

ABSTRACT

Background: Medication overdoses account for substantial numbers of suicide-related behaviors in several segments of the US population, including active duty soldiers. Medication non-adherence is a significant issue for those with psychiatric illness, and is associated with poorer psychiatric outcomes, including suicide, with those who are nonadherent being at 4-7 times greater risk of death (Llorca, 2008). Several studies addressing the utility of blister-packaging medications suggest that it is a potentially useful strategy for increasing patient adherence (Connor, Rafter, & Rodgers, 2004). Blister packaging medications serves as a form of means restriction, which is expected to decrease overdoses and subsequent suicides (e.g., Buckley, Newby, Dawson, & Whyte, 1995; Hawton, 2002; Hawton et al., 2004). There is evidence that the increase in time required to gain access to pills in blister packs may be enough to dissuade someone from taking a lethal overdose (Chan, 1997; Hawton et al., 1996).

Objective/Hypothesis: The proposed study will determine if increased prescription medication adherence via blister pack administration will reduce suicide-related behaviors among the high risk population of patients discharged from a psychiatric inpatient unit.

Specific Aims: The research aims of this project are as follows: 1) To determine whether blister packaging medication significantly increases treatment adherence and 2) To determine if blister packaging significantly decreases intentional self-poisoning behavior (i.e., suicide attempts and completions).

Study Design: By tracking former psychiatric inpatients for 12 months post-discharge and obtaining monthly medication adherence ratings we will determine if blister packaging (BP) medications leads to better adherence than dispensing as usual (DAU) (Technical Objective 1). By tracking former psychiatric patients for 12 months post-discharge and obtaining monthly reports (self-report and medical record review) of suicide-related behaviors we will determine if patients in the BP condition have less intentional self-poisoning behavior than those in the DAU condition (Technical Objective 2).