# A shared decision journey to bridge the gap between treatment recommendation and low adherence?

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CORRESPONDENCE

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Dear editor,

In their interesting editorial, Michael Davidson and Ofer Agid address the gap between guideline recommendations to prevent psychotic relapses with antipsychotic maintenance treatment and the low adherence rates in the daily clinical reality (Davidson and Agid, 2023). As rightly stated, poor judgement and lack of insight do occur, however these are not the main reasons for non-adherence. This vision can be underpinned by data showing that decision capacity is diminished in only a minority of patients with severe mental illnesses (Calcedo-Barba et al., 2020), and the clinical observation that decisions about discontinuation are often made in between and not during psychotic decompensations.

Shared decision making (SDM) on antipsychotic maintenance treatment remains a complex and delicate process each time again. Doctors and patients, and as an important third party, their informal caregivers (Schuster et al., 2021), balance risks, benefits and the burden of daily medication use differently. All three parties have different roles and involvements, personal experiences, and deliberations. Unfortunately, patients often feel not involved in the decision-making process as much as they would like (Haugom et al., 2022).

We would like to add an extra discussion element to the authors' explanation of the recommendations-adherence gap, related to specific characteristics of SDM in severe mental healthcare. It is not only the different *content* of the considerations or the different *balancing*, but also the different *temporal process* doctors, patients and caregivers undergo in adherence decisions. SDM may originally be conceptualized as 'switching moments', fixed moments in time where doctors and patients exchange preferences and options and decide collaboratively. This view corresponds well with 'static' one-time healthcare decisions, such as surgical operations, but the situation is fundamentally different in severe mental healthcare with long-term treatment courses and shifting circumstances. We believe that adherence decisions on this topic are shaped in a continuous process. Prescribing doctors tend to deliberate and decide in specific moments in their consulting rooms, while patients perceive their treatment more as a continuous journey with frequently recurring decisions in their daily lives. More importantly, treatment preferences and considerations may also evolve during the course of a treatment and the increase of experience (Gurtner et al., 2021). Hence, the lifetime of a shared decision on maintenance treatment is very unpredictable.

Viewed from a patient-centered care perspective, adherence to antipsychotics should not be regarded as willingness to obey a treatment recommendation but as the result of an ongoing 'trialogue'. We think that continuous monitoring and re-evaluating of preferences, values and expectations is a necessary approach to avoid consensus- decisions gradually turning into non-consensual decisions, finally resulting in non-adherence. Let us try to find ways to build effective long-term therapeutic relationships in the maintenance treatment phase in which we regularly update preferences, level treatment deliberations, and stimulate motivation. Consulting in a time-contingent modus operandi, not only reactive on symptoms- can be necessary step to avoid loss of contact and the immediate discontinuation of antipsychotics without tapering-off. SDM in severe mental healthcare means keeping close to the patient journey with the adage 'continuously re-evaluating shared decisions'.

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