

*Preparing the Adult Mental Health Workforce
to Succeed in a Transformed System of Care*

**Psychiatric Medication:
Uses, Side Effects, and Practices**

Module XII NASMHPD/OTA Curriculum

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November 2008



Objectives



1. Provide a general overview of the history and role of medications used to treat mental health disorders
2. Become familiar with basic medication actions and definitions
3. Understand the need for an individualized approach to prescribing
4. Learn the basics about meds (and side effects) in the treatment of depression, bi-polar disorder, anxiety, and psychotic disorders
5. Understand the primary role of direct care staff

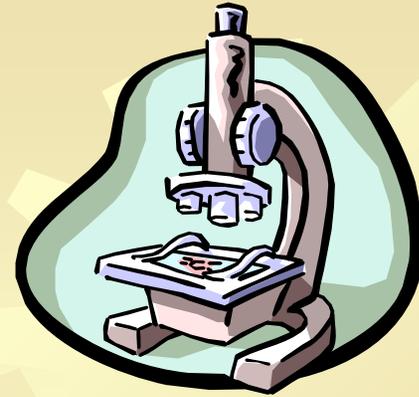
Psychiatric Medication: Medication Debated for Years

Primarily the debate has been between the use of psychodynamic therapies, behavioral therapies, and biology (using meds)



(Preston, O'Neal, & Talaga, 2006)

Psychiatric Medication



- Approach the use of medications with an understanding that we do not entirely know how these meds work or why
- The evidence base for the use of mental health medications is still in process...

(Preston, O'Neal, & Talaga, 2006)

Psychiatric Care: History of Treatment



- ★ 1800's...Basic compassionate care
- ★ Late 1800's...Biological model: brain pathology (e.g. syphilis, pellagra)
- ★ 1920's...Psychological therapies.... Freud
- ★ 1940's...Somatic therapies (ECT, wet packs insulin shock, psychosurgery)

(Preston, O'Neal, & Talaga, 2006)

Psychiatric Medication: the 1950's and Three Different Discoveries...

- ✓ Thorazine...resulted in major decrease in hospital admissions
- ✓ Behaviors and symptoms resulted from brain chemicals and neuro-transmission
- ✓ Genetic Studies (illnesses run in families)

(Preston, O'Neal, & Talaga, 2006)

Psychiatric Medication: Debate Still Continues...



- ✿ Noted Advantages of Medication:
 - ✓ Meds can work quickly to decrease symptoms
 - ✓ Medication effects have been monitored/studied
 - ✓ Medications are typically more available than psychotherapies

(Preston, O'Neal, & Talaga, 2006)

Psychiatric Medication Debate Still Continues...



Noted Disadvantages of Medication:

- ✓ Mental illness is complicated and complex
- ✓ Drugs may interfere with one's autonomy, free will
- ✓ Psych meds have serious side effects
- ✓ Use of medication can become a “default practice” which is easier than looking at underlying areas of concern
- ✓ Prescribing drugs can give mixed messages to persons with addiction disorders
- ✓ There is a potential for overmedication
- ✓ The pharmaceutical industry engages in aggressive marketing of its products

(Preston, O'Neal, & Talaga, 2006; Felitti, 2002; Breggin, 2008b)

Psychiatric Medication: Public Indoctrination/Belief

- ✓ Unfortunately...there is a belief that if people would just take their medications, all would be fine
- ✓ **This is not true**
- ✓ It is true that many people can get better using meds, but also that many do not

(Preston, O'Neal, & Talaga, 2006)

Psychiatric Medication: 2008-We Know the Following



- A large number of people have been helped
- Side effects can be quite severe, creating uncomfortable, dangerous, or life-changing problems
- Psych meds do not cure the illness, but can help some people to better manage their symptoms

(Preston, O'Neal, & Talaga, 2006)

Ethnopsychopharmacology

- ✦ Impact of ethnicity and culture on response to medication
- ✦ Lower doses of some medications are indicated for certain groups
- ✦ Racial/ethnic variation related to both genetic and psychosocial factors
- ✦ Medication effects interpreted differently by different cultures
- ✦ Possibility of clinician bias in diagnostic and prescribing practices

(USDHHS, 1999; Well, 1998)

Individualized Approach to Prescribing Medication

☀ Factors to Consider:

- ☀ Adjustments in dosing for elderly persons
- ☀ Off-label use of medication in youth
- ☀ Medication and pregnancy
- ☀ Cigarette smoking
- ☀ Cognitive limitations
- ☀ Personal needs, responses, and preferences

(NIMH, 2002; Desai, Seabolt, & Jann, 2001; Fraser, 1999)

Psychiatric Medication: Neuro-Biology

- ✿ It is important to know that:
 - ✓ Psychiatric or “neuroleptic” medications work to change the way normal brain chemicals work
 - ✓ These medications are different from “drugs of abuse,” in that they do not cause highs or addiction issues from a pure substance abuse stance...But they can be used sometimes in ways that are not approved by the prescribing clinician

(Preston, O’Neal, & Talaga, 2006)

Psychiatric Medication: Definition

- Drug: Any substance that brings about a change in biological function through chemical actions
 - ✓ *Absorbed* through stomach, small intestine, brain
 - ✓ *Distributed* and *deposited* in organs and tissues
 - ✓ *Excreted* through many routes...kidneys, GI tract, sweat, saliva
- These factors relate to how fast a drug works and for how long

(Preston, O'Neal, & Talaga, 2006)

Psychiatric Medication: Primary Effects



- ❖ Medications have five (5) primary effects:
 - ✓ The desired effect
 - ✓ Side effects
 - ✓ Idiosyncratic effects (unwanted and unexpected)
 - ✓ Allergic effects
 - ✓ Withdrawal effects

(Preston, O'Neal, & Talaga, 2006)

Depressive [Mood] Disorders: Broad Group-Common Symptoms

- ✿ Affective or mood disorders
- ✓ Situational Depression
- ✓ Clinical Depressions
 - major unipolar
 - bipolar
 - minor (dysthymias)

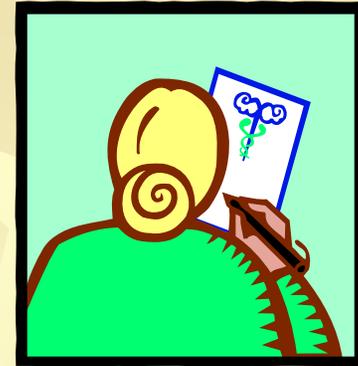
(Preston, O'Neal, & Talaga, 2006)

Depressive [Mood] Disorders

- ✿ Certain medical disorders can cause depressions ...need to be ruled out before a diagnosis is made as medical interventions can resolve what appears as a depressed state.
- ✿ Alcohol and medical use drugs can cause chemical depression
- ✿ When clinical depression is diagnosed, the good news is that medication is often very effective (with the right med, right dose)
- ✿ The most serious depressions present with psychotic symptoms

(Preston, O'Neal, & Talaga, 2006)

Depressive Disorders Medications



Older antidepressants:

- ✓ Including MAOI's & Tricyclics (*Parnate, Nardil*)
- ✓ Side effects are quite serious...
 - ✓ *sedation, hypertension, hypotension, and anticholinergic effects*

(Preston, O'Neal, & Talaga, 2006)

Depressive Disorders Medications

Newer types of antidepressant drugs:

- SSRI's:
 - ✓ *Prozac, Celexa, Lexapro, Luvox, Paxil, Zoloft*
- SNRI's:
 - ✓ *Effexor, Cymbalta, Remeron*
- NRI's:
 - ✓ *Strattera*
- Atypical:
 - ✓ *Wellbutrin, Serzone, BuSpar*

(Preston, O'Neal, & Talaga, 2006)

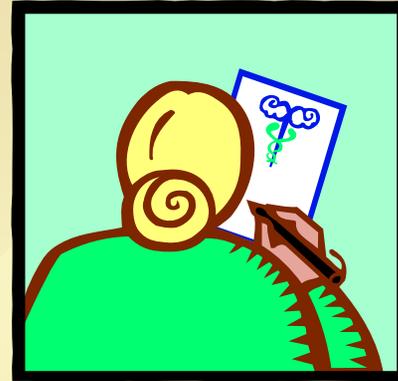
Bi-Polar Disorder Medications



- ✓ Lithium (LiCO_3) requires close monitoring. Blood levels...monitored
- ✓ **Watch for tremors, confusion, slurred speech, stupor are serious warning signs of toxicity**

(Preston, O'Neal, & Talaga, 2006)

Bi-Polar Disorder Medications



- ✳ Other drugs used for Bi-polar disorders:
Tegretol, Depakote, and Lamictal
- ✓ Some require blood level monitoring
- ✓ Watch for rashes and report any signs

(Preston, O'Neal, & Talaga, 2006)

Anxiety Disorders: Medications

- Primary anxiety
- Anxiety caused by other illnesses or issues
- A very thorough diagnosis is required for these, as symptoms can mimic each other or be complicated
- Anxiety, often coupled with insomnia, is quite common, and medications have been overused or mis-used by some

(Preston, O'Neal, & Talaga, 2006)

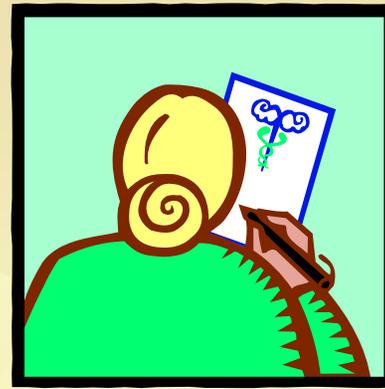
Anxiety Disorders Medications



- Benzodiazepines:
Valium, Librium, Ativan, Xanax, and many others
- ✓ These meds have abuse potential
- ✓ Constant use builds tolerance
- ✓ This can lead to dependency
- ✓ Education is essential

(Preston, O'Neal, & Talaga, 2006)

Anxiety Disorders Medications



- ✿ We are getting better in fine-tuning the choices of medication for anxiety and insomnia
- ✿ Some meds are long acting and some just cause sedation but not tolerance
- ✿ Some of these drugs cause a withdrawal effect

(Preston, O'Neal, & Talaga, 2006)

Anxiety Disorders Medications



- ✿ Patients on these meds need to understand the reasons and be cautioned about the risks
- ✿ People with anxiety disorders should also be educated in other ways to manage their anxiety

(Preston, O'Neal, & Talaga, 2006)

Psychotic Disorders Medications

- ✿ The very first anti-psychotic discovered was Thorazine, in 1952, used for post-op sedation
- ✿ The next meds discovered were the “phenothiazines”
- ✿ For a long time, we did not know how they worked
(Preston, O’Neal, & Talaga, 2006)

Psychotic Disorders Medications

- The “Phenothiazines” - the typical antipsychotics/first generation...OLD
- Atypical antipsychotic drugs/second generation...NEW
- The newest research (the CATIE study of OLD and NEW) effectiveness similar...different in side effects

(Preston, O’Neal, & Talaga, 2006)

Psychotic Disorders Medications- SIDE EFFECT PROFILES

- ★ What this means is that a person who has a psychotic disorder could be treated by medications from either of these drug groups successfully *for the psychotic symptoms*
- ★ But the **SIDE EFFECTS MAY BE UNBEARABLE** for that person and they may stop using the meds because of them
- ★ Take care not to affix the label of “non-compliant” to persons who choose to cease the use of medication due to side effects



(Preston, O'Neal, & Talaga, 2006; Breggin, 2008b)

Psychotic Disorders Medications SIDE EFFECT PROFILES

- Choice between two equally effective groups of meds that have very different side effects
- Find the medication with the most tolerable side effects for each individual



(Preston, O'Neal, & Talaga, 2006)

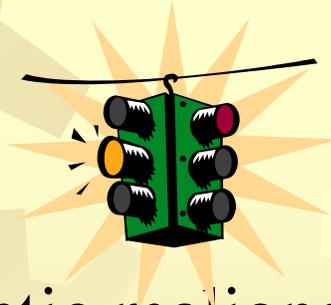
Typical Antipsychotic Meds (sometimes called older)

- ★ Thorazine, Mellaril, Stelazine, Haldol, Prolixin, etc. ...also called “neuroleptics”
- ★ Side Effects include: EPS symptoms, such as slowed movements, decreased facial expression, tremors, shuffling gait, muscle spasms, restlessness, rigidity, tardive dyskinesia; as well as dry mouth, blurred vision, constipation, difficult urination, hypotension, weight gain, and neuroleptic malignant syndrome

(Preston, O’Neal, & Talaga, 2006)

Typical Antipsychotic Meds (sometimes called older)

- Many of these symptoms can be managed
- Some cannot be managed well enough to keep the person on the medication
- Dangerous Side Effects...
extrapyramidal symptoms
tardive dyskinesia, neuroleptic malignant syndrome, metabolic disorders
- **If you see these side effects, report them immediately**



Atypical Anti-psychotic meds (sometimes called newer) 1980's-

- A new class of atypical meds - Clozaril, Clozapine was the first.
- Believed to be a great answer to psychosis
- However, Clozaril causes a blood disorder
- People on Clozaril require weekly blood tests



(Preston, O'Neal, & Talaga, 2006)

A-typical Anti-psychotic meds (sometimes called newer) 1980's

- Other meds w/o these Side Effects
Risperdal, Seroquel, Abilify, Zyprexa, Geodon
- They do not cause tardive dyskinesia as much
- They reduce “negative symptoms”
- However, they also can cause significant weight gain, diabetes, and hyperlipidemia

(Preston, O'Neal, & Talaga, 2006)

Medications for Psychotic Disorders

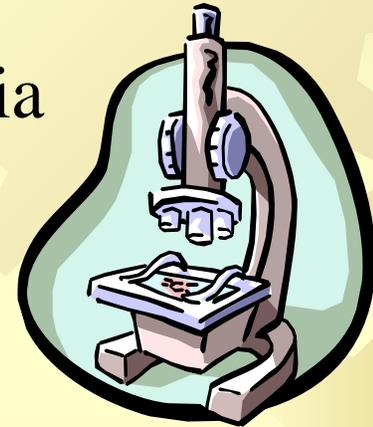
- Do not have medications that do not come with serious side effects for psychotic disorders
- The medication chosen ...prescribed based on that individual patient's symptoms, life, needs, wishes, and ability to manage the side effects
- People need education and encouragement

(Preston, O'Neal, & Talaga, 2006)

Medications for Psychotic Disorders

Conclusions Based on Recent Research

- Clozapine is the gold standard for treatment resistant schizophrenia
- Doses are very important to manage side effects
- It is very hard to predict what med will work best for any one person
- Responses to meds are very individualized



Final Comments

- Psychiatric medications are not the “answer” by themselves
- Medications should be considered **ONE TOOL** in our “toolbox”
- They all cause serious and often debilitating side effects
- Sometimes make people think they are worse



Final Comments: Your Role

- To watch for behavior changes that could be due to medication side effects
- To listen to “what the people you are serving are saying” about these side effects
- To take this information seriously/be supportive
- To watch for serious side effects, and report immediately
- To ask questions if you have them!

