Introduction to psychotropic medications

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Introduction

• Psychotropic medications are prescription drugs that are commonly used to control some symptoms associated with many different types of mental ill health. Although they cannot cure a patients illness they can assist with the management of some extremely distressing symptoms this in turn can facilitate individuals in leading a more fulfilled life.
Introduction cont’d

• The use of psychotropic medications is only one aspect of an individual's treatment.
Administration of medications

• Name of Patient
• Date and Times ,  
  – nocte, mane, tarde
• Name of drug , Generic vs. Brand
• Route  
  – po,im,iv,sc,pr,pv,sl,top
• Frequency  
  – od,bd,tds,qds,prn,stat (variation, tid,qid,bid)
• Repeat, or End Date
Administration contd’

- Gms scripts
- Name and address of individual
- Medical card number
- Repeat on script if necessary
Antidepressant treatment

• Indications:
  • Depression
  • 70% response
  • Time lag of 2-3 weeks
  • All anti depressants contraindicated in mania
Main classes of Anti Depressants

Selective serotonin or/and noradrenalin reuptake inhibitors, SNRI, SSNRI

E.g. Fluoxetine (SSRI)
Mirtazepine (SNRI)
Venalafaxine (SSNRI)
Common side effects

- GI effects
- Dry Mouth
- Nervousness
- Anxiety
- Headache
- Dizziness
Other Anti-depressants

• **Tricyclic**
  – E.g. Amitriptyline
  – Dangerous in overdose

• **MAOI**
  - e.g. Phenelzine
  - Restricted dietary intake
Mood Stabilisers

- **Lithium**
  - S.E, drowsiness, polydipsia, weight gain, toxicity.

- **Na Valporate**
  - S.E, weight gain, hair loss, GI disturbances

Regular blood levels required
MOOD STABILISERS

• Indications:

• Depression, Mania, prophylaxis of bi polar disorder
Hypnotics and Anxiolitics

Hypnotics i.e. sleepers
- Short term use
- e.g. zopiclone, zolpidem

Anxiolitics
- Highly addictive
- e.g. diazepam, alprazolam, lorazepam.
Antipsychotics (neuroleptics)

• Typicals or phenothizines
  – e.g. chlorpromazine, haloperidol, sulpiride.
  – Most depot injections are of atypical make up.

• Atypicalss
  • e.g. olanzapine, risperidone, quetiapine, aripriprazole, Clozapine.
EPSE

Extrapyramidal side effects associated with use of typical anti psychotics consists of:

• Parkinsonian symptoms (tremor)
• Dystonia, (face and body)
• Akathisia, (restlessness)
• Tardive dyskinesia, (rhythmic)

Other s.e inc drowsiness weight gain, dizziness
Atypical S.E

- Range of side effects which are particular to each drug.
- Most common e.g.
  - weight gain, sedation, dizziness, postural hypertension, diabetes.
  - EPSE are much less common in atypical antipsychotics.
Clozapine

- Special mention
- Used in treatment resistant schizophrenia.
- CPMS
- Agranulocytosis
- Myocarditis and cardiomyopathy
- ECG, ECHO
- Plasma Levels
- Contraindications, smoking, antibiotics.
Psychotropic drugs in pregnancy

- Ideally no drugs should be used
- Ideally avoid prescribing in the first trimester
- Risks and benefits should be discussed with the patients
- SSRI’s use with caution, no probs with breast feeding
Extra Points of Note

• Withdrawal
• Titration
• Increasing/decreasing dosage
• Cross tapering
• Contraindications
• Physical examinations
• Regular blood samples
Medication Management

- Concordance and compliance
- Non compliance is a complex multidimensional issue.
- Education, engagement and collaborative working.
- Treating side effects and providing support
- Use of rating scales e.g. LUNSARS, DAI
- Use of CBT, MI valuable with concordance.
Compliance and Concordance

• **Non compliance**: is a major preventable cause of relapse which causes significant implications to the patient, carers and mental health services.

• Leading cause of hospital readmission

• Complex, multi dimensional issue
Compliance and concordance

- compliance shows a significant reduction in positive symptoms and reduces relapse
- 50% of patients will stop taking medication within the first year and 75% within two.
- non adherence is a multi dimensional phenomenon that rests not only with the client but also with the interactions of the care givers. (Frank 2001)
Non compliance

• Common Reasons:
  • Distressing SE, weight gain
  • Insight
  • Complex medication regimes
  • Poor clinician-client relationship
Education and Engagement

• Engage and work collaboratively re regime etc
• Detect and manage side effects
• Effective communication with patient
• Education needs to be more than just transmission of information
Treatment of EPSE’s

- Anticholanergics
- Nutritional advice re common side effects
- Sufficient knowledge
- Lit suggests substantial reduction in incidence of EPSE’s if there is logical prescribing and rapid detection
CBT as a model for medication management

• CBT has been shown to have value when utilised in attempting to achieve concordance/compliance

• Lecompte & Pelc (1996) tested a CBT programme patients with poor history of compliance

• Main findings
  • spent significantly less time in hospital
  • improved compliance was sustained through follow-up