

Psychotropic Medication Review

Introduction

This tool assists primary care providers in systematic and timely reviews of psychotropic medication prescribed to adults with intellectual and developmental disabilities (IDD). Psychotropic medications can be inappropriately or over-prescribed in adults with IDD. This tool helps identify the benefits of these medications, atypical responses, side effects, adverse reactions, potentially unnecessary medications, or unwanted effects even at low doses.

How to use this tool

The key question in reviewing psychotropic medication is: *is the medication appropriate*, i.e., indicated for psychiatric conditions or symptom clusters? Antipsychotics, in particular, are associated with adverse side effects that can impair quality of life and lead to harmful health outcomes. Regular prescription of PRN (as needed) medication to manage difficult behaviours can be misused and experienced as traumatizing. If medication indications or psychiatric diagnoses are unclear, refer to a specialist with IDD expertise or consider cautious, watchful deprescribing.

Review prescribing indications

Psychotropic medication reviews are a means of periodic monitoring (e.g., every 3-12 months) for medication prescribing issues including indications, dosages, efficacy, and side effects. Use this tool to review prescription of psychotropic medication:

- a. for psychiatric disorders and mental health conditions for which the medications are licensed;
- b. as a trial of medication for suspected psychiatric condition or symptom cluster (e.g., depressed mood and decreased eating);
- c. for behaviours;
- d. as part of a medication reduction plan (e.g., withdrawal of psychotropic medication originally prescribed for behaviours).

Medication for behaviours that challenge

If medication has been prescribed for concerns about behaviour and safety, do a [Risk Assessment](#) first.^[i]

Adults with IDD might be unable to communicate harmful or distressing side effects other than through changes in their behaviours. Review appropriateness of medication and reasons for prescribing when a change in behaviours presents.

Together with caregivers, always identify target symptoms and behaviours to be monitored for medication efficacy.^[iii]

When considering deprescribing medication for behaviours, review current supports (e.g., environment, interpersonal, social supports^[iii]) and the need for introducing non-pharmacological interventions^[iv].

Partner with patients and caregivers

Provide patients and caregivers an opportunity to discuss questions about medication. Determine capacity and need for supports for decision making^[v] and managing medications. If the medication is deemed effective due to sedation, have a discussion with caregivers about the restraining nature of this practice.

Advocate

Prescribing of psychotropic medication other than for a psychiatric diagnosis is off-label. Therefore, consider carefully the reasons and consent for such prescribing decisions. Clinical care may be ineffective if crucial health and developmental services and supports are not available. Advocate and engage with those responsible for the health, social care, and safety of people with IDD when psychotropic medication is being used to manage problem behaviours, rather than addressing underlying causes, or when it is used as a substitute (e.g., through sedation) for necessary assessments, other interventions, and preventive supports.

- ▶ The recommendations in this tool are based on the publication *Primary Care of Adults with Intellectual and Developmental Disabilities: 2018 Canadian Consensus Guidelines*, Canadian Family Physician, 2018, Vol 64: 254-279. In particular, guidelines: 10, 27, and 29.

Patient name, DOB:
 Review date:
 Current psychotropic medications (list all):
 Medication being reviewed:

Reviewer:
 Date of last review:

Medication Prescribed for Psychiatric Disorder or Medication Trial for Symptom Cluster

1. Has the patient been given a psychiatric diagnosis? (Excluding IDD and autism diagnoses) Yes No Unsure

If yes, by whom: _____ Specialty: _____
 Date of diagnosis: _____

2. Is the medication appropriate for given diagnosis? (Excluding IDD and autism diagnoses) Yes No Unsure

If No or Unsure, consider referral to specialists with IDD expertise; consider cautious, watchful deprescribing.

3. a) Is the medication being prescribed as a trial for a cluster of symptoms and signs? Yes No
 (See: [Identifying Symptoms and Signs of Mental Distress](#)^[iv])

If Yes, describe the symptoms and signs: [Click or tap here to enter text.](#)

Mood related Anxiety related Psychotic related Other:

b) Have these symptoms and signs improved in three months since first prescribed? Yes No

If No, deprescribe and consider other options. See: *The Frith Prescribing Guidelines for People with Intellectual Disability*.^[vii]

4. Is the cluster of symptoms and signs linked to adjustment-related disorders? Yes No Unsure

If Yes, refer for psychological therapies adapted to developmental needs.

If Unsure, identify possible life event(s) contributing to the adjustment distress.

5. Is the cluster of symptoms and signs linked to trauma-related disorders? Yes No Unsure

If Yes or Unsure, make sure the patient is safe, refer for psychological support or therapy adapted to developmental needs, and provide support to staff in providing trauma-informed care. Refer for further assessment as needed (e.g., psychology, social work, trauma-informed psychiatry).

Medications Prescribed for Behaviours

6. If the patient does not have a psychiatric diagnosis or a cluster of symptoms and signs and medications are being used for for behavioural distress, are guidelines for problem behaviours being followed?
 (See: [HELP with emotional and behavioural concerns](#)^[iii])

7. As severity of IDD, co-existing autism, and socio-emotional functioning, are associated with behaviours that challenge^[vi], review:

a) Is severity of IDD known? Yes No Unsure

b) Does the patient have autism? Yes No Unsure

c) Are the patient's socio-emotional functioning and needs understood? Yes No Unsure

If No or Unsure to 7a, 7b, or 7c, review available reports and refer for assessment as needed (e.g., psychologist).

8. a) Is referral to an interprofessional team, working with client, family and caregivers, warranted to assess the behaviour concerns for which the medication is prescribed? Yes No Unsure

If yes, specify behaviours of concern:

b) If a specialist team is not available, refer for assessment(s) as needed to:

- | | | |
|---|--|--|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Behaviour | <input type="checkbox"/> Psychotherapy / counselling |
| <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> therapy | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Sensory | <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Psychology | |
| <input type="checkbox"/> Language | <input type="checkbox"/> Psychiatry with | |
| <input type="checkbox"/> therapy | <input type="checkbox"/> specialization in | |
| | <input type="checkbox"/> IDD, if available | |

9. a) Is the medication for behaviours causing sedation? Yes No
- b) Are there other side effects that are restricting the patient's activities or quality of life? Yes No

Specify side effects:

If Yes, consider deprescribing.

For All Psychotropic Medications Prescribed

Target symptoms and signs

10. a) Together with patient and caregiver(s), have target symptoms and behaviours been identified against which to monitor medication effectiveness? Yes No

If Yes, specify target symptoms and behaviours:

- b) Is there a plan to monitor these target symptoms and behaviours objectively and systematically? Yes No
- c) Is there a plan for regular review of medication and target symptoms and behaviors? Yes No

Psychotropic prescribing issues. If unsure in this section, see *The Frith Prescribing Guidelines for People with Intellectual Disability*.^[vii]

11. Has an appropriate medical assessment been done for the purpose of prescribing and monitoring? Yes No Unsure
12. Is the patient being monitored for psychotropic medication side effects and adverse events (e.g., CNS, extrapyramidal, anticholinergic, cardiovascular, metabolic, endocrine)? Yes No
13. If treated with antipsychotic agents, is the patient being regularly evaluated for sedation, extrapyramidal (parkinsonism, akathisia, tardive dyskinesia), metabolic syndrome, and other side effects? Yes No
14. a) Is the patient receiving too many psychotropic medications (e.g., side effects, polypharmacy)? Yes No
- b) Is the patient being undermedicated for the indicated prescribing (e.g., designated diagnosis)? Yes No
- c) Is the patient being overmedicated? Yes No

If Unsure, refer to a specialist (e.g., psychiatrist with experience in IDD)

15. Are medications being changed too rapidly (e.g., Emergency Department prescriptions, sudden discontinuation)? Yes No

16. a) Are PRN or “as needed” psychotropic medications being prescribed? Yes No
b) Are PRN or “as needed” medications being audited with caregivers as to their use? Yes No
c) Are PRN or “as needed” medications being used excessively? Yes No

If yes, please specify:

17. As evidenced by target symptoms and behaviours (since last review):
a) Is medication effective for prescribing indication (a) psychiatric disorder? Yes No
b) Is medication effective for prescribing indication (b) medication trial/cluster of symptoms and signs? Yes No
c) Is medication effective for prescribing indication (c) behaviours? Yes No

If Yes, to any prescribing indication (17a, 17b, 17c):

- d) Is the individual sedated, or has lost skills or enjoyment? Yes No
e) Are there any apparent adverse side effects of medication on physical and mental well being? Yes No

If Yes to 17d-e, discuss risks, burden, and benefits with patient or substitute decision-maker; consider deprescribing.

Before deprescribing, engage with caregivers and managers to ensure interpersonal and social supports and environments are tailored to severity of IDD, autism, socio-emotional functioning and needs. See: [Mental Health Interventions](#)^[iv]

Capacity and consent

18. a) Is this patient capable with respect to this specific treatment decision? See: [Decision Making in Health Care of Adults with Intellectual and Developmental Disabilities: Promoting Capabilities](#)^[v] for essential parameters of decision-making) Yes No
b) If capable, has he/she given consent? Yes No
c) If not capable, has consent been obtained from the substitute-decision maker? Yes No

Conclusions and Action Plan

Consider: appropriateness, effectiveness, and side effects of medication; consent; need for assessment and additional non-pharmacological supports^[iv].

Date next review:

Supporting materials

- i. [Risk Assessment for Adults with Intellectual and Developmental Disabilities in Crisis](#). Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2023 <https://ddprimarycare.surreyplace.ca/tools-2/mental-health/risk-assessment-tool-for-adults-with-dd/>
- ii. [Identifying Symptoms and Signs of Mental Distress in Adults with Intellectual and Developmental Disabilities](#). Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2023 <https://ddprimarycare.surreyplace.ca/tools-2/mental-health/psychiatric-symptoms-and-behaviour-screen/>
- iii. [HELP with Emotional and Behavioural Concerns in Adults with Intellectual and Developmental Disabilities](#). Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2020 <https://ddprimarycare.surreyplace.ca/tools-2/mental-health/guide-to-understanding-behaviour/>
- iv. [Mental Health Interventions for Adults with Intellectual and Developmental Disabilities](#). Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2023 <https://ddprimarycare.surreyplace.ca/tools-2/mental-health/mental-health-interventions/>
- v. [Decision Making in Health Care of Adults with Intellectual and Developmental Disabilities: Promoting Capabilities](#). Developmental Disabilities Primary Care Program of Surrey Place, Toronto, 2020 <https://ddprimarycare.surreyplace.ca/tools-2/general-health/capacity-for-decision-making/>
- vi. [Trauma-Informed Health Care of Adults With Intellectual and Developmental Disabilities](#). Developmental Disabilities Primary Care Program of Surrey Place, Toronto [in progress]. <https://ddprimarycare.surreyplace.ca/tools-2/mental-health/trauma-informed-health-care/>
- vii. Bhaumik S, Branford D, Barrett M, Gangadharan SK, editors. *The Frith Prescribing Guidelines for People with Intellectual Disability*. 3rd ed. Chichester, West Sussex ; Hoboken, NJ: John Wiley & Sons Inc.; 2015.

References

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The content of this tool was subject to review by primary care providers and other relevant stakeholders.

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