

Psychotropic Medication Issues in Adults with Developmental Disabilities (DD)

Overview

Primary care of adults with developmental disabilities: Canadian consensus guidelines (2011) addresses several issues related to psychotropic medication use in this population.

- **Guideline 22** points out that antipsychotic drugs should no longer be regarded as an acceptable routine treatment for problem behaviours.
- **Guideline 26** stipulates that interventions other than medications are usually effective for preventing or alleviating problem behaviours.
- **Guideline 27** notes that psychotropic medications may be problematic for adults with DD and therefore should be used judiciously. Patients may be on multiple medications and thus be at increased risk of adverse medication interactions. Some adults with DD may have atypical responses or side effects at lower doses. Some cannot describe harmful or distressing side effects of the medications they are taking. This Guideline advocates a “start low, go slow” approach in initiating, increasing or decreasing psychotropic medications, and reviewing every three months.
- **Guideline 28** clarifies that antipsychotic medications should not be prescribed as routine treatment of problem behaviours in adults with DD without a robust diagnosis of a psychotic illness.
- **Guideline 29** addresses behavioural crises and identifies circumstances in which psychotropic medications may be used temporarily to ensure safety. Debriefing with caregivers and reviewing the crisis events and response (including medications) after the crisis is recommended to minimize the likelihood of their recurrence.

1. Recommendations for use of medications for behaviour problems outside of a behavioural crisis, for adults with DD (Deb 2009, Banks 2008):

- The goal is not to treat the behaviour per se but to identify the underlying cause of the behaviour disturbance and treat that.
- Identifying the underlying cause often requires an interdisciplinary team approach.
- Where the cause of the behaviour remains elusive, despite thorough investigation for medical conditions, environmental contributors to the behaviours of concern, emotional issues or psychiatric disorders, consideration may be given to a trial of medication appropriate to the patient’s symptoms.
- Medication trials should be targeted against specific symptoms (e.g., irritable mood) or behaviours (e.g., incidents of self injury), be time-limited and monitored carefully for effectiveness and side effects.

2. Using psychotropic medication for adults with DD (Bradley 1999)

2.1 These medications are used:

- to treat psychiatric illness or disorders. First establish the diagnosis and then treat the illness/disorder according to best practices.
- on a trial basis for psychiatric symptoms and behaviours for which the cause has not yet been identified after a full interdisciplinary assessment.

2.2 **Before prescribing**, identify symptoms and behaviours that represent a change from usual characteristics for that individual. These may be the behavioural correlates of a psychiatric disorder (e.g., changes in sleep, eating patterns, aggression, non-compliance, regression in skills, or incontinence might indicate a mood disorder).

2.3 Target symptoms and behaviours:

- Identified “target” symptoms and behaviours should be monitored daily by caregivers in the individual’s residential and day settings.
- Target symptoms and behaviours are core to the clinical hypothesis as to the psychiatric diagnosis and cause of the mental health concerns (e.g., depressive episode following relocation) and are the criteria against which treatment response should be evaluated.

2.4 Monitoring tools that may be adapted easily to primary care practices include:

- *Antecedent-Behaviour-Consequence (ABC) Charts* to document acute behavioural incidents.
- 24-hour, weekly, and monthly charts to monitor sleep, mood and other behaviours.
- Likert scale charts (with operationally described behaviours on a scale of 0 to 5) to monitor mood, anxiety and other behaviours from low (0) to high (5) levels.

2.5 Considerations in prescribing psychotropic medications for adults with DD:

- Adults with DD may be unable to communicate side effects of medications. They may also respond differently than those in the general population to psychotropic medication.
- They may have side effects at lower than usual doses.
- They may have idiosyncratic response to medication.
- They may have better responses to the newer SSRI antidepressants, associated with lower side effect profiles and anxiolytic properties.
- Adults with DD also have a higher rate of other physical conditions including sensory impairments (vision and hearing), cerebral palsy, epilepsy and other neurological disorders, cardiovascular and gastrointestinal problems, any of which, if present, will influence the choice of medication.

2.6 Prescribing recommendations:

- Where appropriate, start medications at lower than recommended doses and increase slowly, since some adults with DD may respond to lower than usual doses.
- Monitor for side effects by asking caregivers to indicate how clients might communicate or demonstrate a particular side effect (e.g., nausea) of a particular medication, given their frequently unique ways of manifesting bodily discomforts.
- Change one medication at a time and wait long enough for an effect.
- If starting another trial, withdraw previous trial medication slowly.
- If no response despite an adequate trial:
 - Review data collection and monitoring by caregivers
 - Review clinical hypothesis
- Look for new, and review existing, medical problems.
- Ensure that supports are appropriate and optimal to disability needs.
- Review psychiatric diagnoses.

2.7 Documentation and review:

- Maintain a record of all prescriptions, dates, changes, effectiveness and side effects.
- Review, at least annually, the psychiatric diagnostic or specific behavioural pharmacological justification for the long-term use of psychotropic medications.

3. Using PRN (“as needed”) medication to manage acute episodes of behaviour disturbance for adults with DD (Deb 2006)

- 3.1 As part of an overall treatment care plan that involves the patient, caregivers and appropriate persons providing consent, PRN medication may be prescribed.
- 3.2 In any such treatment plan, service agency protocols regarding PRN medications will need to be incorporated.
- 3.3 Record the reason for prescribing PRN medication in the notes. Set objectives for measuring outcomes over a specified period of time.
- 3.4 Monitor the PRN medication at regular intervals, with the time period for monitoring to be set when prescribing.
- 3.5 Note the indication for administering a PRN medication, the minimum interval between doses, and the maximum dose allowed in a 24-hour period.

- 3.6 Consider discontinuing any PRN medication that has not been used for six months or longer, unless there is a specific clinical reason to continue it, which should be noted, e.g., rescue medications for status epilepticus or prolonged seizures or prolonged cluster of seizures.
- 3.7 Do not prescribe PRN psychotropic medications from more than one therapeutic category at any one time without stipulating the reasons.
- 3.8 Do not prescribe more than two medications for any one indication.
- 3.9 If prescribing more than one medication as PRN treatment, stipulate the order in which they should be administered.
- 3.10 If a PRN medication is being given regularly (e.g., daily), review and consider whether a regular prescription is required.
- 3.11 Carefully monitor medications from the same therapeutic category that are used concurrently as regular and as PRN prescription in order to avoid the risk of (inadvertently) overdosing. (Ensure that the total daily dose of the regular and the PRN prescriptions do not exceed the maximum recommended daily dose.)

4. See also – Tools for the Primary Care of People with Developmental Disabilities (DD):

- *Auditing Psychotropic Medication Therapy*
- *Rapid Tranquillization of Adults with Crisis Behaviours*
- *A Guide to Understanding Behavioural Problems and Emotional Concerns*
- *Initial Management of Behavioural Crises in Family Medicine*
- *ABC (Antecedent-Behaviour-Consequence) Chart*

References

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