Topics for conversations about
Shared Decision Making
with psychotropic medications

Varies by age, diagnosis, medication
One conversation is not enough
Conversations across the health team
Topics for Shared Decision Making for Medication Decisions in Behavioral Health

- Antipsychotic Medication for adults
- Adults with Depression
- Children with ADHD

Antipsychotic Medications for Adults

BALANCING SAFETY AND BENEFIT

Safety Issues with Antipsychotics

- Weight gain
- Alterations in lipid metabolism
- Changes in glucose

Antipsychotics increase risk of diabetes
Diabetes may lead to cardiovascular disease, blindness, renal failure, amputation and early death
Given the risks ...

1. Should the person even be on an antipsychotic?
2. Should the antipsychotic be discontinued?

DEPENDS ON THE DIAGNOSIS

Diagnoses with strong indication for effectiveness of antipsychotics

- Schizophrenia and related psychoses
- Bipolar disorders
- Severe depression
- Obsessive-compulsive disorders
- Autistic disorder

Diagnoses with weak indication for AP medication

- Depressive disorders (exc. Severe depression), Anxiety related disorders, Posttraumatic stress disorder
- Personality disorders ADHD or other Hyperkinetic syndrome of childhood
- Adjustment-related disorders
- Other mental health-related disorders
- (None of the above)
Topics when a person requires an antipsychotic?

- Is it working?
- Side effects?
- Open discussion about adherence: “You may decide to stop but please tell me...”
- Switching to lower weight gain antipsychotic
- Reducing dose
- Sticking to one AP only

In addition to prescribing the Antipsychotic...

- Regular monitoring for weight, blood pressure, lipid and glucose
- Identification of pre-diabetes
- Coordination with primary care for treatment of high blood pressure, high lipids etc.
- Support for self-management of weight and exercise (better before the pounds go on)
- Coordination between prescriber and other mental health staff – same conversations repeated across the BH3H team about indications, monitoring, weight management

Adults with Depression
Evidence base for Depression Treatment in Adults

- About equal for anti-depressant medication and cognitive behavioral therapy (CBT)
- Increased efficacy for both together
- Other psychotherapies promising, less well studied

Regardless of the modality....

- Need for regular follow-up – can’t have the conversations if you are not meeting!
- Is it working?
- Are there side effects?
- Problems with adherence?
- Other enhancements: insure appropriate sleep, food, exercise, social supports, fun activities; avoid increased alcohol use

Children with ADHD
Evidence for effective treatment of ADHD

- **Strong:** stimulant medications (e.g. Ritalin), Behavior Therapy
- **Promising:** Parent management training, teacher directed education
- **None:** CBT
- Not studied, but important: considering what changes are possible in the environment: school, family, work

If ADHD meds are the choice....

- Need for regular follow-up – can’t have the conversations if you are not meeting!
- Is it working?
- Are there side effects?
- Problems with adherance?
- Medication alone is rarely enough: parent education and support, special ed services at school, life/relationship planning for adults

Safety issues with ADHD meds

- Aggression, restlessness, hallucinations (don’t jump too fast to adding anti-psychotic)
- Increased blood pressure (monitor and coordinate with medical provider)
- Substance abuse or diversion
Summary of Key Issues

- Availability of evidence based alternatives to medication for a particular age and diagnosis?
- With any treatment modality, engaging clients in regular follow-up to monitor effectiveness, side effects, adherence, need for change in med, need for additional approaches
- Engaging clients and support system in self-care