Cultural Competence in Clinical Psychopharmacology

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The effects of culture and ethnicity on prescribing psychotropic drugs are often ignored but can profoundly influence our patients. Recognition of these factors by the physician can mean the difference between effective and ineffective treatment. It behooves clinical psychopharmacologists to become informed about the culture and ethnicity of their patients and to consider these factors in prescribing.

Ethnic Differences

A small but growing literature, dominated by ethnopsychopharmacology pioneer Dr. K. M. Lin, has demonstrated very real pharmacokinetic and pharmacodynamic differences in various ethnic groups (e.g., see reference 1). *Ethnic differences*, as used here, refer to biological differences. Dosages often must be adjusted (usually downward), and a different side effect profile may emerge than might be expected from premarketing studies. The latter issue is due to the almost complete lack of consideration of ethnicity in clinical trials (see reference 2). Until this situation is corrected, physicians must rely on the non–clinical trial literature and their own data collection skills. The rule of thumb is to remain open to ethnic differences when a patient reports side effects or a lack of effectiveness.

Cultural Differences

Equally important are cultural differences. Although there are many definitions of culture, we take it to mean the sum total of the ways people think, feel, and act as a member of a social group. (*Race,* on the other hand, is a largely sociopolitical designation for a group of people based on characteristics such as skin color.) Of course all of us are members of at least 1 culture (and often several). However, we don't usually recognize the cultural factors at play in our own group, since we instinctively define our culture as "normal." But indeed there are such factors, and these factors do influence the prescribing of psychotropics. For example, how many times have you heard patients resist an antidepressant prescription because they feel that they should be able to pull themselves out of their major depressive disorder? This "pull yourself up by your bootstraps" mentality is a product of our individualistic majority culture. Physicians from the same culture as the patient will tend to know how to handle such cultural factors, as they are members of the same culture. The problem comes when there is a disconnect between the clinician's culture and that of the patient. Physicians must bridge the gap between their experience of the world and their patients' experience of the world.

A few examples are in order. Members of some cultures are more reluctant than others to report side effects. (Sexual side effects are an excellent example.) Others may be reluctant to report to the doctor that they are not taking their medication correctly, and will dutifully come for follow-up visits and say that everything is fine. Still others may stoically suffer through serious side effects without reporting how uncomfortable they are, for fear of disappointing the physician. It is clear that culture can affect diagnostic presentation, which can lead to a misdiagnosis and a suboptimal medication regimen. On the biological side, one must always be aware that the patient also may be taking herbals, which can interfere with the metabolism of psychotropics. (The American majority-culture version of this phenomenon is the use of over-the-counter preparations.) Diet is another cultural factor that can influence drug metabolism.

Culture and Ethnicity in the United States

As the U.S. population has become decreasingly white/non-Hispanic, the importance of cultural and ethnic medicine has increased. How can we improve our knowledge and skills in this area? We can learn as much as possible about the group we are working with, from the biological, psychosocial, cultural, and spiritual points of view. We should always assess the patient's background and its relationship to the clinical setting. We can learn from the patient, the patient's family, our colleagues, and others what is viewed in the patient's culture as "normal" and acceptable and what the experience of other clinicians has been with dosing, side effects, and other issues. If the patient is from a culture with which the clinician has little familiarity, the clinician must find a consultant who does understand the culture.

Finally, physicians should learn to ask their patients the questions from a classic article by Kleinman and colleagues[3]: What do you think is wrong? Why do you think it started when it did? How do you think the sickness works? How severe is it and what will be its course? What kind of treatment do you think you should receive? What are the most important results you hope to receive from the treatment? What are the chief problems the sickness has caused for you? What do you fear most about your sickness?

The quality of psychopharmacologic practice is very much dependent on an understanding of ethnic and cultural factors. The physician who practices culturally competent psychopharmacology will have better clinical results and more satisfied patients.

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References

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