

Re-thinking the names of mental health medications

Drug class names can further perpetuate stigma, confusion and shame for patients experiencing mental health conditions

TORONTO, November 12, 2019 – While strides have been made to implement patient-centred language within healthcare, the terminology used to describe drug therapies lags behind – particularly for mental health conditions. A commentary published today in *BMJ Opinion*, calls on clinicians to re-think the language they use when describing medications and diseases with their patients.

The authors, Mina Tadrous, PharmD and PhD, and Kaleen N. Hayes, PharmD, maintain that the next step in modernizing clinical jargon is to separate drugs classes from their use for treating a particular disease. Most notably, actively appreciating the words they choose when there is stigma associated with the type of medication.

“As pharmacists, we often see how drug class names create patient confusion and further perpetuate feelings of shame during counselling,” said Tadrous, scientist at the Women’s College Hospital Institute for Health Systems Solutions and Virtual Care (WIHV) and Women’s College Research Institute (WCRI). “For example, patients experiencing depression often don’t understand why their physician would prescribe them an antipsychotic or for those with pain it may be unclear why they were prescribed an antidepressant.”

While this issue is not new, clinicians continue to use problematic terminology in their everyday practice. Rather than waiting for new nomenclature systems or the overhaul of existing ones, Tadrous and Hayes suggest a simpler solution. They are advocating for clinicians to immediately avoid using indication-based drug names like “antipsychotic” or “antidepressant” and instead use more patient-friendly pharmacological language.

The authors highlight that clinicians already use simplified language when describing a drug’s effects and rely on more patient-friendly terminology when treating other conditions. For example, beta-receptor antagonists used to treat hypertension are typically referred to as “beta-blockers” with patients. Similar language can be applied for mental health conditions such as partial serotonin blocker or serotonin regulator.

“By adapting and modernizing our language surrounding drug therapies in clinical settings we can help improve patients’ understanding of their medications and enhance shared decision making,” said Hayes, a pharmacist and PhD candidate at the University of Toronto Dalla Lana School of Public Health. “These changes will help clinicians meet the needs of their patients, without needlessly perpetuating the stigma around mental health.”

The full commentary is available online at: <https://blogs.bmj.com/bmj/2019/11/12/name-game-call-change-psycho-pharmacological-nomenclature-clinical-practice/>

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We are transforming the patient experience, creating new models of virtual care to improve access, pioneering system solutions that drive efficiencies and leading world-class research. As an academic hospital, fully affiliated with the University of Toronto, we are training the healthcare providers of the future.

The WCH Institute for Health System Solutions and Virtual Care (WIHV) is developing innovative approaches and virtual care solutions to improve critical issues such as wait times, variation in quality of care and the optimization of services.

Our world-class Women's College Research Institute (WCRI) is bringing a sex and gender lens into health research, so that the known gaps in diagnoses and clinical treatments for women can be fixed. Our researchers are uncovering breakthrough discoveries that are transforming knowledge and practice.

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