



# Managing Cases Involving Persons with Mental Disorders: Psychotropic Medications

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### **FACULTY**

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# An Overview of Psychiatric Treatments for the Justice System Professional

Joanette Sorkin, MD Staff Psychiatrist, ANMC/Southcentral Foundation March 30, 2007

## Goals for this Session

- What are the medical treatments for the brain disorders we've learned about?
- · What are the common side effects?
- Why is compliance such a big problem?

### **Treatments**

- In general, to be accepted by physicians as appropriate medical care, an intervention must:
  - Treat a generally recognized symptom, disease, or illness
  - Have demonstrated efficacy in one or more controlled clinical trials published in the peer reviewed literature
  - Have demonstrated benefit that justifies attendant risks
- What are the medical treatments for the brain disorders we've learned about?
  - Biological medications, light therapy, ECT, exercise
  - Psychological "talk" therapies
  - Social high and low expressed emotion, therapeutic communities, sober supports

## Side Effects

- Effects of an intervention, usually but not exclusively medication, beyond what is intended or targeted
- Usually unwanted and/or unpleasant
- Part of "informed consent" and the risk/benefit analysis for any treatment for any condition

## Compliance

Continuing, sticking to, or participating in a prescribed treatment or plan of care

In Psychiatry, this might include:

- Taking medications at the dose and frequency intended by the doctor or nurse who prescribed them
- · Not selling medications or giving them to others
- · Keeping appointments or rescheduling them in a timely manner
- Reporting key symptoms, side effects, life events, other medications/drugs, or other issues that may influence treatment
- Maintaining trust and therapeutic rapport including discussing issues, problems, and feelings as they arise
- Completing "homework" for psychotherapy such as practicing skills, noting or rating reactions to events, etc.
- · Maintaining attention and effort on task at hand
- · Respecting boundaries and limits of treatment relationships

# Psychotic Disorders - Review

Types of psychotic disorders

- Schizophrenia
- · Schizoaffective Disorder
- · Brief Reactive Psychosis
- · Mood disorders with psychotic features
- · Delusional Disorder
- Paranoid, Schizotypal, and Schizoid Personality Disorders?

### Common Psychotic Symptoms

- · Hallucinations auditory, visual, tactile, olfactory, gustatory
- Delusions fixed false beliefs, can be persecutory, grandiose, hyper-religious, etc.
- · Ideas of Reference
- Thought Insertion, Thought Extraction

# **Psychotic Disorders - Treatments**

- Biological
  - Medications
- Psychological
  - CBT
- Social
  - Assertive Case Management
  - Low EE environment

# **Psychotic Disorders - Medications**

First Generation or Typical Antipsychotics:

- · haloperidol (Haldol)
- · fluphenazine (Prolixin)
- perphenazine (Trilafon)
- thioridazine (Mellaril)
- trifluoperazine (Stelazine)
- chlorpromazine (Thorazine)
- thiothixene (Navane)

## Second Generation or Atypical Antipsychotics:

- · clozapine (Clozaril)
- risperidone (Risperdal)
- · olanzapine (Zyprexa)
- quitiapine (Seroquel)
- ziprasidone (Geodon)
- aripiprazole (Abilify)

### Side effects of FGA's

- EPS
- · Neuroloptic Malignant Syndrome
- TD
- Sedation

### Side effects of SGA's

- Metabolic Syndrome
  - Dyslipidemias
  - Glucose intolerance
  - Centripetal Obesity

### Side effects of Clozaril

Agranulocytosis

### Side effects shared by both

- · All of the above, plus
- Prolonged QT

# Psychotic Disorders – Medications, Side Effects

EPS - Extrapyramidal Symptoms

- · "pill role" resting tremor
- · "mask like faces" decreased or frozen facial expression
- festinating gait delayed initiation, small steps, and decreased arm swing
- Dystonias abnormalities in muscle tone "lead pipe" or "cogwheel" rigidity
- Akathisia restlessness such as a constant urge to move, inability to relax, jitteriness, pacing, rocking motions, rapid alternations of sitting to standing, etc.

# Psychotic Disorders – Medications, Side Effects

NMS - Neuroleptic Malignant Syndrome

- · Muscle rigidity
- Fever
- Altered level of consciousness
- Autonomic instability could include
  - High blood pressure
  - Rapid heart rate
  - Sweats

# Psychotic Disorders – Medications, Side Effects

### TD - Tardive Dyskinesia

- Late Appearing 6 mo to years into tx
- Involuntary, stereotyped or irregular choreoid movements of face, extremities, or trunk
- Assessment via "AIMS" or Abnormal Involuntary Movement Scale
- More common in persons with schizophrenia and other brain diseases even without treatment with antipsychotic medication

# Psychotic Disorders – Medications, Side Effects

### Metabolic Syndrome

- Dyslipidemias
  - "Bad cholesterol" too high
  - "Good Cholestorol" too low
  - Triglycerides too high
  - Can lead to plaques in blood vessels
- Glucose intolerance
  - Fat cells stop responding normally to presence of insulin
  - Can lead to Type II Diabetes
- Centripetal obesity
  - Weight gain, specifically increased fat around the middle
  - Contributes to all of the above

All risk factors for vascular disease, heart attack, stroke

## Psychotic Disorders – Medications, Side Effects

## Agranulocytosis

- One of several possible blood dyscrasias that can be caused by various medications
- Low incidence but several deaths on Clozaril resulted in required weekly testing for first year, then every other week testing

# Treatment – Psychotic Disorders, Psychological

- NOT based on the premise the psychotic symptoms are caused by unresolved intrapsychic conflict
- Instead based on a practical approach to decreasing a patient's belief in delusions and increasing adaptive behaviors

# Treatment – Psychotic Disorders, Social

- Measures of effectiveness include degree of symptoms, rates of rehospitalization, adherence rates, etc.
- Assertive Community Treatment
  - Involves multidisciplinary team with nursing, case management, occupational therapy, psychiatry, nueropsychology, etc.
  - Considered standard of care for outpatient treatment of severe and persistent mental illness
  - Rarely delivered at the intensity that has been demonstrated effective
- Low Expressed Emotion Environment
  - Delays time to readmission
  - Allows for lower doses of medication

# Treatment – Psychotic Disorders, Barriers

- Stigma "crazy" "psycho" "mental" used to describe the person as well as the illness
- Insight the brain is the organ of self awareness and the organ affected in these illnesses
- Access
  - wait list of 6 months to enter treatment at ACMHC
  - access to parts of necessary care, but not others
- Limitations of treatment
  - residual symptoms
  - side effects
  - duration of treatment required

# Depressive Disorders - Review

### Types of Depression

- Major Depression symptoms almost all day every day, > 2 weeks
- Dysthymia symptoms most of day, more days than not, for >2 years
- Depression NOS catchall

### Symptoms of Depression – Sad or irritable mood + 4-5 of the following:

- · Sleep increased or decreased
- · Interest loss of interest and/or pleasure in usual activities
- Guilt Worthlessness or guilt out of proportion to actual circumstances
- · Energy diminished
- · Concentration poor concentration or difficulty making decisions
- · Appetite may be up or down
- · Psychomotor agitation or retardation
- · Suicide/thoughts of death

## Depression - Treatments

### Biological

- Antidepressant medications
- ECT (Electroconvulsive Therapy)
  - the most effective treatment we have for major depression, the safest option for patients with some severe medical problems
  - Requires staff and facilities to safely administer anesthesia
  - Not currently available in the state of Alaska
- · Light therapy
  - Shown to be helpful for Seasonal Affective Disorder and possibly for Major Depression
  - Requires brighter light than is immediately comfortable or commonly provided in commercial light boxes.

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## **Depression - Medications**

- SSRI's and other seratonergic drugs
  - Fluoxetine (Prozac)

  - Paroxetine (Paxil)
     Citalopram (Celexa, Lexipro)
  - Sertraline (Zoloft)
  - Mirtazapine (Remeron)
- SNRI's and others
  - Ventafaxine (Effexor)

  - Duloxetine (Cymbalta)
     Bupropion (Wellbutrin, Zyban)
- Tricyclics
  - Amitriptyline (Elavil)

  - Nortipyline (Pamelor)Desipramine (Norpramin)
  - Doxepin (Sinaquan)
- Impipramine (Tofranil)
- MAOI's
  - Phenelzine (Nardil)
  - Tranylcypromine (Pamate)

### Side effect Profile

- SSRI's
  - Sexual Dysfunction

  - Gastrointestinal (GI)
     Relatively safe in overdose
- Venlafaxine and Duloxetine (SNRI's)
  - Sexual Dysfunction still common
  - Gastrointestinal a bit worse

  - Hypertention (subacute)
- Bupropion
  - Agitation/anxiety/increased alertness
     GI less

  - Sexual Dysfuction less
- Remeron
  - No sexual dysfuction
    No GI distress

  - Increased appetite and sleep
- Tricyclics

  - Sedation a problem
     Lethal cardiac arrhythmias in overdose
- MAOI's
  - Dietary restrictions

# Depression – Treatments Psychological and Social

### **Psychotherapies**

- CBT (Cognitive Behavioral)
- IPT (Interpersonal)
- Psychodynamic
- Psychoanalysis

### Social

· Structured activities such as work, church, groups, hobbies

# Depression – Barriers to effective treatment

- · Cost of medications
- Cost of or absence of staff trained to provide the most effective treatments
- Symptoms of illness social withdrawal, hopelessness, low energy - directly interfere with motivation to seek and continue treatment
- Unless presenting with self-harm behavior, unlikely to be a high priority for an overburdened behavioral health system
- Mixed messages about the meaning of depression and of seeking help

# Bipolar Disorders - Review

Types of bipolar disorders

- Bipolar I
- · Bipolar II
- Cyclothymia

Symptoms of Bipolar Disorder

- Major Depressive Episodes (same as for MDD)
- Manic Episodes at least a week of elevated or irritable mood with:
  - grandiosity, decreased sleep, pressured speech, racing thoughts, distractibility, increased activity – goal directed and/or impulsive/pleasurable
- Mixed Episodes criteria met for BOTH manic and depression episodes at the same time
- Hypomanic episodes same symptoms, but fewer, less severe and less persistent (4d)
- Rapid Cycling 4 or more mood episodes in one year

# **Bipolar Disorders - Treatments**

- Biological Medications
- Psychological CBT
- · Social Social Rhythm Therapy?

# **Bipolar Disorders - Medications**

Mood Stabilizers - monotherapy rarely sufficient, use of antidepressants controversial

- · Lithium (Lithobid, Eskalith)
- · Valproic acid, divalproate (Depakote)
- Carbamazepine (Tegretol)
- Oxcarbemazepine (Trileptal)
- · Lamotrigine (Lamictal)
- Topiramate (Topamax)

### Antipsychotics as mood stabilizers

- First generation antipsychotics were tested and found effective for acute mania, but were not used and tested long term to prevent recurrence
- Second generation antipsychotics are being tested and used as mood stabilizers, not just for acute mania, but for maintenance

### Anticonvulsants as mood stabilizers

- · depakote and tegretol work, what else?
- · Some work, some don't. It takes 5 10 years to find out for each new drug

# **Bipolar Disorders - Medications**

Side effect profile - what doctors worry about:

- Lithium
  - Narrow therapeutic window
  - Damage to kidneys, thyroid and parathyroid glands
  - Requires blood draws for monitoring
- Valproic acid
  - Wider but still narrow window
  - Potential damage to liver, blood cells, ovaries
  - requires blood draws for monitoring
- Carbamazepine
  - Similar to depakote
- Oxcarbemazepine
  - No labs needed@
  - But doesn't seem to work as well⊗
- Other anticonvulsants
  - Lamotrigine might help with depression
  - Topiramate might help with weight gain

### Side effect profile - what patients worry about:

- · Decreased creativity
- · Sedation or "feeling like a zombie"
- · Weight gain

# Bipolar Disorders – PsychoSocial Treatments

- Learning to recognize and stop patterns of thoughts and activities that lead to trouble
- · Training in specific strategies to relax body and mind
- Entraining healthy habits like regular bed times, exercise and socialization
- Challenge beliefs and ideas that tend to lead to poor compliance
- Examine stressors and prompting events that lead to or perpetuate mood destabilization
- Decrease or end use of recreational substances
- Some studies show improved compliance with medication, decreased hospitalization rates and lower doses of medication needed

# Bipolar Disorders – Barriers to effective treatment

- If it feels good, why stop?
  - Extra energy, decreased need for sleep, feeling powerful, invincible, attractive, etc.
- Patients typically recognize depressions, but not manias
  - As many as 50 percent of patients previously <u>hospitalized</u> for mania do not report this when they latter seek treatment for depression.
- · Weight gain and mental "numbing"

# Anxiety Disorders - Review

### Types of Anxiety Disorders

- PTSD
- · Acute Stress Disorder
- · Generalized Anxiety Disorder
- · Panic Disorder with and without agoraphobia
- Social Phobia
- Specific Phobia
- Obsessive Compulsive Disorder

### Common Anxiety Symptoms

- · Excessive worry and preoccupation
- Physical tension
- "Panic" symptoms or "Fight or Flight" response with racing heart, rapid shallow breathing, urge to bolt, etc.
- Avoidance

# **Anxiety Disorders - Treatments**

- Biological medications
- Psychological exposure/response prevention now gold standard
- Social Family, "Safe persons"

# **Anxiety Disorders - Treatment**

- Treatment of choice is Exposure/Response prevention with or without medication
- First line medications are SSRI's and other seratonergic drugs
- Controversy regarding use of quick acting, but abusable and potentially habit forming benzodiazepines

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# **Anxiety Disorders - Medications**

### Benzodiazepines:

- · Alprazolam (Xanax)
- Chlordiazepoxide (Librium)
- Clonazepam (Klonopin)
- Diazepam (Valium)
- Lorazepam (Ativan)

#### Other:

- Gabapentin (Neurontin)
- Buspirone (BuSpar)
- · Diphenhydramine (Benadryl)
- · Hydroxyzine (Atarax, Vistarii)

### Risks and Benefits Benzodiazepines

- · Quick acting, immediate relief
- · Stimulate reward pathways
- Serious withdrawal syndrome
- · Controlled substances
- · Have street value
- Can impair learning and memory
- Dangerous in overdose and when used with some other drugs, especially alcohol and opiates

#### Gabapentin

- · Three times a day dosing
- Sedation

#### Buspirone

Limited effectiveness

### Diphenhydramine, hydroxyzine

· Lightheadedness, sedation

# Anxiety Disorders – Barriers to Effective Treatment

- · Behaviorally oriented therapies are:
  - difficult to tolerate
  - time consuming
  - require staff training and supervision beyond what is commonly available in our state
- Even lower priority than depression in overburdened mental health systems that must devote majority of resource to high risk patients
- Lack of concordance between goals and concerns of physician and patient
  - Fear of dependence
  - Feelings of urgency

### Substance Use Disorders - Review

### Abuse - recurrent use:

- · despite role impairment
- · in hazardous situations
- · despite substance related legal problems
- · despite substance related social or interpersonal problems

### Dependence

- Tolerance
- Withdrawal
- Using more or for longer than intended
- · Failed efforts to cut down
- Excess time spent obtaining, using or recovering from effects of substance
- Role impairment (as parent, worker, etc.)
- Use despite knowing of medical or psychological problems caused or exacerbated by substance.

## Substance Use Disorders- Review

- Specific syndromes of intoxication and withdrawal for many substances – not reviewed here
- Same criteria for abuse and dependence apply to all habit-forming substances
- Alcohol abuse and alcohol dependence still by far the most common

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# Substance Use Disorders - Treatments

- Biological Medication
- Psychological Psychotherapy
- Social support groups, 12 step programs

# Substance Use Disorders - Medications

### For Alcohol

- Antabuse
  - Risks makes you sick if you drink (strain on cardiac, respiratory, GI systems)
  - Benefits makes you sick if you drink
- Naltrexone
  - Risks sedation or activation, nausea or loss of appetite, rare elevation of liver enzymes
  - Benefits decreases cravings for alcohol and diminished pleasure if you do use
- Acamprosate
  - Risks have to take it 3 times a day, uncertain effectiveness
  - Benefits decreases mild, long term withdrawal sx
- Topiramate
  - Risks sedation, confusion
  - Benefits decreases mild, long term withdrawal sx

# Substance Use Disorders - Medications

### For Opiates

- Methadone long acting replacement, has street value, risk of lethal OD
- LAAM even longer acting replacement, same problems
- Naltrexone blocks effects completely
- Buprenorphine partial agonist long acting replacement but with "safety features" built in

# Substance Use Disorders – Psychological Treatments

- Antabuse benefit depends on patient's fear of feeling ill rather than direct effects of the drug
- Psychotherapy
  - identifying triggers to drink
  - learning alternative strategies for managing difficult emotions or situations
  - Enhancing motivation for maintaining sobriety
- Aversion therapy
  - Paired stimulus response/conditioning

# Substance Use Disorders – Social Treatments

- Use of the "milieu" or "peer supports" common to:
  - Residential treatment programs
  - AA and other self help groups
  - Group forms of psychotherapy
- Involvement of family, co-workers, boss, legal system all shown to be helpful

# Substance Use Disorders – Barriers to Effective Treatment

- Access
- Knowledge of effective treatments
- Beliefs about the meaning of control and free will
- Residual symptoms, chronicity, limitations to treatments
- Same as for other behavioral health conditions

# Summary

- What are the medical treatments for the brain disorders we've learned about?
  - Numerous
  - Include skills as well as pills
- · What are the common side effects?

  - Almost any body system
    Range from mild and self limiting to severe and life threatening
- · Why is compliance such a big problem?
  - Access
  - Access
  - Stigma
  - Education/awareness
  - Access

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Diagnostic Categories	Medications commonly used to treat this problem
Depressive Disorders: Major Depression Dysthymia Depression NOS  (Bipolar Disorder, current episode depressed Schizoaffective disorder, depressive type)	Antidepressants: Fluoxetine (Prozac) Paroxetine (Paxil) Citalopram (Celexa, Lexipro) Sertraline (Zoloft) Mirtazepine (Remeron) Venlafaxine (Effexor) Duloxetine (Cymbalta) Bupropion (Wellbutrin, Zyban)
	(Many others, now rarely used)
Bipolar Disorders: Bipolar I Bipolar II Bipolar NOS Cyclothymia	Mood Stabilizers:  Valproic acid, divalproate (Depakote) Lithium (Lithobid, Eskalith) Carbamazepine (Tegretol) Oxcarbemazepine (Trileptal) Lamotrigine (Lamictal) Topiramate (Topamax)  Antipsychotics: (as below, but usually second generation, not first generation)
Anxiety Disorders: Generalized Anxiety Disorder Panic Disorder Acute Stress Disorder Post Traumatic Stress Disorder Social Phobia Obsessive Compulsive Disorder Specific Phobias	Antidepressants: (as above, but probably not Wellbutrin)  Benzodiazepines: Alprazolam (Xanax) Chlordiazepoxide (Librium) Clonazepam (Klonopin) Diazepam (Valium) Lorazepam (Ativan)  Other: Gabapentin (Neurontin) Buspirone (BuSpar) Diphenhydramine (Benadryl) Hydroxyzine (Atarax, Vistaril)
Psychotic Disorders: Schizophrenia Schizoaffective Disorder Depression or Bipolar disorders with psychotic features, Delusional Disorder	First Generation or Typical Antipsychotics: haloperidol (Haldol) fluphenazine (Prolixin) perphenazine (Trilafon) thioridazine (Mellaril) trifluoperazine (Stelazine) chlorpromazine (Thorazine) thiothixene (Navane)  Second Generation or Atypical Antipsychotics: clozapine (Clozaril) risperidone (Risperdal) olanzapine (Zyprexa)

	quitiapine (Seroquel) ziprasidone (Geodon) aripiprazole (Abilify)
Medications for side effects of antipsychotic medications	Anticholinergics: Benztropine Mesylate (Cogentin) Trihexyphenidyl HCl (Artane) Diphenhydramine (Benadryl) Amantadine (Symmetrel)  Betablockers: Propranolol (Inderal)
ADHD	Stimulants: Amphetamine-Dextroamphetamine (Adderall) Atomoxetine HCl (Strattera) Dextroamphetamine Sulfate (Dexedrine) Methylphenidate (Ritalin, Ritalin SR, Concerta) Pemoline (Cylert)
Substance dependence: Alcohol Opiate Nicotine	Multiple agents, various classes: Naltrexone (ReVia) Acamprosate (Campral) Buprenorphine (Buprenex, Suboxone, Subutex) Methadone (Dolophine) Topiramate (Topomax) Disulfiram (Antabuse) Bupropion (Zyban)
Miscellaneous: For sexual dysfunction	Sildenafil (Viagra)
For sleep	Temazepam (Restoril) Trazodone (Desyrel) Mirtazapine (Remeron) Diphenhydramine (Benadryl) Zolpidem (Ambien) Remelteon (Rozarem) Zaleplon (Sonota)