focus on other things that he or she thinks are more important, or that make you feel that he or she is trying to rush to a diagnosis, simply based on his or her experience, you should speak up.

How long will I need treatment?

You are entitled to know how long you will need to take a particular drug, or how long you need to continue seeing your prescriber or therapist. Some clinicians may tell you that you may need treatment "for the rest of your life." Please note that there is *no* evidence that lifelong treatment is necessary for any psychiatric disorder; what's more important is that you identify some goals or guideposts to show that your treatment is working. You may wish ask whether there are any alternatives that may shorten the length of treatment.

If I want to stop treatment, would that be okay? What can I expect?

If you ever want to stop treatment—medications or therapy—for any reason, you are entitled to do so. However, your clinician should give you some idea what to expect. Many medications have "withdrawal" effects when you stop them (especially abruptly), and your clinician should give you some suggestions on how to deal with these effects. To do it most safely, it may take many months to discontinue certain medications.

How much should I expect to pay for treatment? Are there other more affordable options?

If you have insurance, you probably won't be paying for treatment directly, except for a small co-pay. Nevertheless, frequent visits to a clinician or therapist can add up, and you may end up spending hundreds or thousands of dollars on appointments and medications (and your insurance premiums may rise). As with any purchase you make,

you are entitled to know about other options that may not cost as much. Keep in mind that some psychiatrists can charge as much as \$500 or \$600 per hour. For this amount of money, you might get more time with the doctor, but you should also inquire as to whether that doctor's outcomes are better than any others.

Is this treatment confidential?

Many patients don't think about this, but there is a strong possibility that your clinician will discuss your case with your insurance company or pharmacy benefits provider in order to get paid. This happens all the time and is generally not considered to be a breach of confidentiality, but it may have an impact in the future—for instance, you may have more difficulty getting affordable health insurance in the future or affect your ability to get or keep a job. Your clinician is not permitted to speak about your condition or your treatment with an employer or family member unless he or she thinks that someone's life or safety is at risk.

Do you receive money from any drug company or device manufacturer?

Much attention has been devoted to the issue of clinicians (usually doctors) receiving money, gifts, or food from pharmaceutical companies. This happens much less often now than in the past, but it's still very common and (as of today) perfectly legal. Even though clinicians might say they're not influenced by these gifts, lots of studies show that they are. After all, companies would not invest millions of dollars in these giveaways if they didn't get something in return.

Do you see pharmaceutical representatives? If so, how do you interact with them?

If your clinician prescribes medication, he or she may be visited by representatives of pharmaceutical companies, or "drug reps." Drug reps can be an important source of information about safety, use, and cost of their medications. They may also provide your clinician with scientific studies about their medications, but these are often biased in favor of their drugs. Keep in mind that drug reps are not doctors and usually have little understanding of the biology of disease. If they are teaching your clinician how to use their drug (rather than the clinician looking it up him- or herself from an unbiased source), then your clinician may not be doing what is best for your particular case.

Are you Board-certified in your specialty?

Some doctors are "Board certified," meaning that they have passed a rigorous examination administered by the American Board of Psychiatry and Neurology to prove their mastery of knowledge in psychiatry. Being Board-certified is not necessarily a guarantee that the doctor is good, but it does mean that the doctor has put forth the

time and effort to learn a great deal about the diagnosis and treatment of mental illness.

Where, and for how long, have you been trained?

Most patients don't even think to ask about where their clinicians have been trained, and in psychiatry this can make a big difference. All psychiatrists have gone through medical school, and most have completed a four-year residency program. Some non-psychiatrist clinicians (like RNPs or ABPNs) have had fewer years of training. In addition to the length of training, the location of training is important. If your clinician has only worked in a Medicaid or insurance-based clinic, he or she may be more accustomed to short visits focused on medications. If your clinician was trained in a private academic hospital, he or she may have seen very complicated cases and has experience with state-of-the-art treatments. You are entitled to know where your clinician has worked and if you're uncomfortable with their experience, you may switch to a different provider.

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