A.M.B.E.R. clinic Albuquerque Multidisciplinary Behavioral Evaluation for Recovery and Resiliency

Alya Reeve, MD, MPH
University Of New Mexico Health Sciences Center
Professor of Psychiatry, Neurology & Pediatrics
PI, Continuum of Care

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"Psychopharmacology: Strategies & Adaptations for individuals with TBI or I/DD"

Strategy

- Look for patterns that underlie the overt presenting complaint.
- Get independent sources of information.
- Listen to ALL the information.
  - spoken, unspoken
  - changes over time

Strategy

- Develop an historical timeline
  - Assure that it is accurate
  - Request information for gaps
- Involve patient in discussion & history-taking process
  - Make sure no one is rendering patient invisible
  - Do not accept labels of symptoms; get & record symptoms and signs.

Strategy

- Prioritize any urgency.
- Develop desensitization plans for procedural anxieties.
- Record signs and symptoms without diagnostic categorization.
- Develop a hypothesis;
  - At subsequent visits, re-examine appropriateness of your hypothesis…

Adaptations

- What is the identified purpose of this visit for
  - The patient
  - The second reporter
  - The system of care
- Is this the same as the referral request?

You are establishing context within which to use medications

Adaptations

- Identify symptoms of primary priority
- Consider a class of medications
- What are the side-effect profiles
- Imagine worst-case scenario, plan for dealing with it.

Procedure

- Getting consent
  - Patient has to assent
  - Guardian/patient provides informed consent
- Clarifying goals of treatment
  - duration of trial
  - rates of increase
  - symptom changes
  - unwanted symptoms

So you made the decision

- Start low
  - good to have little-to-no effect
  - practice building trust
- Go SLOW
  - increments of smallest dose; or even ½-dose; longer duration before next increase

  (slow changes ~ less brain irritability)

- Sometimes, break the rules….

Bridget Islington

- 52 AA female 6ft 1in 220 lbs.
- Presenting Sx: seeing people; responding to voices; unable to do ADLs; can't wash dishes/follow verbal directions; irritable, yelling. X 8-14 months
- History: MVA → TBI age 7, passenger; father killed; since mother's death living with aunt.
- Risperidone:
  - 1 mg: EPS +++
  - 0.5 mg: EPS ++
  - 0.25 mg 3x/wk

Putting it together

- Goal is to increase function!!!
- Address time that medications are taken/administered
- Listen to reason patient doesn't like the medicine (story of the red pills)
- Is there support for taking medicine properly; are patient's being sheltered, sequestered, hidden, or ignored?
- Do you need to provide safety for staff, family, or patient???

Communication

- Information has to go to the team providing supports.
  - Oral review with persons in attendance
  - Written report – EMR; referral letter.
  - Notes or summary instructions to nursing staff, family member, or patient.

Communication

- Changes and strategies need to be clearly understood by those present, and by those reading your notes.
- Do you know who will be providing you with the follow-up information?
- Has a method been prepared to collect necessary data?

Next presentation:

9-17-2012

“DD Systems – unraveling the mystery”

resources and back issues can be found at Continuum of Care website:
http://som.unm.edu/coc/Training/powerpointnew.html

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