

Choosing the right medication

when someone lacks insight



Xavier Amador, PhD

The message light on my answering machine was blinking. I hit the play button and heard, “Xavier, I am calling because Henry missed his appointment for his Prolixin injection today. Please ask him to give me a call to reschedule.”

It was my brother’s case manager, Patricia. Henry and I had met with her after his last hospitalization, and he agreed that she could call me if he missed one of his appointments. It was 1989, I was living in New York City, and Henry was in Tucson, Arizona.

In the previous 12 months he had not been admitted to the hospital even once, whereas in the past, he had been in and out of the psychiatric ward about four times a year. I believe now, as I did then, that he had done so much better for several reasons: the therapist he was working with, the change in the way I was talking to him [See “Involuntary commitment: Rebuilding trust after feelings of betrayal,” *Schizophrenia Digest*, Fall 2007], and most importantly, the kind of medication he was on.

The benefit of injectable meds

During his last hospitalization, I lobbied hard to convince Henry to try a long-acting injectable medication because I had seen how much it helped so many others who had also been labeled “revolving-door” patients (or “frequent flyers”). About one-half of all people with schizophrenia

have anosognosia (a severe lack of insight into having a mental illness) and are typically not willing to take medicine, or if they do take it, do so sporadically. Henry was one of them, and the anosognosia led him to stop taking the medicine more times than I can count.

At the time of Patricia’s phone call, long-acting injectable—or depot—medicines were typically prescribed only to individuals being treated involuntarily in the hospital. The rationale was simple: This person has a history of not believing he is ill and he stops taking his medicine when he leaves the hospital. Consequently, we’ll give him something that will last for two weeks at a time. And if he stops taking the medicine (e.g., he misses an appointment for the injection), we will know and we will be able to reach out to him.

Before Henry agreed to the injections, he would typically promise that when he was released from the hospital he would continue to take his medicine. In fact, he did just what any one of us would have done if we believed we’d been wrongfully forced into a hospital and treated for an illness we didn’t believe we had. We would tell the doctors and our worried family members what they wanted to hear: “I see now that I am sick and need to take the medicine.” And that’s what Henry did.

Being dishonest with loved ones who are pushing you to take medicine and allying themselves with the psychiatrists who are convinced you are “crazy” is—I’m sure—a terrible and lonely predicament to be in. Before I learned how to listen to my brother, I felt angry and betrayed whenever he reneged on his promise. But after learning what it was like for him to have to hide pills and lie, after hearing how humiliated and bad he felt about being

