

COMPETENCY STANDARD 5: Psychopharmacology

OVERVIEW

Pharmacotherapy is most commonly thought of as a form of treatment that involves medications and other biologically active compounds. Psychopharmacology refers to the use of drugs that affect the central nervous system in the treatment of challenging behaviors that result from psychiatric symptoms and disorders. Psychotropic drugs are usually classified in terms of their mechanism of action (serotonin reuptake inhibitors) or condition specificity (antidepressants or mood stabilizers). In general, the effectiveness of a drug can be assessed based on best practices or evidence-based criteria. Best practices are those that are judged by fellow prescribers, experts, and clinical practice as effective. Some of these standards may not meet the level of well-designed randomized controlled double-blind studies required for evidence-based medical criteria. A second issue is whether a drug is approved by the Food and Drug Administration (FDA). This is a long process that requires demonstrating the safety and efficacy of a new drug. The manufacturer seeks approval or indication for a specific syndrome (depression) or function (irritability among individuals with autism). For persons with IDD, there are many drugs that are not approved for a specific indication by the FDA. Their use is based on community best practices or in some circumstances randomized controlled trials demonstrating their efficacy for a particular indication.

Informed consent is required in order to prescribe a drug to an individual. For individuals who are legally competent to make medical decisions this requires a thorough discussion of what the drug is being used for, efficacy, and safety of use and a review of pertinent side effects. For a person adjudicated as incompetent, informed consent requires approval by the guardian or parent for a minor. Assent by the recipient of the drug is needed in research studies and when possible before the medication is given. Because of various beliefs, experiences and biological differences in medication response, cultural consideration is needed when obtaining consent and informing the individual, their family, and or their supporters about prescribed medication.

AREAS OF KNOWLEDGE AND SKILL

The following area of knowledge and skill has been identified as a benchmark for satisfying the following:

Competency Standard 5A: The Use of Psychotropic Medication

Competency Standard 5B: Cultural Considerations for Differences in Medication Use & Response

BENCHMARK 5A: The Use of Psychotropic Medication

Psycho-pharmacotherapy is adjunct to already established therapies. These include behavioral, family, and individual psychotherapy. When possible, medications should be

used in a time limited basis and polypharmacy minimized. Drug selection should be based on the best available evidence (FDA approved indications), best practice standards for that drug, and a careful risk-benefit analysis.

Benchmark 5A Performance Indicators

The qualified clinician should demonstrate working knowledge of the following elements in their consideration of the use of psychopharmacological intervention.

- A thorough past and current medical history: medical, neurological, mental status examination, baseline laboratory studies, and neuro-diagnostic testing when appropriate. These studies should be repeated on at least a yearly basis if there are no adverse medication effects.
 - Effective drug monitoring requires the integration of the psychiatric assessment, functional behavioral analysis, and information from family, caregivers, and other sources to monitor response. Decisions regarding efficacy should be based on a combination of rating scales, clinical assessment by the prescriber, and data-driven monitors of selected target symptoms.
 - Side effects assessment by a trained clinician, considering appropriate serum drug levels, laboratory monitors of potential adverse drug effects (liver, cardiac, neurological, and renal complications). Drug-drug interactions should be reviewed with team members and polypharmacy should be kept to a minimum. This includes non-psychotropic medications by other physicians or health care providers.
 - A mechanism for timely communication and action plan for dealing with adverse medication side effects. Life threatening side effects should be treated as a medical emergency or reviewed as soon as possible by the prescriber or team nurse. Any side effects, additional assessment, and treatment plan should be recorded in the progress notes.
- Based on ICF-ID regulations, the treatment team is required to review all psychotropic medications at regular and emergency team meetings. The team should discontinue or replace ineffective medications, those with significant adverse events, and determine the risk-benefits of continued use of an effective medication. For persons with severe mental disorders such as bipolar disorders, recurrent depression, or schizophrenia this decision should be based on the severity of symptoms, outcome of past attempts, and understand the risk factors for relapse and loss of drug effects with more frequent episodes.
- Demonstrates knowledge of lifespan and development as related to use of psychopharmacological intervention

- Ineffective medications should be tapered under close supervision. Cross tapers include a protocol for replacing ineffective drugs. This process should also be data driven either through the behavioral plan or based on ongoing assessment and measures of efficacy. Because many medication side effects can mimic symptoms of a mental disorder or create an exaggeration in existing baseline rates of target behaviors the team should be vigilant to unexpected changes.
- Use of medication to treat behavior in the absence of mental health symptoms is avoided

BENCHMARK 5B: Cultural Considerations for Differences in Medication Use & Response.

Cultural influences of psychotropic and other medications create significant complexities experienced by psychiatrists, primary care physicians, and other prescribing professionals. Ignoring studies that identify differences in such things as metabolism and drug sensitivity may inadvertently result in increased patient suffering, an increase in side effects, or both. Pharmacokinetic differences, in medication such as polymorphism, are more relevant if the patient's condition is severely compromised and there is narrow therapeutic range in the medication. The good thing is that if medications are carefully selected and the dosage is calculated according to the person's metabolic & therapeutic response, adverse outcomes can usually be minimized.

Regarding cultural influences on beliefs about medications and medication adherence, a 2004 article identifies a cross-sectional study that examined the effect of self-reported cultural background on beliefs about medicines (modern pharmaceuticals) and perceptions of personal sensitivity to the adverse effects of taking medication. Using a validated questionnaire, beliefs about pharmaceutical medication were compared between 500 undergraduate students who identified themselves as having an Asian or European cultural background. There was a significant association between cultural background and beliefs about the benefits and dangers of medicines. Students who self-reported to have an Asian cultural background expressed more negative views about medication than those who reported a European cultural background. Students with an Asian cultural background were significantly more likely to perceive medicines as being intrinsically harmful, addictive substances that should be avoided. When applied to the families of individuals with intellectual and developmental disabilities similar difference regarding the beliefs about medications exists and qualified clinicians should be prepared to address culturally related concerns and issues as they arise.

Cultural competence is a set of behaviors, attitudes, and policies that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of different racial, ethnic, religious, diverse ability, genetic, sexual identity, nationality or social groups that provide a trusting environment that promotes greater treatment engagement, medication adherence and overall improved health outcomes.

Benchmark 5B Performance Indicators

- Qualified clinicians exhibit cultural competence and sensitivity to build trust between themselves, the patient and their supporters that increases the likelihood of feelings of comfort, understanding and respect during the healthcare process.
- Qualified clinicians adapt communication methods (use of interpreters, receptive adaptive communication devices etc....) to ensure that every individual receiving service and their supporters feel heard and respected.
- Qualified clinicians consider possible differences in drug metabolism and responses and adjust treatment accordingly.

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