

# Attitudes of health professionals towards prescribing psychodrugs

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## Summary

The development of psychodrugs has been an important advancement in the treatment of mental illnesses. However, they are not yet well accepted by the patients and their families.

Most of the population has little or no knowledge of their efficacy, and the negative experiences of some patients have contributed to consider them as dangerous drugs which cause addiction.

Various studies report the negative image of psychodrugs, indicating that they are tranquilizers with dangerous side effects.

There are very few studies on the opinion of health professionals regarding these drugs. Therefore, this study analyses the attitudes of psychiatrists, psychologists and not psychiatric doctors towards psychodrugs, as well as their preference of psychodrug or psychotherapeutic treatments for several mental illnesses.

Results show, in general, that the combination of these two types of treatments is preferred by psychiatrists and not psychiatric doctors, while psychologists prefer only psychotherapeutic treatments for some pathologies.

**Key words:** Psychodrugs, attitude, positive and negative aspects.

## Resumen

El desarrollo de los psicofármacos ha representado un avance importante en el tratamiento de las enfermedades mentales. Sin embargo éstos no han sido bien aceptados por los pacientes y sus familiares. La población en su mayoría no tiene conocimientos sobre su eficiencia, y las experiencias negativas dadas por otros pacientes contribuyen a que sean considerados como medicamentos peligrosos que provocan dependencia. Los estudios reportan que existe una imagen negativa de los psicofármacos, refiriendo, en general, que son tranquilizantes y que tienen efectos secundarios peligrosos. Hay pocos estudios sobre la opinión de los profesionales de la salud, por lo que en este estudio se trató de analizar la actitud hacia los psicofármacos de los profesionales de la salud: psiquiatras, médicos no psiquiatras y psicólogos, así como la preferencia de tratamientos farmacológicos o psicoterapéuticos para las diferentes enfermedades mentales, indicando, en general, que existe preferencia por la combinación de tratamientos y sólo el grupo de psicólogos se inclina únicamente por el tratamiento psicoterapéutico en algunas patologías.

**Palabras clave:** psicofármacos, actitud, aspectos positivos y negativos

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## Antecedents

The development of psychodrugs since 1950 has represented an important advancement in the treatment of mental illnesses. The increased efficiency and efficacy of psychodrugs with less side effects are actual facts, however these drugs have not been well accepted by the patients and their families, thus producing a negative effect in the patients cooperation during the psychodrug treatment of their illness, which results in lack of therapeutic adherence.

Psychiatrists are forced to treat their patients in a negative atmosphere produced by the rejection of the patients and the general population towards the prescription of psychodrugs in spite of the great efforts made in order to increase the interest and the confidence of patients in these drugs by giving them information based on clinical studies showing their efficacy.

The negative attitude of patients towards these drugs has been dully explained to be caused by their poor knowledge on the efficacy of these drugs and the negative results they have experienced with them.

People think that they are dangerous drugs which may cause dependence, and mass media contributes to the reinforcement of this desinformation.

There are very few studies on the image of psychodrugs. In two studies of Nunally (1), in 1961, and in one of Schneider and Quiser (2), they concluded that the mass media's stereotype of mental illness is made without a firm knowledge thus resulting in negative information on psychodrugs.

It has been observed that the attitude of the patients' family and friends, and even that of other patients having used psychodrugs, contributes to the patients' withdrawal from treatment, even if they have already obtained information from their physician and benefit from the drug. Van Putten's (3) study showed that as many as 80% of the patients refuse to use them, while others accept them in the hope of improving, but the general public (their families and other patients) contributes to their decision of keeping up with the treatment or abandoning it.

Manheimer et al (4) studied public opinion and found a negative image of psychodrugs, specially on the dangerous side effects of tranquilizers which may cause dependence. People consider that they should only be used in serious mental illnesses, such as psychosis,

but not in the milder ones, such as depression and anxiety, which would benefit more from psychotherapy.

Hillert et al (5) revised all articles published in 19 newspapers in Germany from August, 1991 to July, 1992. They found that 50% of them stated that psychodrugs have important side effects, specially neurologic, vegetative and addictive ones. Only 9% of the articles mentioned their therapeutic advantages. In another study (6) they found that journals mainly read by women tell about important people having negative reactions after using psychodrugs, even though they were not necessarily caused by these drugs, thus negatively influencing the reader on the consequences of using them. In general, these journals never mention patients being benefited by pharmacologic treatments.

Benkert et al (7), in a sample of 2,176 subjects of the general population, who participated in "Mainz" interdisciplinary study, found that 6% had used psychodrugs, 41% had known a mental patient who had taken them and 83% of them had listened or watched radio, newspapers, journals and TV reports in which information on psychodrugs had been given. Most of the people interviewed gave negative opinions because mental illness was related with legal problems and drug dependence, so they considered psychodrugs should only be used in these cases. It was also observed that most of the people interviewed did not want to talk about this matter.

Mass media was the only source of information on mental illnesses and their treatment for 70% of the interviewed subjects, who had never read a scientific report. There is more publicity in the mass media on psychodrugs than on other types of drugs, probably due to the fact that people is very afraid of mental illness. They conclude that people think mental illnesses only disappear if patients refuse to take the drug, or if they use other types of treatments, such as psychotherapy or alternative medicine.

Benkert et al (8) also found in this same "Mainz" study that the negative attitudes towards psychodrugs were due to the general belief that they are tranquilizers which only improve the symptoms; that they have important side effects, such as drug dependence; that they only hide the patients' actual problems; that mental illness is the result of unresolved interpersonal conflicts which psychodrugs cannot solve. It is said that psychiatric illness is different from physical illness because it threatens the personality, the self-control and the self-esteem of the individual. However, they have no prejudice against taking drugs when treating physical illnesses. In this study the authors found that 42% of those interviewed considered that psychodrugs should only be used in very serious cases, but not in mild ones.

The secondary effects of psychodrugs are clearly pointed out, while drugs used in physical illnesses, even if they cause side effects, are well accepted. The interviewed sample considered psychodrugs as abuse drugs that cause addiction, and not as drugs controlling the symptomatology of mental illnesses.

Angermeyer et al (9,10,11) studied the opinion of medical students regarding psychodrugs and found they have a more favorable attitude towards them than the general population. Medical students, however, point out their therapeutic limitations and their collateral ef-

fects, showing a better knowledge of the drugs acting on the mind. Hillert et al (12) found that their attitude towards these drugs differ during the first years of their career—it is then closer to that of the general population—from their attitude during the last years, when it is more positive than before. These are the only attitudinal reports on psychodrugs in health professionals.

## **Justification**

In the revised bibliography, the negative attitude towards psychodrugs is the common denominator among the general population; there are no reports on the attitudes of health professionals. The purpose of our study is exploring the attitudes of health professionals: psychiatrists, non psychiatric physicians and psychologists towards psychodrugs.

## **Method**

### *Objective*

1. To describe the attitude of health professionals (psychiatrists, non psychiatric physicians and psychologists) towards psychodrugs.
2. To describe the professionals, preferred treatment for mental illnesses.
3. To describe the reasons for adhering to the treatment when psychodrugs are prescribed.

### **Type of investigation**

This is a descriptive, transversal, comparative and prospective study.

### *Variables*

#### *Independent variables*

Specialty of the health professionals:

- Psychiatry
- Non psychiatric medicine
- Psychology

#### *Dependent variables*

*The preferred treatment for mental illnesses:*

- Pharmacologic
- Psychotherapeutic
- Both

*Subjects were interviewed on the following mental illnesses:*

- Depression
- Schizophrenia
- Anxiety
- Bipolar dysfunction
- Epilepsy
- Drug dependence
- Alcoholism
- Obsessive-compulsive disorder
- Phobias

- Personality dysfunction
- Eating disorders

#### Attitudes towards psychodrugs

An attitudinal scale consisting of 27 ordinal items of the Lickert type was elaborated. After applying it to the studied population a psychometric analysis was made, which consisted in:

1. Determination of the item's discrimination. It was calculated by means of the item-total correlation. The analysis showed that three items had a low discriminating power, therefore they were eliminated from the scale.
2. Determination of the factorial structure of the scale. A factorial analysis was made by the main components method with varimax rotation and factor number determination by the Scree de Kuder's method. This analysis generated three orthogonal factors explaining 38.9% of the total variance. One of the items did not charge in any factor, therefore it was also eliminated.
3. Confirmation of the factorial structure. The factorial structure found was confirmed by structural analysis by using the AMOS program, 6.2 version. The three factors adjusted with  $c^2/gl = 1.557$ , the adjustment method AGFI = 82.1%, adjustment by square minimums RMSEA = 0.058 with 0138 restricted p. The structure is considered valid.
4. Determination of internal consistency. Cronbach's coefficient was used, resulting in  $\alpha = 0.7976$ .
  - I. Positive aspects of psychodrugs. These aspects refer to the affirmation that psychodrugs are efficient, that they actually benefit patients and that they are a good therapeutic alternative.
  - II. Negative aspects of psychodrugs. These aspects refer to the affirmation that psychodrugs are inefficient, that they cause more damage than benefits and that they only soothe the patients, etc.
  - III. Aspects on the prescription of psychodrugs. It refers to its abuse, to the patients' lack of information and to its cost.

#### Attitudes of the interviewed professionals towards the prescription of psychodrugs.

Their attitude was evaluated by means of two range ordering items. Before each question the professional was asked to put in order the different answers to each questions according to the importance of each option.

#### Subjects

Subjects were asked to be interviewed by direct invitation, and their answers were anonymous. 191 psychiatrists, non psychiatric physicians and psychologists were interviewed. The sample distribution is shown in table 1. The sample showed significant differences when distributed by gender, working place, researcher status and age. 84.4% of the psychologists were women while only 31.3% of the psychiatrists were women; 34.8% of the non psychiatric physicians were females [ $\chi^2 = 30.3$ ;  $P < 0.001$ ]. As for their working place it was found that 57% of the psychiatrists work at their private office, while most non psychiatric physicians and psychologists work at a public institution (77.8% and 66.7%, respectively) [ $\chi^2 (4) = 41.0$ ;  $p < 0.001$ ]. The psychiatrists' mean age was 38.6; non psychiatric physicians' mean age was 31.9, and psychologist's mean age was 30.4 years, with a significant difference of [ $F (2,189) = 14.3$ ;  $p < 0.001$ ].

#### Statistical analysis

1. Qualitative sociodemographic variables were analyzed by means of  $\chi^2$  contrasts for independent groups; for quantitative variables ANOVA analysis was used.
2. The preferred treatment for mental illnesses was analyzed by means of  $\chi^2$  contrasts for independent groups.
3. Attitudes towards psychodrugs were compared through simple ANCOVA, using age as covariable.
4. The attitudes of the patients of the interviewed professionals towards the prescription of psychodrugs was analyzed in each one of its two items by using

**TABLE I**  
Frequencies for socio-demographic variables of each study group (%) (n) for categorical data  $\bar{X} \pm s$  and for continuous data

	Psychiatrist n = 112	Non Psychiatrist n = 46	Psychologist n = 33	Significance
<b>Gender</b>				
Females	31.1 (36)	34.8 (16)	84.8 (28)	$\chi^2 = 30.3$ ; $< 0.001$
Males	67.9 (76)	65.2 (30)	15.2 (5)	
<b>Working Place</b>				
Private Office	57.1 (64)	15.6 (7)	24.2 (8)	$\chi^2 = 41.0$ ; $< 0.001$
Private Institution	5.4 (6)			
Public Institution	37.5 (42)	77.8 (35)	66.7 (22)	
Other		6.7 (3)	9.1 (3)	
<b>Age</b>	38.6 $\pm$ 9.9	31.9 $\pm$ 8.3	30.4 $\pm$ 8.7	F = 14.3; $< 0.001$

**TABLE 2**  
**Percentages of the preferred treatment for the different dysfunctions by each group of health professionals.**

Disorder	Pharmacotherapy			Psychotherapy			Pharmacotherapy and Psychotherapy			$\chi^2$ Significance
	Psychiatrists	Non Psychiatrists	Psychologists	Psychiatrists	Non Psychiatrists	Psychologist	Psychiatrists	Psychiatrists	Non Psychologists	
Depression	3.7	4.4	0.0	0.9	8.9	21.9	95.4	86.7	78.1	19.4; 0.001
Schizophrenia	58.7	60.9	34.4	0.0	0.0	0.0	41.3	39.1	65.6	6.8; 0.034
Anxiety	11.1	6.8	3.1	3.7	31.8	40.6	85.2	61.4	56.3	33.8; <0.001
Bipolar disorder	58.3	43.2	36.7	0.0	4.5	6.7	41.7	52.3	56.7	10.6; 0.031
Epilepsy	65.5	90.9	73.3	0.0	0.0	6.7	34.5	9.1	20.0	21.3; <0.001
Drug dependence	3.8	0.0	6.7	16.2	44.4	56.7	80.0	55.6	36.7	27.1; <0.001
Alcoholism	2.8	0.0	0.0	18.3	68.2	59.3	78.9	31.8	40.7	41.1; <0.001
Obsessive-compulsive disorder	14.4	13.3	9.7	1.8	28.9	45.2	83.8	57.8	45.2	43.2; <0.001
Phobias	5.5	4.8	0.0	10.9	52.4	67.7	83.6	42.9	32.3	50.7; <0.001
Personality disorder	0.9	4.5	0.0	55.1	56.8	71.9	43.9	38.6	28.1	5.8; 0.207
Eating disorder	0.9	2.3	0.0	10.0	55.8	61.3	89.1	41.9	38.7	51.0; <0.001

Thurstone's described dimensional analysis procedure by associated pairs.

## Results

Preference for the different treatments showed significant differences between the three studied groups in all mental illnesses ( $p < 0.05$ ) except in personality dysfunction ( $p > 0.20$ ). The percentages and significances of each group, and the preferred treatments are shown in table 2.

All three groups considered the combination of pharmacologic and psychotherapeutic treatment preferable for depression, however, 21% of the psychologists were in favor of psychotherapy only. This percentage is much higher than that of psychiatrists (0.9%) and non-psychiatric doctors (8.9%).

As for schizophrenia, psychiatrists and non-psychiatric doctors prefer pharmacologic treatment, but psychologists (65.6%) consider that the combination of both treatments is preferable.

Psychiatrists (58.3%) prefer pharmacologic treatment for bipolar dysfunction, while psychologists and non-psychiatric doctors prefer a combination of both treatments.

The three studied groups consider that the combination of both treatments for anxiety and obsessive-compulsive dysfunction is advisable. However, psychologists prefer psychotherapy.

The three groups prefer the pharmacologic treatment for epilepsy. The higher percentage of professionals preferring this treatment is the one of nonpsychiatric doctors (90.9%). However, some psychiatrists and psychologists believe that the combined treatment is better.

For drug-dependence and alcoholism psychiatrists and non-psychiatric doctors (65.7%) advise using both treatments, while psychologists (59.3%) prefer using only psychotherapy.

As for phobias and eating disorders, most psychologists markedly prefer only psychotherapy (for phobias 67.7% and for eating disorders 61.3%). Non-psychiatrists also prefer this type of treatment, though in a lower proportion (for phobias 52.4% and for eating disorders 55.8%). Psychiatrists prefer a combination of both (for phobias 83.6% and for eating disorders 89.1%).

All three groups prefer a psychotherapeutic treatment for personality dysfunction (psychiatrists 55.1%, non-psychiatric physicians 56.8% and psychologists 71.9%).

Attitudes towards psychodrugs were evaluated for each one of the three scale factors: attitudes towards their negative aspects, and attitudes towards their positive

aspects and their prescription. The totals of each factor refer to the number of items. In this way, 5 corresponds to the most favorable, and 1 to the most unfavorable.

As for the negative aspects, significant differences were found among groups [ $F(2,189) = 25.7$ ;  $p < 0.001$ ]: Psychiatrists media was  $4.01 \pm 0.05$  points, while psychologists media was  $3.18 \pm 0.08$  points, which means that psychiatrists believe in the therapeutic benefits of psychodrugs, that is, psychiatrists believe that psychodrugs are efficient and are a good therapeutic alternative, while psychologists believe that they cause more injury than benefit. Non-psychiatric doctors showed an intermediate attitude ( $3.66 \pm 0.08$ ).

Results on the positive aspects of psychodrugs also showed significant differences between groups [ $F(2,189) = 26.4$ ;  $p < 0.001$ ]: psychiatrists obtained a  $4.15 \pm 0.05$  media, while the media obtained by psychologists was  $3.50 \pm 0.09$  points, which means that psychiatrists accept their positive aspects while psychologists deny the benefits of these drugs. Non-psychiatric physicians showed a similar attitude ( $3.65 \pm 0.08$ ) towards psychodrugs to that of psychologists.

There were no differences in the attitudes of the three groups towards the prescription of psychodrugs [ $F(2,189) = 0.702$ ;  $p < 0.497$ ]. The three groups agreed that there is an inadequate prescription of these medications, with a mean between  $2.41 \pm 0.10$  for psychologists and  $2.60 \pm 0.07$  for psychiatrists (table 3).

The patients' acceptance of psychodrugs, according to the opinion of the interviewed professionals, was evaluated through two ordered items by ranges in five hierarchies. Physicians point out that patients accept psychodrugs, in the first place, "without being too convinced" (58.6% frequency in hierarchy I). This concept was assigned a scaling value of 100. In the second place, patients readily accept their doctor's prescriptions (32.3% in hierarchy I, and 25.3% in hierarchy II) with a scaling value of 68. In the third place, patients accept these drugs, but don't use them (35.4% in hierarchy II, and 49.5 in hierarchy III), with a scaling value of 61, which is attitudinally close to that of the second place. In the fourth position we have the perception that patients refuse to use psychodrugs (55.6% in hierarchy IV), and its scaling value is 43. The last position corresponds to patients who never came back (79.8% in hierarchy V), with an scaling value of 0.

Item two refers to the attitude of patients towards the prescription of psychodrugs. Their fear to become drug-dependent occupied the first place (58.6% frequency for hierarchy I). This concept received an scaling value of 100.

**TABLE 3**  
Attitudes towards the prescription and use of psychodrugs ( $\bar{X} \pm s$ , most favorable attitude 5, less favorable attitude 1)

	Psychiatrists	Non Psychiatrist	Psychologist	F; significance
Negative aspects	$4.01 \pm 0.05$	$3.66 \pm 0.08$	$3.18 \pm 0.08$	25.7; <0.001
Positive aspects	$4.15 \pm 0.05$	$3.65 \pm 0.08$	$3.50 \pm 0.09$	26.4; <0.001
Prescription	$2.60 \pm 0.07$	$2.47 \pm 0.08$	$2.41 \pm 0.10$	0.702; 0.497

ANCOVA with age as covariable.

**TABLE 4**  
**Acceptance hierarchy of the pharmacologic treatment by patients according to their doctor's opinion.**  
**Percentage of answers to each hierarchy and scaling value.**

Item	Hierarchy					Scaling value
	I	II	III	IV	V	
They accept but not too convinced	58.6	30.3	10.1	1.0	0.0	100
They accept without any objection	32.3	25.3	16.2	15.2	11.1	68
They accept them but they do not take them	0.0	35.4	49.5	13.1	2.0	61
They refuse to take them	8.1	8.1	21.2	55.6	7.1	43
They never return	1.0	1.0	3.0	15.2	79.8	0

The second place corresponds to patients who abandoned their treatment when advised by their family (29.3% in hierarchy II, and 26.3% in hierarchy III), with an scaling value of 42.

In the third place, patients abandoned their treatment due to the secondary effects. This aspect was distributed with a uniform frequency in the five hierarchies and obtained a scaling value of 29, which is attitudinally close to the fourth place.

In the fourth place are the patients who abandoned their treatment on the advice of other health professionals, with a scaling value of 16. The last place corresponds to patients who think that if they use these drugs they will lose control over their problems, therefore, they also abandoned their treatment (34.3% in hierarchy V), with a scaling value of 0.

### Discussion

Differences are observed in this study regarding the preference for each treatment and the different attitudes towards psychodrugs.

There is little agreement between the studied groups regarding the selected treatment for mental illnesses. However, psychologists differ more from psychiatrists and non-psychiatric doctors.

As was expected, psychiatrists have a better knowledge on psychodrugs, and they prefer to use them combined with psychotherapy in those illnesses in which this combination has proved to be the most efficient.

Psychologists were more in favor of psychotherapy as the main form of treatment, even in such illnesses as schizophrenia and depression, in which we know that psychodrugs play an important part in the patient's symptomatology, specially during the acute phase of the illness.

As for their attitude, psychologists agreed on the negative aspects of psychodrugs, but not in their positive aspects, as they consider these drugs could induce addiction and very important side effects. The differences in attitudes may be explained by their limited knowledge on this subject, maybe due to their academic studies, among which formal pharmacologic courses are not included. Besides, psychologists are not continuously actualized on the scientific advances in the use of psychodrugs. This shows that physicians are diagnosing and treating patients with mental dysfunction while psychologists are not because of their undertraining. In the United States and in England, psychologists have tried to be trained on the administration of psychodrugs, but unfortunately they have failed precisely because of their lack of medical formation.

**TABLE 5**  
**Hierarchy of the patient's attitude towards pharmacologic treatment according to the opinion of their doctors. Percentage of answers to each hierarchy and scaling value.**

Item	Hierarchy					Scaling value
	I	II	III	IV	V	
Afraid of drug dependence	58.6	19.2	11.1	6.1	5.1	100
Family advised them not to use them	13.1	29.3	26.3	18.2	13.1	42
Because of side effects	17.2	19.2	17.2	22.2	24.2	29
Other health professionals advised them not to use them	5.1	20.2	26.3	25.3	23.2	16
Believe they will lose control over their problems	6.1	12.1	19.2	28.3	34.3	0

Besides, the clinical psychologist is not familiar with the supervised medical practice on psychiatric patients, as his academic studies tended towards the treatment of intra-psychic conflicts and not towards the treatment of psychiatric illnesses, while the psychiatrist is constantly receiving actualized information on the therapeutic aspects of psychodrugs, which allows him to prescribe them, as he has a deep knowledge of their benefits as well as of their possible adverse effects.

Physicians have observed that most patients accept using psychodrugs, though they might not be too convinced, which proves the need to provide patients with appropriate information on the therapeutic effects of these drugs, as well as on their possible side effects.

It should be pointed out that there is evidence of the lack of knowledge of non-psychiatric doctors on the adequate prescription of psychodrugs, therefore, we

should provide them with more information on the risks and benefits of these drugs.

The negative information provided by the mass media is responsible for the lack of adherence of the patients to the pharmacologic treatment, as they hope to be healed by alternativa procedures, such as psychotherapy and traditional medicine.

In order to improve the attitude of the health professionals towards psychodrugs, they should be provided with the minimum necessary information by means of continuous education programs, sponsored by psychiatric institutions and medical laboratories. This information should stress the benefits that may be obtained from a combined treatment of psychotherapy and pharmacology. In this way, non-psychiatric doctors and psychologists will be able to improve their collaboration in the treatment of the mentally ill patients.

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### RESPUESTAS DE LA SECCION AVANCES EN LA PSIQUIATRIA Autoevaluación

1. c
2. c
3. b
4. a
5. e
6. b
7. d
8. c
9. c
10. c
11. e
12. e