A Biopsychosocial Approach to Addressing Mental Health and Challenging Behavior

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Disclosures

• No affiliations to disclose

• All names are fictional

• The case studies are from real client situations

• None of the photos are from actual patients
Objectives

• Discuss techniques to improve the accuracy of diagnosis in patients with mental health disorders
• Differentiate between symptoms of mental illness and challenging behavior
• Explore the use of genetic testing for psychiatric medications and implications for treatment
• Examine the components of the Bio-psychosocial approach

What is the Biopsychosocial Approach

• Developed by Dr. George Engel and Dr. John Romano
• Considers biological psychological social factors and their complex interactions in understanding health, illness and achieving wellness.

What treatment, by whom, is most effective for this individual with that specific problem and under which set of circumstances?”
Key elements to applying the model

• Relationships are central to care
• Self-awareness is critical
• Know your individual’s history in the context of life circumstances
• Work as a team to prioritize what is most important to good health and achieving the individuals goals
• Provide multidimensional treatment
**Strengths**

- Integrative and collaborative
- Focus is on health, wellness and quality of life
- Considers multiple causes when conducting assessments
- Learning and skills are transferrable
- Individualized and person centered

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**Challenges**

- Challenges come from adapting
  - Thoughtful comprehensive collaboration takes time
  - Multiple disciplines = Larger teams
  - Increased need for training of team members
  - More questions and less assumptions
  - Confronting biases
    - Confirmation bias
    - Acquiescence bias
• Everything must start with an assessment in the bio-psychosocial behavioral model
• Accurate diagnosis and treatment require, expertise, time, patience and team work
• No two individuals are alike
• Treatments and support services need to be individualized and specific to each person, family and support systems
• Treatment is often multi-faceted and requires collaboration and an interdisciplinary team approach

Next Steps

• Organizing your information before meeting with the interdisciplinary team
• Know the team members and their roles in supporting the individual and family
• Understand the importance of defining collecting information on mental health symptoms and challenging behaviors
• Make sure everyone is speaking the same language
• Understand the importance of being part of a team and communicating accurate information with each member
• Inaccurate information can result in increase in both symptoms and unwanted behavior
• If you do not understand or disagree be respectful in challenging the team member

Starting the Process
A good history through effective interviewing is the key to understanding and lays the foundation for good care.

“Just the facts sir...?”
The diagnostic dilemma – what are we actually seeing?

We can get confused by an array of symptoms that can cloud the clinical picture.

Following set clinical assessment criteria can help us be more objective with our primary diagnosis

<table>
<thead>
<tr>
<th>Psychological</th>
<th>Biological</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syndrome specific symptoms</td>
<td>Current medical issues</td>
<td>Family</td>
</tr>
<tr>
<td>Non-syndrome specific symptoms</td>
<td>Current medications</td>
<td>Environment</td>
</tr>
<tr>
<td>Symptoms by history</td>
<td>Past medical history</td>
<td>Social</td>
</tr>
<tr>
<td></td>
<td>Past medication history</td>
<td>Occupational</td>
</tr>
<tr>
<td></td>
<td>Developmental history</td>
<td></td>
</tr>
</tbody>
</table>

10/2/18
Assessment: BPSB – Complete interview

This should include:
- Developmental History
- Medical History
- Psychiatric History
- Psychosocial History
- Behavioral History
- Family History
- Medication History

Direct Observation
Clinical Interview
Interview Care Provider & Team
Interview Family
Review Reports

History - Developmental

- Birth hx, perinatal hx – explain relevance
- Growth and development – major milestones
- Did the child make their developmental milestones?
- Mother’s gestational history, pregnancy, and birth
- Child’s neonatal period, feeding, and developmental milestones
- Child’s school adjustment, habits, and home conditions
- Gross motor and fine motor development
- Vision, speech, hearing.
- Social.
Past Medical History

- Childhood illnesses – MMR, varicella, rheumatic fever, scarlet fever etc.
- Medical illnesses – hypertension, diabetes, thyroid disorders, hepatitis, asthma, hospitalizations
- Surgical history – type of operation and dates

Psychiatric History

- Diagnoses
- Time frame
- Treatment
- Hospitalizations

Psychosocial History

- Social/societal help-seeking:
  - Open to outside help?
  - Support system? Family? Community?
- Occupational participation:
  - Impairment prohibits functioning?
  - Supportive work environment?
- Social support:
  - Neighbors? Friends? Community?
- Family support:
  - What support or help can be expected?
- Ethnic/religious affiliation:
  - Membership? Help or hindrance?
## A Good Medication History: AVOID Mistakes

- **Allergies?**
- **Vitamins and herbs?**
- **Old drugs and OTC?** (as well as current)
- **Interactions?**
- **Dependence?**
- **Mendel:** Family Hx of benefits or problems with any drugs?

## Common Medications That May Cause Depression

- Reserpine
- Beta-blockers - Propranolol
- Thiazide diuretics
- Digitalis
- Oral contraceptives
- Steroids
- H2 blockers – Cimetidine/Ranitidine
- Benzodiazepines
- Neuroleptics
- NSAIDs
- Amphetamines
- Disulfiram
- Cocaine
- Calcium channel blockers
- ACE inhibitors
### Common Medications That May Cause Anxiety

- Corticosteroids
- ADHD medications
- Asthma medications
- Thyroid medications
- Antidepressants
- Dilantin – Seizure medication

- Caffeine
- Antihistamines
- Pain medications
- Insulin
- Benzodiazepines – Ativan, Xanax
- Parkinson’s medications - Sinemet

### Common Medications That May Cause Mania

- Corticosteroids
- Antidepressants – SSRI’s, SNRI’s, and TCA’s
- Thyroid medications
- ADHD medications
- Baclofen
- ACE inhibitor – captopril

- Benzodiazepine – Xanax, Ativan
- Phencyclidine
- Stress –
  - Moving to a new environment
  - Medical illness
  - Loss of family member
## Stress Test

![Image of a dolphin and a cow jumping]

### Common Medications That May Cause Distractibility

- Caffeine
- ADHD Medications
- Anticholinergics
  - COPD medications
  - Overactive bladder medications
  -Cogentin
- Antihistamines
- Hypothyroidism
- Insomnia – inability to stay asleep
Screening Questions

• Is there a significant change in the person’s behavior or mood that occurs in all settings rather than in some settings? Home, day program, school, community

• Is there little or no improvement in the person’s behavior despite the application of consistent, high quality behavior intervention?

• Has the person experienced a decreased ability to adapt to the demands of daily living (e.g., decrease in self care and ADL’s)?

• Has the person had an overall change in affect (the way the person looks)? (Sad, bright eyed, flat)

Screening Questions continued

• Has the person experienced a decrease in involvement with others?

• Has the person lost interest in previously preferred activities?

• Has the person had an overall change (increase or decrease) in motivation levels?

• Has the person shown/ expressed impairments in his/ her perception of reality such as, responding to internal stimuli (voices or false beliefs)?
Behavorial Assessment

- Challenging behavior is the end not the beginning.
- It is not a natural feature of people with intellectual/developmental disabilities
- It can manifest from multiple underlying sources

Behavorial Assessment

- Requires a comprehensive Functional Behavioral Assessment
- Having qualified professionals on your multidisciplinary team is extremely important.
- Conduct observations in all environments
- Trust but verify
Bio-psychosocial Influences on challenging behavior display

- Medical Condition*
- Mental Health Condition
- Neurological Condition
- Genetic Conditions
- Communication Challenges
- Medication effect or side effect

*Medical Condition refers to physical health issues that can affect behavior.
Bio-psychosocial Influences on challenging behavior display

- Medical Conditions
- Mental Health Conditions*
- Neurological Conditions
- Genetic Conditions
- Communication Challenges
- Medication effect or side effect

Mental Health

When an IDD individual experiences a mental illness, the behavioral equivalents of his/her symptom display are often misinterpreted as only challenging behaviors rather than as the outcome from the display of psychiatric symptoms.
Bio-psychosocial Influences on challenging behavior display

- Medical Conditions
- Mental Health Conditions
- Neurological Conditions
- Genetic Conditions
- Communication Challenges*
- Medication effect or side effect*
Bio-psychosocial Influences on challenging behavior display

• Medical Conditions
• Mental Health Conditions
• Neurological Conditions
• Genetic Conditions
• Communication Challenges
• Medication effect or side effect*
Data Collection

• What type of data are you tracking?
  • Target behaviors
  • Psychiatric symptoms
  • 24 hour sleep charting
  • Medical symptoms
  • Frequency
  • Intensity
  • Duration

• What is the time frame of the reporting?
• Has your team been trained on the data you are tracking?
• What is the context........Data out of context is meaningless
Instructions: Check the appropriate column for events according to their time frame. For longstanding influences, note only those that contribute to the current incident or behavior.

**Timeframe in relation to problem behavior**
- Same day
- Day before
- Within week
- Long-standing

### Setting Events (by type)
- Physical
  - Meal time changed or meal missed
  - Sleep Pattern (including duration) atypical or insufficient
  - Medications changed or missed
  - Medication side effects
  - Appeared or complained of illness
  - Appeared or complained of pain or discomfort
  - Allergy symptoms
  - Seizure
  - Chronic health condition
  - Other (specify):

- Learning and Self-Regulation
  - Specific disability (specify):
  - Learning difficulties (specify):
    - Low frustration tolerance/impulsive
    - Short attention span
    - Poor organizational or planning skills
    - Anger management problems
    - Atypical sensory needs
    - Other (specify):

- Social/Emotional
  - Anxious
  - Irritable or agitated
  - Depressed, sad or blue
  - Experienced disappointment (specify):
  - Refused a desired object or activity
  - Disciplined or reprimanded, especially if atypical
  - Fought, argued, or had other negative interaction(s)
  - Difficulty with peer(s) (specify):
  - Chronic/acute stress in home or community (specify):
  - Other (specify):

- Environment and Routines
  - Routine was altered; change in activity, order, pacing
  - Routine was disrupted
  - Change in caregiver
  - Absence of preferred caregiver
  - Was "made" to do something
  - Changes in placement (specify):
  - Changes in living environment (specify):
  - Other (specify):

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**Date:**

**Symptoms:**

- Y=Yes, occurred once OR use a slash mark for each time the behavior occurred
- N=No, did not occur
- A=away

**Targeted Behaviors:**

- Y=Yes, occurred once OR use a slash mark for each time the behavior occurred
- N=No, did not occur
- A=away

**Staff Initials:**

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10/2/18
**Differentiating between Mental Health symptoms and Challenging Behaviors**

**Signs & Symptoms of Mental Illness in ID**

- Change in Sleep Patterns/Sleep Disturbance
- Overall Energy Level
- Mood and Affect
- Changes in Self-Care
- Physical Complaints

- Loss of skills (Regression)
  - Change in Bowel or Bladder Function
  - Changes in ADL’s

- Loss of interest in preferred things (Anhedonia)
- Change in attention and concentration
<table>
<thead>
<tr>
<th>Mood</th>
<th>Affect</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A pervasive and sustained emotion that colors the perception of the world.</td>
<td>• A pattern of observable behaviors that is the expression of a subjectively experienced feeling state (emotion).</td>
</tr>
<tr>
<td>• Common examples include: irritable, depression, elation, anger, and anxiety.</td>
<td>• Common examples: sadness, elation, anger</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychomotor Agitation</th>
<th>Psychomotor Retardation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Excessive motor activity associated with a feeling of inner tension. The activity is usually nonproductive and repetitious and consists of such behavior as pacing, fidgeting, wringing of the hands, pulling of clothes, and inability to sit still</td>
<td>• Visible generalized slowing of movements and speech</td>
</tr>
<tr>
<td>• Individual may be described as “in constant motion”</td>
<td></td>
</tr>
<tr>
<td>Pressured Speech</td>
<td>Grandiosity</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Speech that is increased in amount, accelerated, and difficult or impossible to interrupt. Usually it is also loud and emphatic. Frequently, the person talks without any social stimulation and may continue to talk even though no one is listening.</td>
<td>• An inflated appraisal of one’s worth, power, knowledge, importance, or identity. When extreme, grandiosity may be of delusional proportions.</td>
</tr>
<tr>
<td>• Racing thoughts put to words</td>
<td></td>
</tr>
</tbody>
</table>
**Distractibility**

- The inability to maintain attention, that is, the shifting from one area or topic to another with minimal provocation, or attention being drawn too frequently to unimportant or irrelevant external stimuli.
- This could be demonstrated by a decline from usual performance in a community support or school setting.

**Sleep**

**Insomnia versus interrupted or decreased need for sleep**
Increased Likelihood Of Mental Illness

- Symptoms/behaviors present themselves in all setting
- Symptoms persist despite consistent appropriate behavior intervention
- Sleep, appetite, or sexual behaviors are affected
- Change in behavior or symptoms, especially when abrupt and lasts more than a month

Doctor Google will see you now

Searching for health care information on the internet
Appropriate internet information

- Look for websites that are reputable
- What is the source of the information
- How current is the information
- Who owns the website
- Is the website based on scientific research?

- National Association of Dual Diagnosis
- National institutes of Health
- Web MD
- Psychcentral
- Mayo Clinic
- Drugs.com
- Medline Plus
- PubMed
- CDC

Diagnosis of mental health and challenging behaviors
• Persons with Intellectual Disabilities suffer from the full range of psychiatric disorders

• Psychiatric disorders usually present as maladaptive behavior

• The origin of psychopathology is multi-determined
• It is very difficult to diagnose psychotic disorders in persons with very limited verbal skills

The clinical interview alone is rarely diagnostic

Maladaptive behavior rarely occurs alone

The severity of the problem is not necessarily relevant diagnostically
4 Factors Affecting Presentation  Sovner (1986)

- Intellectual Distortion
- Psychosocial masking
- Cognitive disintegration
- Baseline exaggeration

Intellectual distortion

- Emotional symptoms are difficult to elicit because of deficits in abstract thinking and in receptive and expressive language skills
- Because of intellectual limitations the individual may not accurately understand a question posed by an evaluator nor may he/she assemble accurate information to respond.

- (Silka & Hauser, 1997)
Psychosocial masking

- Limited social experiences can influence the content of psychiatric symptoms
- Example - mania presents as “I can drive a car”

(Silka & Hauser, 1997)

Cognitive disintegration

- Decreased ability to tolerate stress, leading to anxiety induced decompensation (maybe misinterpreted as psychosis)

(Silka & Hauser, 1997)
Baseline exaggeration

• Increase in severity or frequency of chronic or maladaptive behavior after onset of psychiatric illness

• Previously existing challenging behaviors that increase in frequency and intensity during the course of a mental illness

  • (comments on "onset")
  • Silka & Hauser, 1997)

Diagnostic Overshadowing

Refers to the tendency to explain symptoms as the consequence of intellectual disability rather than possible expressions of mental illness.

This clearly leads to under-diagnosis
DSM - Brief History

- DSM was first published in 1952 and reflected a psychobiological point of view.
- DSM-II (1968) did not reflect a particular point of view.
- DSM-III (1980) tried to calm the controversy by claiming to be unbiased and more scientific.
- DSM –III-R (1987) utilized data from field trials that developers claimed validated the system on scientific grounds.
- DSM-IV (1994) sought to dispel earlier criticisms of the DSM.

Brief History

- DSM-IV-TR (2000) does not change the diagnostic codes or criteria from the DSM-IV, however, it supplements the current categories with additional information based on research studies and field trials completed in each area.
- DSM-5 (2013) –
  - 3 Sections
    - DSM 5 Basics
    - Diagnostic Criteria & Codes
    - Emerging Measures & Models
DSM III to 5 was not written to specify the unique presentations of mental illness that individuals with intellectual disability may exhibit.

- Relies heavily on a patient’s subjective report of symptoms.
  - Hearing voices
  - Feeling sad
  - Feeling anxious
  - Not sleeping well
- DSM-ID version 2

Laboratory Evaluations

- Laboratory tests (based on presenting symptoms)
  - CBC with differential (anemia), B 12 and folate
  - CMP (glucose, kidney, liver tests, electrolytes)
  - TSH (thyroid disorder)
  - ANA (inflammatory illnesses)

- Other tests
  - 12-lead ECG (prior to prescribing tricyclic antidepressants)
  - Sleep study
Differential Diagnosis

• “Distinguishing between diseases of similar character by comparing their signs and symptoms”
• Usually involves some sort of “decision tree”
• Rule out other causes (medical, environmental, behavioral, other)
• Look at patterns
• Brainstorm
  • Gallbladder
  • Menopause
  • Headache
  • Gynecologic issues

State a Reasonable Hypothesis

• Identify target signs and symptoms that you expect to change with medication

• Intellectual Disability may make diagnoses of other psychiatric disorders more challenging

• Effects or untoward effects of medications.
• Medications can cause psychotic symptoms, toxic reactions, delirium, elevated ammonia, etc which can look like a comorbid illness
• Match treatment to presenting symptom….but be sure you know the cause of the symptom
Pharmacogenetic testing & application of results

Associated Definitions

• Genomics – The study of the entire set of genetic instructions found in a cell (DNA)

• Pharmacogenomics (PGx) – is a branch of pharmacology concerned with using DNA and amino acid sequence data to inform drug development and testing

• Pharmacogenetics (PGt) – The study or clinical testing of genetic variation that assists in individual patients differentiation response to drugs

Potential Benefits of Genetic testing

• Improved clinical decision-making
• Improved treatment response
• Reduce the time, and failure rate of a prescribed medication
• Decreased health care costs
• Personalize treatment
• Reduce medication side effects
• Improve quality of life

The Societal Impact of Personalized Medicine

• Potential legal and ethical questions that we must answer as a society
  • Who should have access to a person’s genetic profile?
  • How will we protect genetic privacy and prevent genetic discrimination in the workplace and in our health care?
  • How will we as consumers use genetic information to our benefit?

• [http://genetichealth.jax.org/personalized-medicine/what-is/benefits.html](http://genetichealth.jax.org/personalized-medicine/what-is/benefits.html)
Limitations of Genetic Testing

- Reimbursement pathway of testing not established
- Ethical issues with genetic testing and data sharing
- Integration of pharmacogenomics, personalized medicine, and the payer and regulatory environment is still ongoing
- Clinicians are generally not educated concerning available tests, associated drugs, and outcomes
- The response to a medication may be a result of the interactions of multiple genes


Drug Metabolism - Pacman

- Pharmacokinetics – What the body does to the drug
- Pharmacodynamics – What the drug does to the body
- Inhibitors: drugs that prevent the enzyme from metabolizing the substrates
- Activators: drugs that increase the enzyme’s ability to metabolize the substrates
Cytochrome P450 Nomenclature, e.g., for CYP2D6

- CYP = cytochrome P450
- 2 = genetic family
- D = genetic sub-family
- 6 = specific gene
- **NOTE:** This nomenclature is genetically based; it does not imply chemical specificity

**Major Human CYP450 Isoforms**

<table>
<thead>
<tr>
<th>CYP2D6</th>
<th>CYP1A2</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYP2E1</td>
<td>CYP2B6</td>
</tr>
<tr>
<td>CYP3A4</td>
<td>CYP2C8</td>
</tr>
<tr>
<td>CYP3A5</td>
<td>CYP2C9</td>
</tr>
<tr>
<td>CYP3A6</td>
<td>CYP2C19</td>
</tr>
</tbody>
</table>
CYP450 Genotype Can Predict Drug Exposure

Many psychotropic drugs contain warnings with respect to usage in individuals with specific genotypes.


Swen et al 2011; FDA (2012)

Sample Metabolism Results

<table>
<thead>
<tr>
<th>GENE RESULT</th>
<th>THERAPEUTIC IMPLICATIONS</th>
<th>INTERACTION</th>
<th>CLINICAL IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYP2C9 IM</td>
<td>Intermediate metabolizer; risk of elevated serum levels and drug interactions</td>
<td></td>
<td>Use caution with medications metabolized by CYP2C9. See Drug Interaction Summary for details</td>
</tr>
<tr>
<td>*2/*213</td>
<td>[Intermediate activity]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYP2D6 PM</td>
<td>Poor metabolizer; risk of elevated serum levels, drug interactions, and production of active metabolites</td>
<td></td>
<td>Use caution with medications metabolized by CYP2D6. See Drug Interaction Summary for details</td>
</tr>
<tr>
<td>*3/*1F</td>
<td>[Low activity]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYP1A2 EM</td>
<td>Variations in the CYP1A2 liver enzyme can result in altered drug metabolism and unexpected drug serum levels</td>
<td></td>
<td>There are no known gene-drug interactions for this genotype</td>
</tr>
<tr>
<td>*1/*2A</td>
<td>[Normal activity]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYP2B6 EM</td>
<td>Variations in the CYP2B6 liver enzyme can result in altered drug metabolism and unexpected drug serum levels</td>
<td></td>
<td>There are no known gene-drug interactions for this genotype</td>
</tr>
<tr>
<td>*1/*1</td>
<td>[Normal activity]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYP2C19 EM</td>
<td>Variations in the CYP2C19 liver enzyme can result in altered drug metabolism and unexpected drug serum levels</td>
<td></td>
<td>There are no known gene-drug interactions for this genotype</td>
</tr>
<tr>
<td>*1/*9</td>
<td>[Normal activity]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYP3A4 *1/*22</td>
<td>Variations in the CYP3A4/S3A4 liver enzymes can result in altered drug metabolism and unexpected drug serum levels</td>
<td></td>
<td>There are no known gene-drug interactions for this genotype</td>
</tr>
<tr>
<td>CYP3A5 *2/*3</td>
<td>[Normal activity]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Drug Interaction Summary

Aripiprazole FDA Drug Label

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**Drug Interactions**

_Dosage adjustment due to drug interactions (7.1):_

<table>
<thead>
<tr>
<th>Factors</th>
<th>Dosage Adjustments for ABILIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known CYP2D6 Poor Metabolizers</td>
<td>Administer half of usual dose</td>
</tr>
<tr>
<td>Known CYP2D6 Poor Metabolizers and strong CYP3A4 inhibitors</td>
<td>Administer a quarter of usual dose</td>
</tr>
<tr>
<td>Strong CYP2D6 or CYP3A4 inhibitors</td>
<td>Administer half of usual dose</td>
</tr>
<tr>
<td>Strong CYP2D6 and CYP3A4 inhibitors</td>
<td>Administer a quarter of usual dose</td>
</tr>
<tr>
<td>Strong CYP3A4 inducers</td>
<td>Double usual dose over 1 to 2 weeks</td>
</tr>
</tbody>
</table>

- 2D6 Poor Metabolizer
- 2D6 Strong Inhibitor
- 3A4/5 Strong Inhibitor
- 2D6 PM + Strong 3A4/5 Inhibitor
- Strong 2D6 Inhibitor + Strong 3A4/5 Inhibitor
- Strong 3A4/5 Inducer
Genetic variants have been associated with two forms of life-threatening skin conditions (Stevens-Johnson syndrome and toxic epidermal necrolysis) experienced by carbamazepine patients.

In particular, two HLA-related variants (HLA-B*1502 in Asian populations and HLA-A*3101 in Caucasian populations) are more likely than other patients to have dangerous skin reactions.

Testing of this allele can reduce the frequency of these reactions.

TED talks on genetics

https://www.youtube.com/watch?v=Cgzz0hUlRq8
Psychopharmacology

Treatment Strategies & Application of accurate psychopharmacology

Prescribing for individuals with ID/MI

• Rule out other causes
• Collect baseline data
• State a reasonable Hypothesis
• Intervene in the least intrusive and most positive way
• Monitor for adverse drug reactions (ADRs)

• Collect outcome data
• Start low and go slow
• Periodically consider gradual dose reduction
• Maintain active treatment objectives
• Maintain optimal functional status
Selecting a Psychotropic Agent

- Diagnosis/symptom complex
- Patient’s prior response
- Family member’s experience
- FDA approved indication
- Pharmacologic actions
- Documented efficacy
- Side effect profile
- Insurance coverage/finances
- Patient preference

Treatment Resistance: Depression

![STAR-D Remission & Intolerance Rates](image)

Remission Rates
- Trial 1: 36.8%
- Trial 2: 30.6%
- Trial 3: 19.5%
- Trial 4: 13.7%

Intolerance Rates
- Trial 1: 13.0%
- Trial 2: 25.6%
- Trial 3: 34.1%

Rush et al. (2006)
Classes of Psychotropic Medications

- Antipsychotics
  - Conventional
  - Atypical
- Antidepressants
  - SSRIs
  - SNRIs
  - Tricyclic Antidepressants
  - MAOIs
  - Others
- Mood Stabilizers
  - Lithium
  - Anticonvulsants
  - Atypical antipsychotics
- Anxiolytics
  - Antidepressants
  - Benzodiazepines
  - Other agents
- Medications for dementias
  - Cholinesterase inhibitors
  - Memantine
- Medications for substance use disorders
  - Alcohol use disorders
  - Opioid substitution therapies
  - Nicotine dependence
- Others
  - Medications used to treat “side effects”
  - Medications used for augmentation
  - Sleep aids

Considerations in Choosing Medication(s)

- Diagnosis
- Target symptoms
- Severity of symptoms
- Side effects of medications
- Drug interactions
- Compliance
- Alternatives/adjuncts to medications (psychotherapy, social treatments)
Psychotic Disorders

- Antipsychotics are generally first-line
- Consider
  - Typical vs. atypical
  - Side effects of the medication
  - Compliance (need for long-acting injectable forms)
  - Need for adjunctive medications
    - Antidepressants, sleep aids, side effect medications
  - Treatment resistance (need for clozapine)

FDA approved indications in Bipolar Disorder

<table>
<thead>
<tr>
<th>Generic name</th>
<th>Trade name</th>
<th>Manic</th>
<th>Mixed</th>
<th>Maintenance</th>
<th>Depressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ziprasidone</td>
<td>Geodon</td>
<td>x</td>
<td>x</td>
<td>x*</td>
<td></td>
</tr>
<tr>
<td>Risperdone</td>
<td>Risperdal</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
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Mood Disorders

• Depression
  • Need to rule out bipolar disorder
  • SSRIs generally first line
  • TCAs and MAOIs are effective medications – side effects limit use
• Bipolar disorder
  • Mood stabilizers are first line
  • All choices have significant side effects
  • Considerations – “classic mania”, rapid cycling, bipolar depression, comorbid medications and medical conditions

Anxiety Disorders

• SSRIs, other antidepressants are first line choices
• Benzodiazepines – should be used short-term if at all possible
• Many augmentation strategies depending upon diagnosis
• Don’t forget about psychotherapy!
Clinicians working with Intellectual Disabilities are prone to two types of errors  
Ghaziuddin (2005)

1. Failure to identify the presence of a mental health diagnosis or to identify the correct mental health diagnosis

2. Incorrect or inaccurate psychopharmacology
   - Increase in challenging behaviors
   - Increase in medication PRN’s and (polypharmacy)
“Learn how to see. Realize that everything connects to everything else.”

— Leonardo da Vinci

Thank you!!

and now your Questions??
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