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**TEXAS PROJECT TO LEAD THE WAY IN DEVELOPMENT
OF PSYCHIATRIC MEDICATION GUIDELINES**

DALLAS — October 2, 1997 — The state's top mental-health researchers and administrators are collaborating on a major new project — the first of its kind in the nation — aimed at establishing and implementing medication guidelines for treating psychiatric illness in those who rely on publicly funded resources for mental-health care.

Organizers of the effort say use of the guidelines could lead to substantial improvements in quality of care and clinical outcomes, along with cost predictability for patients.

UT Southwestern Medical Center at Dallas and the Texas Department of Mental Health and Mental Retardation (TDMHMR) are spearheading the new program, known as the Texas Medication Algorithm Project (TMAP). The effort was prompted by research findings throughout the nation that showed great variation in the medical treatments administered to patients with severe and persistent mental illness.

"Those of us involved feel the project holds tremendous promise in improving the care of those with chronic mental illness," said Dr. Kenneth Altshuler, chairman of psychiatry at UT Southwestern.

Currently, as a patient moves from clinic to clinic and each doctor treats patients according to his own training, the same patient is often treated differently by different doctors. TMAP has proposed developing medication decision trees, or algorithms, to guide the treatment of patients with severe and persistent mental illness.

"This major collaborative project holds great promise for improving services and quality of life for individuals with severe mental illness by decreasing some of the variation in psychiatric medication practice," said Don Gilbert, commissioner of TDMHMR, who is helping to oversee the project. "Less than a decade ago, doctors treating psychiatric disorders

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had few medication choices. Now there are dozens of breakthrough medications. These clinical algorithms will enable physicians to stay current and make well-informed decisions for optimal benefit to the patient."

Algorithms have never been tested in the treatment of the mentally ill. "Medication algorithms, maintained up-to-date and informed by the availability of new, effective and often better-tolerated pharmacological treatments could increase the quality of treatment and its cost-effectiveness by directing resources more accurately and reliably," said Altshuler, holder of the Stanton Sharp Distinguished Chair in Psychiatry.

TMAP intends to develop, test and evaluate the clinical and economic impact of using medication algorithms in the management of public-sector patients treated for schizophrenia, major depression and bipolar disorder. If the algorithms prove effective, TDMHMR will incorporate them as required guides to treatment and establish a method for continually updating them.

"The intention is to inform and guide practice by the best science available, and, therefore, enhance the care of patients in the public charge," said Dr. Steven Shon, medical director of TDMHMR and co-chairman of the TMAP Steering Committee with Altshuler.

Phase 1 of the project convened consensus conferences of experts to design the guidelines. In these conferences, expert opinion derived from clinical science was modified for practicability by input from patients and families and by the physicians providing public-sector care.

Phase 2 involved field-testing the algorithms at 15 pilot sites in community mental-health centers, and state and local hospitals throughout Texas to assess feasibility of their application, user-friendliness and validity.

Phase 3, commencing this fall, will implement the algorithms in a number of rural and urban clinical sites and will include patients in each illness category sufficient to determine the algorithm's cost-effectiveness. Success will be measured by comparing changes in the intensity of symptoms and level of function and the costs of treatment in patients receiving guideline-aided treatment and those under treatment-as-usual conditions.

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The New Jersey-based Robert Wood Johnson Foundation has donated \$1.8 million to UT Southwestern to support TMAP. An additional \$719,000 was pledged by the Dallas-based Meadows Foundation. TDMHMR has guaranteed the remaining funds for the \$5.6 million project, while further outside help is sought.

Mental-health experts from throughout the United States have expressed their support for the project. "The state of Texas is fortunate to have this project arising within its borders," said Dr. Anthony F. Lehman, professor of psychiatry and director of the Center for Mental Health Services Research at the University of Maryland. "The rest of the country will watch with great interest."

Along with UT Southwestern and TDMHMR, UT Health Science Center at San Antonio, UT Health Science Center at Houston, UT Medical Branch at Galveston, Texas Tech University Health Sciences Center and UT Austin's College of Pharmacy are participating in the program.

Dr. A. John Rush, vice chairman for research in psychiatry at UT Southwestern and holder of the Betty Jo Hay Distinguished Chair in Mental Health and the Rosewood Corporation Chair in Biomedical Science, is project co-director with Shon. The two, along with Dr. Lynn Crismon, professor of pharmacy at UT-Austin — who also assisted in writing the grant — have crisscrossed the state innumerable times to develop the cooperation of participating community mental-health centers and the research sophistication necessary for the project to work. Dr. Marcia Toprac and Dr. William Rago of TDMHMR also have contributed to the development, management and success of the project thus far, Altshuler said.

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