An educational session on tardive dyskinesia increased patients’ knowledge at 6 months without affecting compliance or clinical stability


Question
Does an educational intervention designed to teach patients with psychosis about the risk for tardive dyskinesia increase their knowledge without affecting their compliance and clinical stability?

Design
Randomised controlled trial with 6-month follow-up.

Setting
6 community mental health teams and 1 rehabilitation team in southwestern London, UK.

Patients
56 patients who had a functional psychosis according to the 10th revision of the International Classification of Disease, were clinically stable, lived in the community, and received antipsychotic drugs for 2-6 months. Patients were excluded if they were prescribed clozapine or if they were hospitalised. Follow-up was 95%.

Intervention
Patients were allocated to an educational session (n = 28) or to a control group at 6 months (mean increase 3.5, P < 0.001 for the education group, mean increase 1.3, P = 0.013 for the control group). The increase in mean scores was greater for the education group than for the control group (P = 0.002).

Main results
No differences existed in the number of patients who relapsed, who did not comply, or who required an increased dose of antipsychotic drugs. Changes in knowledge were measured using a 16-item questionnaire that included questions about extrapyramidal side effects, tardive dyskinesia, and the risks and benefits of antipsychotic drugs.

Main outcome measures
Clinical outcome measures were relapse, noncompliance, and need for increased dosage of antipsychotic drugs. Changes in knowledge were measured using a 16-item questionnaire that included questions about extrapyramidal side effects, tardive dyskinesia, and the risks and benefits of antipsychotic drugs.

Educational session vs no educational session at 6 months in patients with a functional psychosis

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Education</th>
<th>Control</th>
<th>RRR (95% CI)</th>
<th>NNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relapses</td>
<td>7%</td>
<td>12%</td>
<td>40% (-178 to 87)</td>
<td>Not significant</td>
</tr>
<tr>
<td>Noncompliance</td>
<td>7%</td>
<td>0%</td>
<td>Not significant</td>
<td>Not significant</td>
</tr>
<tr>
<td>Increased dosage</td>
<td>7%</td>
<td>0%</td>
<td>Not significant</td>
<td>Not significant</td>
</tr>
</tbody>
</table>

*Abbreviations defined in Glossary; RRR, NNT, RRI, NNH, and CI calculated from data in article.

Commentary
Although it is standard practice in North America to inform patients about the risk for tardive dyskinesia, this has not been the case in the United Kingdom where concerns persist that informing patients will lead to noncompliance and relapse. Chaplin and Kent have shown that educating patients who are taking antipsychotic medication about the risk for tardive dyskinesia did not result in these adverse events.

How generalisable are their findings? It is not surprising that providing information about tardive dyskinesia to a sample of stable outpatients had no effect on compliance. This might not be the case with patients who are acutely ill or whose compliance is known to be marginal.

What were patients told about tardive dyskinesia? Chaplin and Kent state that tardive dyskinesia occurs in 20% of patients receiving long-term antipsychotic treatment. More recent evidence suggests that 5% of patients develop tardive dyskinesia per year of treatment resulting in a cumulative incidence of approximately 50% after 10 years of treatment (1); the incidence in elderly patients is estimated at 26% in the first year alone (2). Whether having this information would have affected compliance is not known.

We cannot conclude from this study that the safety of the intervention and the control conditions were equivalent but only that a difference could not be detected. A study of much larger size would be needed to show that the intervention does not result in a substantial decrease in compliance. Chaplin and Kent have shown that stable outpatients with psychotic disorders can learn about tardive dyskinesia. No compelling evidence exists to suggest that gaining this knowledge will jeopardise compliance.

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References
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