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Combining Psychotherapy and Pharmacotherapy

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Combining Psychotherapy and Pharmacotherapy

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INTRODUCTION

Psychotropic medications and psychotherapy both have been deemed efficacious in the treatment of patients with mental health disorders. Current neurobiological evidence demonstrates that both psychotropic medications and psychotherapy produce lasting biochemical and structural changes.¹ Studies examining treatment outcomes have recently focused on the use of combined treatment. In combined treatment, the word *combined* does not refer to a combination of various psychotropic medications but rather the use of pharmacotherapy combined with psychotherapy. Combined treatment also is often referred to as collaborative treatment, concurrent treatment, shared treatment, parallel treatment, multidisciplinary care, and medical psychotherapy.²

Two general models of combined treatment exist: integrated treatment, in which a solo practitioner provides both the psychotherapeutic and pharmacotherapeutic facets of care; and split treatment, in which medication is provided by a physician (not necessarily a psychiatrist) and psychotherapy is provided by a non-medical mental health provider. The definition of pharmacotherapy in clinical studies often implies that the prescription of psychotropic medications occurs in isolation, thus making the comparison of this single modality treatment with combined treatments difficult. In the following pages, we examine the use of combined therapy in various mental health disorders and discuss challenges to both the integrated treatment and split treatment models of combined treatment.

OVERVIEW OF COMBINED TREATMENT

Hollon and Fawcett,³ in their discussion of combined treatments for mood disorders, outlined 4 mechanisms by which combined treatments for any psychiatric illness may confer superiority over monotherapy with either medication or psychotherapy: (1) speeding and/or enhancing the magnitude of clinical response, (2) in-

creasing the probability of response, (3) enhancing the breadth of the clinical response (because each modality has certain strengths and weaknesses, their combination may be complementary, thus providing better results than either modality alone), and (4) enhancing the acceptability of treatment. Pharmacotherapy has been shown to work more rapidly than psychotherapy in the treatment of major mental illness, whereas psychotherapy generally takes longer but often produces longer lasting effects.³ The hypothesis that combined treatment may increase the likelihood of a patient's response has led clinicians to initiate both treatment modalities simultaneously. Given the potentially higher costs of combined treatment, sequential use of combined treatment has recently been investigated and additional research is ongoing.⁴ Sequential treatment is a way to increase the probability of response by adding one modality (ie, medication, therapy) to the other modality in patients who have significant residual symptoms. It is well recognized that patients who achieve only partial remission of symptoms have increased resistance to future treatments, greater likelihood of relapse, and greater morbidity than do those who achieve full remission of symptoms.^{5,6} Current literature suggests that combined treatment with psychotherapy and pharmacotherapy enhances the acceptability of treatment, which leads to increased compliance with treatment and medication.⁷⁻¹⁰

Historically, there has been resistance to the use of medications as part of psychoanalytic therapy. Critics have insisted that psychotropic medications taint the psychodynamic process by decreasing the patient's ability to gain access to affective states necessary for change and, as a corollary, by decreasing the patient's engagement in the psychotherapy.¹¹ These critics have felt that psychotropic medications encouraged magical thinking and symptom substitution and interfered with technical aspects of therapy. Opponents also have made the

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