



### ABSTRACT FORM

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<b>Title of the contribution/Titolo del contributo</b>	A shared decision-making program to improve antipsychotic drug treatment involving professionals, patients and families: a pilot study		
<b>Objectives/Obiettivi</b>	This study describes the first step of a project implemented in the Bologna Mental Health Department aiming to improve adherence rates to antipsychotic therapies and patients' satisfaction with care by using a Shared Decision-Making (SDM) approach involving patients, families and psychiatrists.		

**Contents-text/Contenuto-testo:**  
**Max. 400 parole/words**

SDM is defined as an interactive process that ensures that both patient and practitioner are actively involved in the treatment and that they share all relevant information in order to arrive at a mental health decision. While practitioners provide a professional expertise with information on the diagnosis, course of the illness, treatment options and potential side effects, patients are experts on their own needs, treatment preferences and goals. Working together with their unique competences, SDM can be conceptualized as an intermediate position on a continuum with clinician-led decisions at one end and patient-led decisions at the other end. In mental healthcare, SDM has been assessed as a promising treatment intervention with research studies indicating that SDM interventions may promote personal recovery, lead to more positive attitude towards medication, improve adherence with treatment, improve knowledge about the disease, lead to a higher perceived involvement in treatment decisions, promote patient activation in treatment consultations and may increase satisfaction with treatment decisions. Poor implementation of SDM across mental health systems is mainly due to certain barriers not caused by patients, who even in cases of severe mental illness have a positive attitude towards being involved in clinical decisions. Factors hindering SDM implementation are mainly related to healthcare provider's attitude and healthcare organization. An SDM-based program to

improve pharmacological treatment of schizophrenia has been set up in the Bologna Community Mental Health Centers (CMHC). The program was designed in collaboration with patients and family associations cooperating in the Bologna MHD and participating in the consultative committee called CUFO (Family, Users and Professionals Committee, in Italian). The SDM model of pharmacological treatment for schizophrenia implemented in the CMHC includes four specific actions:

1. In prescribing antipsychotic drugs, the clinicians share information with patients and relatives.
2. Side effects of antipsychotic treatments are monitored by a schedule that includes routine monitoring, and a patients' perceptions scale (Glasgow Antipsychotic Side-effect Scale).
3. Management strategies of side effects are discussed with patients and families. Collaboration with GPs is deemed a key component of the program.
4. If the agreement between the three parties is not reached, a second line of mediation is provided by the WG, organizing dedicated meetings with the three parties in order to manage persisting divergences. The study has a longitudinal interventional design (12 months) . Outcomes will be assessed after 6-months intervention. We present here the first data after 6 months of the study.