

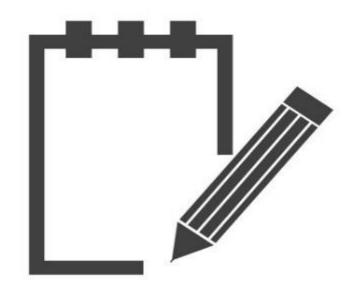


SPECIAL TOPIC -PSYCHIATRIC MEDICATION

Law Enforcement and Community: Crisis Intervention Team Training Nollaig Morris, MSN, RN, FNP-c

PSYCHIATRIC MEDICATION





- LEARNING GOALS
 - PSYCHIATRIC MEDICATION
 - EFFICACY & SIDE EFFECTS
 - GOALS OF & BARRIERS TO TREATMENT
 - PROBATE ROGER'S



TYPES OF MENTAL ILLNESS

1 IN EVERY 8 PEOPLE IN THE WORLD LIVE WITH A MENTAL DISORDER (WHO, 2022)

- MOOD DISORDERS
 - DEPRESSION, BIPOLAR
- PSYCHOSIS DISORDERS
 - SCHIZOPHRENIA
- ANXIETY DISORDERS
 - ANXIETY, PANIC



MOOD DISORDERS - DEPRESSION

- MAJOR DEPRESSIVE DISORDER (MDD)
 - A HISTORY OF AT LEAST ONE MAJOR DEPRESSIVE EPISODE AND NO HISTORY OF MANIA OR HYPOMANIA
 - EPISODE LASTS A LEAST TWO CONSECUTIVE WEEKS AND HAS FIVE OR MORE SYMPTOMS
 - HIGH RATE OF RECURRENT WHICH INCREASES WITH MORE EPISODES
 - (UpToDate, 2024)

MEDICATIONS FOR MDD



- FIRST LINE TREATMENT: SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)
- NAMES: sertraline (Zoloft), escitalopram (Lexapro), fluoxetine (Prozac), paroxetine (Paxil)
- OTHER MEDICATIONS USED IN MDD:
 - SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)
 - NAMES: duloxetine (Cymbalta), venlafaxine (Efexor)
 - ATYPICAL ANTIDEPRESSANTS
 - NAMES: mirtazapine (Remeron), bupropion (Wellbutrin)
 - TRICYCLIC ANTIDEPRESSANTS (TCAs)
 - NAMES: amitriptyline (Elavil)

(UpToDate, 2024)

SIDE EFFECTS OF MDD MEDICATIONS



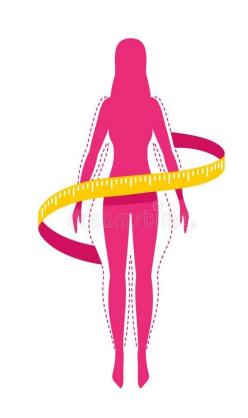
SIDE EFFECTS

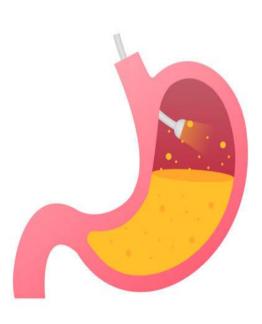
WEIGHT GAIN OR LOSS

SOMNOLENCE

SEXUAL DYSFUNCTION

GASTROINTESTINAL ISSUES







MOOD DISORDERS - BIPOLAR DISORDER

- CHRONICALLY OCCURING EPISODES OF MANIA AND DEPRESSION
- CAN DISRUPT: MOOD, ACTIVITY, SLEEP, COGNITION, BEHAVIOR, FUNCTIONING, ENERGY
- MANIA IS A MEDICAL EMERGENCY, OFTEN REQUIRING HOSPITALIZATION
- SUICIDE AND SELF-HARM ARE HIGH RISK DURING ACUTE BIPOLAR DEPRESSION EPISODES

(StatPearls, 2023)

MEDICATIONS FOR BIPOLAR DISORDER



- FIRST LINE TREATMENT: ANTIPSYCHOTICS OR MOOD STABILIZERS
 - NAMES: ANTIPSYCHOTICS FOR MANIA risperidone (Risperdal), aripiprazole (Abilify)
 - NAMES: ANTIPSYCHOTICS FOR DEPRESSION olanzapine (Zyprexa), lurasidone (Latuda)
 - NAMES: MOOD STABILIZERS lithium (Lithobid), dilvalproex (Depakote), lamotrigine (Lamictal)
- OTHER MEDICATIONS USED IN BIPOLAR:
 - ANTIDEPRESSANTS

SIDE EFFECTS OF BIPOLAR MEDICATIONS – MOOD STABILIZERS



SIDE EFFECTS

WEIGHT GAIN

GASTROINTESTINAL DISTURBANCES

RASH

TREMORS

VISION CHANGES

STEVENS-JOHNSON SYNDROME







PSYCHOTIC DISORDERS

- LOSS OF CONTACT WITH REALITY
 - INCREASED RISK OF HARMING THEMSELVES OR OTHERS
 - INCREASED RISK OF BEING UNABLE TO MEETS THEIR BASIC NEEDS

- CAN BE PRESENT IN MANY PSYCHIATRIC ILLNESSES
- CAN BE A MANIFESTATION OF SUBSTANCE USE OR UNDERLYING MEDICAL DISEASE PROCESSES.

SCHIZOPRENIA



- A PSYCHIATRIC DISORDERS INVOLVING CHRONIS OR RECURRENT PSYCHOSIS
- COMMONLY ASSOCIATED WITH IMPAIRMENTS IN SOCIAL AND OCCUPATIONAL FUNCTIONING.
- RANKED BY WHO AS ONE OF THE TOP 10 ILLNESSES OF GLOBAL BURDEN
- TYPICAL ONSET
- CLINICAL MANIFESTATIONS:
 - POSITVE SYMPTOMS
 - NEGATIVE SYMPTOMS
 - COGNITIVE IMPAIRMENT
 - MOOD AND ANXIETY SYMPTOMS (UpToDate, 2024)

SCHIZOPHRENIA - SIGNS & SYMPTOMS



POSITIVE SYMPTOMS:

HALLUCINATIONS

DELUSIONS

DISORGANIZED THOUGHTS & BEHAVIORS

- HALLUCINATIONS:
 - AUDITORY, VISUAL, SOMATIC, OLFACTORY & GUSTATORY
- DELUSIONS:
 - BIZARRE & NONBIZARRE
- DISORGANIZATION:
 - BEHAVIOR OR THINKING

SCHIZOPHRENIA - SIGNS & SYMPTOMS



NEGATIVE SYMPTOMS:

SOCIAL ISOLATION

UNCHANGING FACIAL EXPRESSION

ASOCIALITY

ANHEDONIA

- COGNITIVE IMPAIRMENT
 - ATTENTION DEFICITS
 - LEARNING AND MEMORY
 - REASONING
 - SOCIAL COGNITION

MOOD & ANXIETY

MEDICATIONS FOR SCHIZOPHRENIA



- FIRST LINE TREATMENT: SECOND-GENERATION ANTIPSYCHOTICS/ATYPICAL
 - NAMES: aripiprazole (Abilify), risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel), ziprasidone (Geodon), paliperidone (Invega), lurasidone (Latuda), clozapine (Clozaril)
 - PREFERRED AS CAUSE FEWER EXTRPYRAMIDAL SYMPTOMS (EPS)

- OTHER ANTIPSYCHOTICS USED:
 - FIRST-GENERATION ANTIPSYCHOTICS/TYPICAL
 - NAMES: haloperidol (Haldol), perphenazine (Trilafon), loxapine (Loxitane), prochlorperazine (Compazine),

ANTIPSYCHOTIC MEDS SIDE EFFECTS



FIRST GENERATION

INCREASED RISK OF CARDIAC ABNORMALITIES.

ORTHOSTATIC HYPOTENSION

SKIN ABNORMALITIES/DISCOLORATION

PHOTOSENSITIVITY

BLOOD ABNORMALLITIES: LEUKOPENIA, THROMBOCYTOPENIA, BLOOD DYSCRASIA

- EXTRAPYRAMIDAL SIDE EFFECTS (EPS):
 - ANTICHOLINERGIC: dry mouth, constipation, urinary retention
 - SEDATION
 - LOWER SEIZURE THRESHOLD

TARDIVE DYSKINESIA

- NEUROLEPTIC MALIGNANT SYNDROME
 - RARE BUT FATAL MEDICAL EMERGENCY

ANTIPSYCHOTIC MEDS SIDE EFFECTS



SECOND GENERATION

LESS EXTRAPYRAMIDAL SIDE EFFECTS

- WEIGH GAIN/INCREASED APPETITE
- INCREASED RISK OF METABOLIC SYNDROME:
- SEDATION
- DIZZINESS
- CARDIAC ABNORMALITIES

CLOZAPINE (CLOZARIL)



- FDA APPROVED FOR TREATMENT-RESITANT SCHIZOPHRENIA. MAX DAILY DOSE IS 900MG
- MOST EFFECTIVE ANTIPSYCHOTIC FOR SCHIZOPHRENIA
- APPROVED FOR SCHIZOPHRENIA-ASSOCIALTED SUICIDE PREVENTION
- ASSOCIATED RISKS:
 - AGRANULOCYTOSIS REQUIRES CLOSE MONITORING OF ANC LEVEL
 - MYOCARDITIS RARE COMPLICATION < 3%
 - METABOLIC SYNDROME
 - SEIZURES
 - EXCESSIVE SALIVATION
 - PULMONARY EMBOLISM

(StatPearls, 2023)



ANXIETY DISORDERS

GENERALIZED ANXIETY DISORDER (GAD)

- VERY COMMON MENTAL HEALTH DISORDER
- MANIFESTS IN SYMPTOMS OF FEAR, WORRY, FEELING OVERWHELMED
- SYMPTOMS CAN BE EXCESSIVE, PERSISTENT, UNREALISTIC
- CAN NEGATIVELY AFFECT SLEEP AND CONCENTRATION

MEDICATIONS FOR GAD



- FIRST LINE TREATMENT: SSRIs & SNRIs
- OTHER MEDICATIONS USED IN GAD:
 - ANTIPSYCHOTICS
 - BENZODIAZEPINES
 - NAMES: diazepam (Valium), clonazepam (Klonopin), lorazepam (Ativan), alprazolam (Xanax)
 - NONBENZODIAZEPINE
 - NAMES: buspirone (Buspar)

(StatPearls, 2022)

SIDE EFFECTS OF ANXIETY MEDICATIONS - BENZODIAZEPINES



SIDE EFFECTS

SEDATION

CONFUSION

IMPAIRED COORDINATION

RESPIRATORY DEPRESSION

- POTENTIAL FOR:
- MISUSE
- ABUSE
- DEPENDANCE
- WITHDRAWAL
- OVERDOSE



ANXIETY DISORDERS

PANIC DISORDER

- COMMON MENTAL HEALTH DISORDER
- MANIFESTS AS RECURRENT, UNEXPECTED PANIC ATTACKS
- CAN SIGNIFICANTLLY AFFECT QUALITY OF LIFE
- HIGHER RISK OF SUICIDAL IDEATION

MEDICATIONS FOR PANIC DISORDER



FIRST LINE TREATMENT: SSRIs & BENZODIAZAPINES

- OTHER MEDICATIONS USED IN PANIC DISORDER:
 - gabapentin (Neurontin) ANTICONVULSIVE

(StatPearls, 2023)

QUESTIONS TO ASK



ASK IF THE PERSON IS:

- TAKING ANY MEDICATIONS CURRENTLY?
- PRESCRIBED MEDICATIONS CURRENTLY?
- TAKING MEDICATIONS AS PRESCRIBED?
- HOW LONG THEY HAVE BEEN TAKING THE MEDICATION?
- DO THEY TAKE ANY OTHER MEDICATIONS/SUBSTANCES THEY ARE NOT PRESCRIBED?

PRESCRIPTIONS





• EXAMPLE:

- JOHN SMITH, 01/01/1970
- CLOZAPINE, 200MG
- TAKE 1 TABLET BY MOUTH TWICE DAILY

• EXAMPLE:

- JOSEPHINE STATE, 01/01/1949
- LORAZEPAM, 1MG
- TAKE ½ TAB EVERY SIX HOURS AS NEEDED FOR ANXIETY

PRESCRIPTIONS





• EXAMPLE:

- MARY JAMES, 01/01/2000
- GABAPENTIN, 300MG
- TAKE 2 TAB BY MOUTH THREE TIMES PER DAY

• EXAMPLE:

- KEITH APPLE, 01/01/1972
- FLUOXETINE, 20 MG
- TAKE 1 TABLET BY MOUTH DAILY

BARRIERS TO MEDICATION COMPLIANCE



BARRIERS

STIGMA

COST

MENTAL ILLNESS

DOSING REGIMEN

CO-MORBIDITIES

SIDE EFFECTS

LACK OF SUPPORT

LIMITED ACCESS TO SERVICES



ROGERS GUARDIANSHIP



WHAT IS A ROGERS?

- THE RIGHT OF A GUARDIAN TO CONSENT TO TREATMENT WITH ANTIPSYCHOTIC MEDICATION BY WAY OF A COURT ORDER.
- 1983 CASE: ROGERS v. COMMISSIONER OF THE DEPT OF MENTAL HEALTH (Mass.gov, 2024)

PROBATE ROGERS

- DETERMINED BY PROBATE COURT AS A "SUBSTITUTED JUDGEMENT"
- ROGERS MONITOR
- REVIEWED YEARLY
- ISSUES WITH ENFORCEMENT



Module Wrap-Up

QUESTIONS?

COMMENTS?

THOUGHTS?

REFERENCES



Bounds, C.G. & Patel, P. (2024). Benzodiapines. *StatPearls*. Retrieved from www.ncbi.nlm.nih.gov/books/NBK470159/

Cackovic, C., Nazir, S., & Marwaha, R. (2023). Panic Disorder. StatPearls. Retrieved from www.ncbi.nlm.nih.gov/books/NBK430973/

Chokhawala, K. & Stevens, L. (2023). Antipsychotic Medications. *StatPearls*. Retrieved from www.ncbi.nlm.nih.gov/books/NBK519503/

Haidary, H.A. & Padhy, R. K. (2023). Clozapine. *StatPearls*. Retrieved from www.ncbi.nlm.nih.gov/books/NBK525299/

Jain, A. & Mitra, P. (2023). Bipolar Disorder. *StatPearls*. Retrieved from www.ncbi.nlm.nih.gov/books/NBK558998/

Marder, S. (2024). Psychosis in adults: Initial management. *UpToDate*. Retrieved from https://www.uptodate.com/contents/psychosis-in-adults-initial-management

Mass.GOV (2024). Rogers Guardianships. Retrieved from https://www.mass.gov/rogers-guardianships

Munir, S., & Takov, V. (2022). Generalized Anxiety Disorder. StatPearls. Retrieved from www.ncbi.nlm.nh.gov/books/NBK441870/

Nath, M., & Gupta, V. (2023). Mood Stabilizers. *StatPearls*. Retrieved from www.ncbi.nlm.nih.gov/books/NBK556141/

Rush, A. J. (2024). Major depressive disorder in adults: Initial treatment with antidepressants. *UpToDate*. Retrieved from https://www.uptodate.com/contents/major-depressive-disorder-in-adults-initial-treatment-with-antidepressants

Simon, L. V., Hashmi, M. F. & Callahan, A. L. (2023). Neuroleptic Malignant Syndrome. *StatPearls*. Retrieved from www.ncbi.nlm.nih.gov/books/NKB482282/

World Health Organization (2022, June 8) Mental Disorders. Retrieved from www.who.int/news-room/fact-sheets/detail/mental-disorders