



HAMK

Häme University
of Applied Sciences

Tämä on rinnakkaistallenne alkuperäisestä artikkelista /
This is a self-archived version of the original article.

Version: Accepted manuscript / Final draft

Käytä viittauksessa alkuperäistä lähdettä: /

To cite this article please use the original version:

Hipp, K. (2023). Literature suggests gaps in evidence-based PRN medication practices in acute mental healthcare. *Evidence Based Nursing*.

This article has been accepted for publication in Evidence Based Nursing, 2023 following peer review, and the Version of Record can be accessed online at <https://doi.org/10.1136/ebnurs-2023-103768>.

© Authors (or their employer(s)) OR "© BMJ Publishing Group Ltd" (for assignments of BMJ Case Reports)

Literature suggests gaps in evidence-based PRN medication practices in acute mental health care

Commentary on: Wong S, Müller A. Nurses' use of pro re nata medication in adult acute mental healthcare settings: an integrative review. *Int J Ment Health Nurs*. 2023;10.1111/inm.13148.

Commentary

Implications for practice and research

- This literature review provides synthesized evidence to evaluate and improve the clinical practice of pro re nata (PRN) medication in mental health care organizations.
- Further research focused on exploring grey literature would offer additional perspectives and broaden the current clinical practices of PRN utilization.

Context

PRN refers to unscheduled medication used to manage acute symptoms. PRN is commonly used in mental health care, but literature suggests that its use is not always based on evidence. This review offers knowledge for developing evidence-based PRN practice. The nurses play a crucial role in PRN administration, including assessing patients' needs for medication, following prescribed indications and instructions, as well as evaluating the effects of the PRN.

Methods

The purpose of this integrative review was to explore the practices of mental health professionals regarding the use of PRN in acute mental health care for adults¹ and to update the previous literature review by Morkunas et al.². The literature search was conducted in six databases and complemented by a manual search of reference lists. The review screened 67 records of which 12 were included. Thematic analysis was used to analyze the qualitative data. The result section also includes quantitative data from the original studies. However, the methods section did not indicate how this data were analyzed.

Findings

The analysis resulted in five themes: prescription practices, poor documentation, reasons to administer, medication misuse, and insufficient use of non-pharmacological interventions. The findings demonstrate several gaps in current PRN practices requiring attention and improvement. The prescriptions may lack sufficient information or lead to an increased risk of polypharmacy. Poor documentation of the effectiveness of PRN was recognized in several studies. The findings suggest that, in addition to patients' acute health problems, the reasons to administer PRN also include non-medical factors. Additionally, administrations may be in incongruence with the purpose of prescription. Lastly, professionals may resort to PRN instead of implementing non-pharmacological interventions.

Commentary

This integrative review focused on nurses' use of PRN medication in acute mental healthcare settings. The results highlight worrying aspects in PRN medication utilization. The knowledge gained will inform future research into addressing gaps in current PRN practices and

determine strategies in developing high-quality care. It is of the utmost importance to identify and disseminate robust evidence-based PRN practices.

Some limitations of this review need to be noted. The literature screening and most of the analysis was undertaken by one researcher. The search resulted in a surprisingly low number of records which corroborates the dearth of research focused on PRN. Further, all the original studies have been conducted in Western countries, mostly in Australia or Finland. The legislation and guidelines of PRN practices, as well as mental health care in general, may vary significantly between countries³. Noteworthy, only two of the original studies had included PRN for physical conditions. Considering the prevalence of physical health problems among mental health patients⁴, it is important to increase research evidence on this issue.

There is a significant need for further research specific to decision-making around PRN administration. Given that PRN is used as needed, it is important to collect and analyze clinical data on how and who defines the need for PRN medication use. While targeting person-centered mental health care that respects patients' autonomy⁵, a process of shared decision-making⁶ should be implemented in PRN medication utilization. PRN medication, and mental health care in general, should always serve patient's best. While PRN is usable to alleviate patients' symptoms, the risks and challenges of this intervention are insufficiently recognized and assessed. It is imperative that PRN prescriptions support nurses' decision-making and that nurses have the clinical competence to choose interventions that best serve patients' needs.

References

1. Wong S, Müller A. Nurses' use of pro re nata medication in adult acute mental healthcare settings: an integrative review. *Int J Ment Health Nurs*. 2023;10.1111/inm.13148.
2. Morkunas B, Porritt K, Stephenson M. Experiences of mental health professionals and patients in the use of pro re nata medication in acute adult mental healthcare settings: a systematic review. *JBI Database System Rev Implement Rep*. 2016;14(10):209-250.
3. Moitra M, Owens S, Hailemariam M, et al. Global mental health: where we are and where we are going. *Curr Psychiatry Rep*. 2023;1-11.
4. Walker ER, McGee RE, Druss BG. Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis *JAMA Psychiatry*. 2015;72(4):334-341.
5. Doherty M, Bond L, Jessell L, et al. Transitioning to person-centered care: a qualitative study of provider perspectives. *J Behav Health Serv Res*. 2020;47(3):399-408.
6. Huang C, Plummer V, Lam L, et al. Perceptions of shared decision-making in severe mental illness: an integrative review. *J Psychiatr Ment Health Nurs*. 2020;27(2):103-127.