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THE ROLE OF PSYCHODYNAMIC AND PERSONALITY ASSESSMENT IN PSYCHOPHARMACOTHERAPY OF SUICIDAL PSYCHOTIC PATIENTS

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SUMMARY

Optimal psychopharmacotherapy is based upon the results of many different factors. One of the main factors is therapeutic alliance. The role of psychodynamic is very important in the context of good therapeutic alliance. Lack of mentalizing capacity implies disturbed view of psychopharmacotherapy. Therapeutic relationship and optimal alliance offers the frame for acceptance of psychiatric drugs as positive and useful for psychological growth. Our literature search of a recent papers relating psychopharmacology and psychodynamic have revealed progress in psychoanalytic theory related to medication.

Key words: *psychodynamic – psychopharmacotherapy – mentalization - psychotic disorder - suicidal*

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INTRODUCTION

Psychotic disorder is one of the most challenging psychiatric disorders. Patients with psychotic symptoms are at high risk for suicidal ideation, non-fatal suicidal behaviors and suicide. Assesment and management of basic symptoms and personality traits is crucial for psychopharmacotherapy of psychotic patients. Patient's spectrum of personality traits play a larger role in the selection, dosage and outcome of psychopharmacotherapy. Transference and countertransference issuses are associated to psychopharmacological issue in the treatment of psychotic and suicidal patients (Gabbard 2003). Our recognition of psychodynamic and personality traits influenced our practice of psychopharmacotherapy as much as biological factors of psychotic disorder.

THE COMBINATION OF PSYCHOTHERAPY AND PHARMACOTHERAPY

New knowledge's has lead to more holistic treatment in psychiatry (Jakovljević 2008, 2017). The different forms of pharmacotherapy and psychotherapy appear to be equally effective for the suicidal patients. The combination of psychotherapy and pharmacotherapy seems to be more beneficial than pharmacotherapy alone, especially in severe cases. It is not unusual in clinical practice to start with monotreatment because not all treatment options are available. A sequential strategy may be used in patients who fail to respond. The addition of psychotherapy after nonresponse to pharmacotherapy for psychotic disorder has been studied. The psychotherapy was frequently added to prevent relapse after partially or fully successful pharmacotherapy. There are several factors that may have affected the validity of this relationship and that should be addressed. We need to take into account the influence of personality traits and factors or attitude towards treatment options and these may be associated with both the acceptability and efficacy of treatment strategies. Psychodynamic will utilize a mechanism by which psychopharmacotherapy modify construction of subjective experience utilizing the constructs of splitting, internal object representations, transference and countertransference, affect and personality traits. Rickles (2006) proposed that medication or any other alteration of the neurobiology of the brain can be described psychoanalytically by changes in:

- The increase/decrease utilization of defensive splitting and/or dissociation;
- Modulating the activation of primitive relational units used to defensively construct experience;
- Modify the matrix of the mind.

The interaction of psychodynamic on drug prescribing has been conceptualized in terms of transitional phenomena and placebo effects as well as other effects.

DOCTOR-PATIENT RELATIONSHIP

Our recognition of psychodynamic and personality traits influence our practice of psychopharmacotherapy as much as biological factors for suicidal patients. Whatever medications we prescribe, they are more effective when presented in optimal doctor-patient relationship. Our countertransference feelings should be constantly monitored and associated with possible problem of compliance regarding psychopharmacotherapy. There is a clear advantage of dual therapy

(psychopharmacotherapy and psychotherapy) because of mutual, bi-directional influences and adaptation of pharmacotherapy due to dynamic patterns of patient personality. From the standpoint of psychodynamic, persons with psychotic disorder have different basic personality traits which should be elaborated in the therapeuthic relationship and proces of prescribing medications. In our previous articles (Marčinko 2011, Marčinko et al. 2013, 2015) we have elaborated that mentalization and intersubjectivity theories have direct implications for clinical practice, and that the notion of the third is particularly useful in understanding what happens in the patient-doctor relationship.

PERSONALITY TRAITS AND PSYCHOPHARMACOTHERAPY OF SUICIDAL PATIENTS

Analysis of personality traits are part of creative psychopharmacotherapy. Our decisions about which psychiatric drugs to prescribe and how to prescribe them are often made on the basis of patients s personality traits. This mechanism is not usually recognised as target of psychopharmacotherapy. Most psychiatrists-psychopharmacologists have been directly influenced by psychoanalytic principles whether or not they had psychoanalytic educations. Suicidal psychotic patients are difficult to medicate because they oscillate and may vary in symptoms. Basic personality traits are different in the context of psychopharmacotherapy for suicidal patients. In order to explain mentioned personality types it is important to emphasize that these criteria are dimensional and should not be taken as rigid and static. Obsessive patients prefer measuring different side effects to discuss different emotions. Paranoid patients are suspicious and unlikely to be grateful even if pharmacological treatment is highly successful. Histrionic patients, as we had described in new book of our team (Marčinko et al. 2017) are highly suggestible and prone to somatizations. Patients with depressive personality traits may have little hope and pessimistic tendencies regarding expectations from psychopharmacotherapy. Narcissistic patients need to be "special" in the context of psychopharmacotherapy (Marčinko et al. 2015). They may be envious of what other patients are taking and demand the same from the doctor. The advice for narcissistic patients is to start prescribing with small doses with explanations that little adjustment of patient s essential perfection is necessary. Our previous paper (Marčinko et al. 2014) showed that narcissistic vulnerability exhibited unique positive correlations with depressive symptoms, whereas narcissistic grandiosity showed substantially weaker correlations with depressive symptoms. Rudan et al. (2016) analysed the concept of manic defences and their use in contemporary society which should be used in the context of modern psychiatry and psychopharmacotherapy. Koekkoek et al. (2006) analyzed the studies refer to four dimensions of difficult behaviors: withdrawn and hard to reach, demanding and claiming, attention seeking and manipulating, and aggressive and dangerous. The first category is found mostly among patients with psychotic disorders, the second and third mostly among those with personality disorders, and the fourth appears with both diagnostic groups.

MENTALIZING AND DIFFICULT PATIENTS

Mentalizing in treatment of suicidal patients is based on a growing body of evidence that points to mentalizing as the key to resilience (the ability to adapt successfully to adversity, challenges, and stress). By promoting resilience, mentalizing promotes coping with vulnerabilities, frequently presented in these patients. Suicidal patients have a problems in mentalizing in the face of negative stress resulting in increasing of symptoms. Fragile mentalizing leads to return of earlier psychological modes of function – teleological, psychic equivalence and pretend mode (Bateman & Fonagy 2004). Psychic equivalence mode includes mind-world isomorphism (mental reality = outer reality, internal has power of external). Self-related negative cognitions are too real. Pretend mode means that there is no bridge between inner and outer reality. Mental world has decoupled from external reality and linked with emptiness, meaninglessness and dissociation in the wake of trauma. Lack of reality of internal experience permits self-mutilation. Teleological stance are formulated in terms restricted to the physical world. A focus on understanding actions in terms of their physical as opposed to mental outcomes. Only action that has physical impact is felt to be able to alter mental state in both self and other. Physical acts as a self-harm are frequently presented. Deficit in optimal mentalization and incapability to reflect will easily turn the patient into a difficult patient. In our earlier papers (Marčinko 2011, 2013) we described that patients with personality disorders suffered from constitutional vulnerability. Failure to mentalize are in relationship to rigid and repetitive patterns of interaction. According to investigations many of personality and eating disorders patients have impaired activation and adjustment of the fight or flight system (a brain system that activates the psychological and neurohormonal responses triggered by signals of danger), also leads to the inhibition of mentalizing. Internal stressors (reflection of disturbed sense of self) are also inhibitors of optimal mentalizing. Lack of mentalizing capacity implies disturbed view of psychopharmacotherapy. Therapeutic relationship and optimal alliance offers the frame for acceptance of psychiatric drugs as positive and useful for psychological growth.

CONCLUSION

Contemporary psychiatry pays more and more attention to the patient's capacity regarding acceptance of psychiatric drugs. Understanding the basis of our treatment's effectiveness becomes more challenging especially for suicidal patients. The advantage of combined treatment over monopsychotherapy for suicidal psychotic disorder is clear. Contribution of psychodynamic in the context of prescribing medication very often is underestimated. Modern psychopharmacotherapy is consisted from many different integrating models, not only from biological dimension of medication. In my opinion, psychiatrists need to integrate psychodynamic principles in the context of psychopharmacotherapy. By including more psychodynamic considerations efficacy of medications should be improved.

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All authors contributed to the conception of this manuscript, the literature search, the interpretation of the obtained results, participated in drafting and revising the article critically.

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