

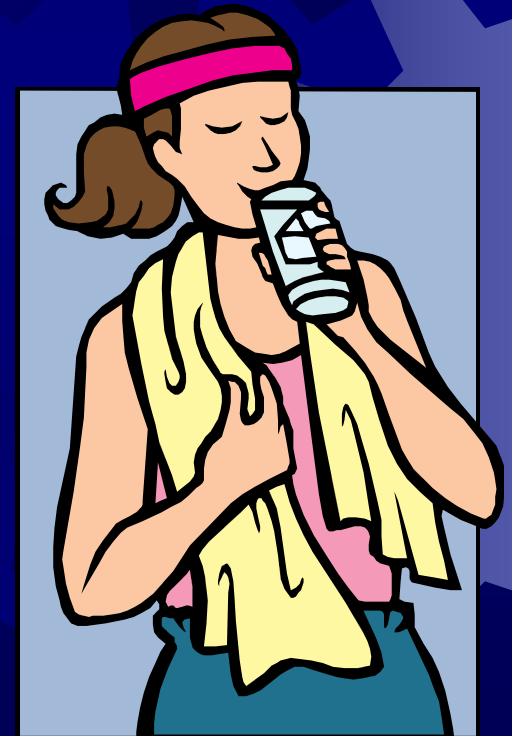
The Role of Psychopharmacology in Personal Recovery (and how we can be supportive)

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Learning Objectives

- ★ List three methods by which people in recovery can become active partners in their own treatment with psychotropic medication
- ★ Specify five reasons why someone in recovery would choose not to take psychotropic medication
- ★ Develop a plan by which people in recovery can communicate more effectively with the prescribing clinician
- ★ Summarize the ethics associated with the practice of polypharmacy

“The medication should fit the lifestyle and not the other way around...”



Views about Medication



Slim was taking his meds again.

Principles (Mary Ellen Copeland)

☀ **Hope**

☀ **Personal Responsibility**

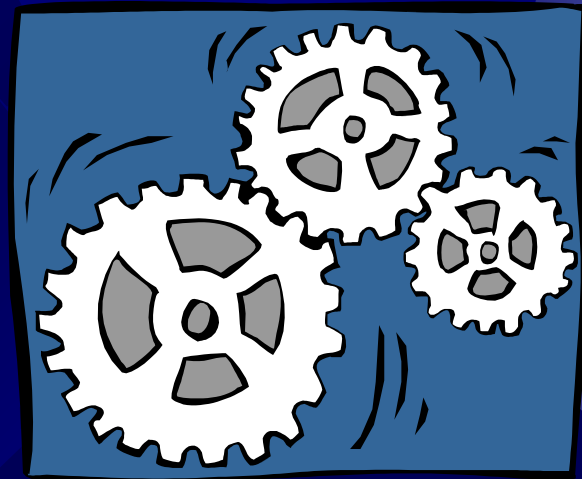
☀ **Education**

☀ **Self-Advocacy**

☀ **Support**

The Role of Medication in Recovery

“In behavioral health treatment, psychotropic medication is only one of many potential tools that can be made part of recovery; this tool, like so many others, will not solve all problems but can help pave the way to problem resolution in the presence of hope”



**How important is HOPE in
psychopharmacology?**



Placebo Effect

☀ Causes of placebo effect

- ☀ **Conditioned response: we psychologically confirm the belief that medicine makes us better; this conditioned response may release endorphins**
- ☀ **Symptoms naturally “wax and wane” in terms of frequency, duration and intensity**
- ☀ **Positive outlook or continued contact with clinicians/researchers**
- ☀ **Anticipated relief may reduce stress/anxiety thus reducing cortisol release**
- ☀ **HOPE**



Personal Responsibility

“People can move from just taking medications to using them as part of their own recovery process”
(Patricia Deegan, 1995)

Personal Responsibility

★ How to get in the game?

1. Ask questions

2. Psychoeducation

★ Diagnosis and associated symptoms

★ Medication choices and associated side-effects

★ Where to get medication information?

★ Psychoeducation for all!

3. Symptom and side-effect monitoring

4. Preparing for medication visit and communicating with the physician



Asking the MD Questions



Questions to ask and answer

“The purpose of asking and answering questions is to set someone up to succeed: what information does the person need to be able to use the medication successfully?”



Asking the MD Questions: Self-Advocacy

- ✦ What is the name of the medication (generic name and brand name)?
- ✦ How do I take it, when do I take it, and when do I stop taking it?
- ✦ Are there any food, drink or other medications I should avoid while taking it?
- ✦ Full vs. empty stomach?
- ✦ Alcohol?
- ✦ What are the side-effects?
- ✦ Is a package insert or other consumer information available?
- ✦ What other choices exist (e.g. other meds)?
- ✦ **See handout #1**



More about side-effects

- ✦ Predicting who will get what side-effects is not an exact science
 - ✦ % experiencing any 1 side-effect is generally not very high
 - ✦ % experiencing some subset of all known side-effects for a given medication is much higher
- ✦ Generally, side-effects occur before beneficial effects
- ✦ Individual differences re: side/benefits
- ✦ One man's side effect...(e.g. SSRIs, Seroquel)

Asking Questions & Vocation

- ★ **What time of day is the medication to be taken?
Can this schedule be changed to better fit work style or work expectations?**
- ★ **Discuss:**
 - **The type of work being done: be very concrete about specific tasks!**
 - **Describe what hours are being worked and what days of the week (why?)**
 - **What supports exist on the job (a Nurse? Job Coach? Peer support?)**
- ★ **Ask for a job description (if available)**

Psychoeducation



Psychoeducation

Snapshots at jasonlove.com



Where can we get the education we need?

- ★ **Guide to prescription drugs (a variety of these can be found at most bookstores)**
- ★ **Conferences**
- ★ **Other Internet sites (but be careful!!!)**
 - ★ **National Alliance for the Mentally Ill (NAMI)**
 - ★ **National Institute of Mental Health (NIMH)**



Where can we get the education we need?

- ★ The Internet (cont.)

- ★ CenterWatch: for newly or recently approved meds...I find this site better than the FDA homepage which is not very user friendly

- ★ <http://philadelphia.pa.networkofcare.org/mh/home/index.cfm>

- ★ <http://www.mhselfhelp.org>

- ★ <http://www.attcnetwork.org/index.asp>

- ★ <http://www.askapatient.com/>

- ★ Package inserts

- ★ Waiting room pamphlets

Encouraging Self- Awareness



Won't admit he has a problem. Won't even admit he's the patient.

Encouraging Self-Awareness

- ✦ Monitor symptoms on a daily basis if possible
- ✦ Monitor side-effects
- ✦ Monitor whether or not medications taken on time
- ✦ Any lifestyle changes; for example:
 - ✦ Changes in appetite, diet or weight?
 - ✦ Sleep pattern changes?
 - ✦ Falling asleep
 - ✦ Staying asleep
 - ✦ Difficulty getting up in the AM
 - ✦ Sexual interest (increase or decrease)?
- ✦ Ability to concentrate?
- ✦ Memory changes?

Encouraging Self-Awareness

- ✦ Track any physical problems
 - ✦ Headaches
 - ✦ Numbness or tingling
 - ✦ Loss of balance and/or coordination problems
 - ✦ Vision problems
 - ✦ Weakness of arms or legs
 - ✦ Fever
 - ✦ Nausea/diarrhea or other GI problems
 - ✦ Fainting or dizziness
- ✦ Any stressful life events?
- ✦ **See handout #2**

Preparing for the Next Visit

- ✦ Prepare for your next visit:
 - ✦ Make sure any tracking forms are up to date and completed
 - ✦ Write down any specific questions you may have/points you want to have addressed
 - ✦ If there is anything you want the doctor to read, send it to him/her ahead of time (the doctor will not have time to read it during your visit)

Medication Adherence





Medication Adherence (Decisional Uncertainty)

What is behind this phenomena?

Reasons for non-adherence

1. Side-effects
2. Timing/# of medications
3. Delay in positive effects
4. Fear/anxiety
5. Positive symptoms
6. Loss of positive symptoms
7. Covert suicide attempt
8. Constant reminder of having an illness
9. Hopelessness
10. Necessity of being in the “patient” role
11. Cultural issues
12. Financial issues
13. Lack of understanding



Alternatives to stopping medications

- ✦ **Suggest discussing with the MD:**
 - ✦ **Decreasing the dose**
 - ✦ **Decreasing # times per day taken**
 - ✦ **Changing medications**
 - ✦ **Changing medication route of administration**
- ✦ **Beginning or increasing the use of other wellness tools**
 - ✦ **Exercise**
 - ✦ **Relaxation techniques**
 - ✦ **Diet/sleep changes (other life-style changes)**
 - ✦ **Enhancing support structure**
- ✦ **2nd opinion; seeking another MD**

What happens when medications are stopped?

- ✦ Discuss the consequences of stopping the medications
 - ✦ ASK the person in recovery what has happened in the past? If the consequence was a negative one, what did they do?
 - ✦ ASK the person if, in the past, they have used other strategies which have helped them?
 - ✦ ASK the person if they would be willing to wait a month while they used other wellness tools before stopping the medication?

Example of importance on stopping meds

- ★ **Stopping SSRIs too abruptly can cause what is known as “discontinuation syndrome”**
 - **Dizziness, vertigo, lightheadedness, difficulty walking**
 - **Nausea/vomiting, diarrhea**
 - **Fatigue, headaches, insomnia, chills, muscle pain**
 - **Parasthesia (skin crawling, burning or prickling)**
 - **Visual disturbances (blurred vision)**
 - **Agitation**
 - **Disrupted concentration, vivid dreams**
 - **Irritability, suicidal thoughts**
- ★ **Stopping anticonvulsant mood stabilizers**

Polypharmacy ("Layering")



Polypharmacy Defined

Most definitions of polypharmacy take a negative stance:

e.g. ...”the use of multiple medications , especially when too many forms of medication are used , when more drugs are prescribed than is clinically warranted, or even when all prescribed medications are clinically indicated but there are too many pills to take (pill burden).”

Why is polypharmacy practiced at all?

- ✦ Inadequate treatment response
- ✦ To control/reduce side effects
 - ✦ Use of trazodone
 - ✦ Use of Wellbutrin and SSRIs
 - ✦ Cogentin and movement side-effects
- ✦ Variability of symptoms across people with similar diagnoses

Why is polypharmacy practiced at all?

- ★ Medications target symptoms not syndromes: archer analogy & schizophrenia
- ★ Availability of and physician knowledge about non-pharmaceutical interventions
- ★ Lack of knowledge re: pharmacodynamics and/or pharmacokinetics of the medications



Why is polypharmacy practiced at all?

- ✦ **Lack of knowledge: biochemistry of the disorder being treated**
- ✦ **Original medication: not dosed sufficiently and/or not taken long enough**
- ✦ **Co-morbidity e.g. mental illness and addiction**



Reasons in favor of polypharmacy

- ✦ **The nature of acute illness and time constraints**
- ✦ **Given the infancy of psychopharmacology, efficacy of individual medications might not always be sufficient**
- ✦ **Many combination strategies are well established**
 - ✦ **SSRIs and Wellbutrin**
 - ✦ **Valproate and Lithium**

Reasons against polypharmacy

- ✱ **Complicated medication regimens more difficult to follow (compliance issues)**
- ✱ **Cost of additional medications**
- ✱ **Increased risk of drug interactions**
- ✱ **Increased risk of side-effects**
- ✱ **Increase risk of psychological dependence?**

Best practice

- ★ **Accurate assessment/diagnosis**
- ★ **Understanding current literature re: medication efficacy**
- ★ **Proper psychoeducation**
 - ★ **Time course of side-effects versus therapeutic effects**
 - ★ **Treatment choices (including non-pharmaceutical)**

Best practice

- ✱ **Using a medication for a long enough period of time**
- ✱ **Using a medication at a sufficient dose**
- ✱ **Increasing adherence through different strategies**

“The medication should fit the lifestyle and not the other way around...”





Thank you

**The most powerful medicines
known to mankind are
instilling hope, kindness,
understanding and the ability
to listen....and you don't
need a license to dispense
them!**