

**Advocacy
and the Adult Home Resident**

Slide I

Welcome.



Goals

Slide II

Throughout this program, we have had two primary goals: to increase the personal comfort and confidence of ombudsman in their abilities to work effectively with residents living in adult homes who have multiple, chronic health problems (both mental and physical); and by doing so, to increase their ability to advocate effectively *for* and *with* these individuals. It is expected that this advocacy will occur at both the individual and systems levels.

In this specific module on psychoactive medications, those goals are supported by providing ombudsman with a general overview of medications commonly prescribed to treat psychiatric illness.

The number and kinds of medications used to treat psychiatric illness is constantly changing as our understanding of these illnesses increases and new treatments become available. **This module is not intended to be a comprehensive review of all of these drugs.** Rather the goal is to equip the ombudsman with enough knowledge and skill to be able to discuss medication and observe practices in a way that supports illness self-management and recovery. As is our usual practice with these modules, the lecture strives to zero in on what the ombudsman needs to know. Supplemental materials provide additional information that is good to know and fun to know.

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Objectives

Slide III

At the end of this module, the ombudsman should be able to:
Name the most commonly prescribed psychoactive medications.

Describe the purpose of the most commonly prescribed psychoactive medications
And/or know where to find this information.

Describe in general why some medications might be chosen over others.

[Note to instructor: this will be covered in detail later on; the idea here is not to ask the ombudsman to suggest one drug over another but rather to point out that sometimes considerations of cost might steer operators to having one kind of drug in a formulary rather than another and to know why this isn't always a good idea.]

Create a list of questions that are important for an individual to ask about his or her medications.

Describe medication practices to look out for in facilities.

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Psychoactive medications, what are they?

Slide IV

Psychoactive medications are drugs prescribed to stabilize or improve mood, thought, or behavior. In other words, they are medications used to modify the three domains of psychiatry: thinking, feeling and behaving as we described in Module I. These medications are sometimes called "psychiatric medications" or "psychotropic medications".

Psychoactive medications can be classified by their action on the brain or by the symptoms they target.

In this module, we are going to discuss psychoactive medications according to their intended effect, that is, according to their target symptoms. (For those of you who are interested in learning more about the action of these medications on the brain – and it is fun to know- a list of references has been provided in your handout.

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Psychoactive medications, what are common types?

Slide V

Many drugs may be used for more than one purpose and so you may see the same drug listed twice. This is because we are taking the approach of identifying what symptoms each drug is designed to relieve.

For example, the anticonvulsant carbamazepine (Tegretol®) may be used to control seizures in an individual with epilepsy, but it is *also* used to reduce mood swings in another individual with manic-depressive illness. Another example would be the SSRI (selective serotonin re-uptake inhibitor) sertraline (Zoloft®) which is used to treat depression but is also used to treat obsessive-compulsive disorder, a kind of anxiety disorder.

The groups we will touch on today are:

Antianxiety medications which are used to target symptoms of anxiety such as apprehension, nervousness, racing heart and so forth; the various types of anxiety are addressed in a future module.

Antidepressants, which target symptoms of depression such as low mood, loss of pleasure in activities, poor sleep, loss of appetite and so forth;

Antipsychotic medications which target hallucinations, delusions, disorganized thinking and the negative symptoms associated with psychotic disorders such as schizophrenia;

Mood stabilizers, which are also sometimes called anti-manic medications because they target symptoms of mania; I prefer the term mood stabilizer because the purpose of these medications is to even out mood swings in both directions; and finally,

Sedative-hypnotics, which are drugs used for calming or to induce sleep. They are listed here for completeness but we will not be discussing them today. Resources containing information about this group of medications are referenced in the handout.

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Anti-Anxiety

Slide VI

Anti-anxiety drugs, as the name suggests, were developed to treat the symptoms of anxiety: irritability, uneasiness, jumpiness, feelings of apprehension and the symptoms of specific disorders such as panic and obsessive-compulsive disorder

[Here the instructor should write out the words obsessive compulsive disorder and point out that it is written as OCD on the slide].

Remember Jack Nicholson in *As Good as it Gets*? This is what he had.

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## Anti-Anxiety

### Slide VII

The most commonly prescribed medications that were designed to target anxiety are the so-called benzodiazepines or Valium-type medications. The shorthand for benzodiazepines is BZDs [you may wish to write it on the flip chart too].

Note that all medications have two names: the generic name and the trade name. Because they are likely to be more familiar to you, I have elected to use the trade name. Please note that this is **NO WAY** suggests a preference for prescribing by trade name over the generic. Also note that electing to list one product instead of another on any of these lists **IS NOT** meant in any way to represent an **ENDORSEMENT**. A list of all medications in each class along with their generic names can be found in your red pamphlet on medications.

The other class of medications commonly used to treat anxiety is the so-called SSRIs or Prozac type drugs. Because they were originally developed to treat depression we will take them up under antidepressants.

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### **Valium-type drugs**

Slide VIII

Generally, Valium-type have very few side effects in young and middle-aged adults, the most common being sedation. In susceptible individuals however, drug abuse or dependence may develop. Higher doses or prolonged use can result in over-sedation, falling, and memory loss. Older adults are especially at risk for falling and memory loss. Valium-type is to be used with caution - if at all - in the older population.



### **Anti-Depressants**

Slide IX

Antidepressant medication, as the name suggests, were developed to treat the symptoms of depression: low mood, loss of pleasure, sleep disturbances and so forth.

There are several different types of antidepressants: tricyclics, SSRIs, NSRIs, MAO-Is and stimulants but today I am only going to list the most commonly prescribed drugs which are the SSRI's or Prozac-type drugs. You can read about the others in the supplemental materials.

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## Anti-Depressants

### Slide X

Likely, everyone in the audience knows someone who is or who taken an SSRI such as Prozac or Zoloft or Celexa. Because they are considered to be such safe drugs, they are widely prescribed for everything from mild depression to very severe depression. In the past, because the older medications were very lethal in overdose, they were less frequently prescribed. Although wholesale use of any drug should make us suspicious of its true value, it should be said that these medications really have brought significant relief to hundreds of thousand of individual's world wide who suffer from clinical depression.

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Series

Slide XI

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The side effect that you most often hear about with these anti-depressants is nausea, which usually goes away. The most troublesome side effect however is the loss of sexual desire (called loss of libido – you may want to write this on the flip chart) or the inability or delay in achieving climax, that is, to have an orgasm.

For the most part, SSRIs are considered to be very safe drugs but recently there have been reports linking these drugs to increased suicide risk in children and adolescents.

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Some of the SSRIs cause problems with other drugs because of their effect on the liver. A rare but worrisome syndrome called the serotonin syndrome results in fever, muscle rigidity, confusion and problems with the heart, kidney and liver and can be fatal.

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Anti-Psychotics

Slide XII

All anti-psychotic medications are good for hallucinations, delusions and disorganized thinking but the newer ones, called the “atypicals” also target negative symptoms such as social withdrawal, extreme apathy, lack of drive or initiative and emotional unresponsiveness.

[To the instructor: you may wish to write the term negative symptoms and these examples on the flip chart. It is a very common term and it would be helpful for the ombudsmen to know what it means.]

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Anti-Psychotics

Slide XIII

The older, or so-called, typical antipsychotics include: Haldol®, Prolixin® and Thorazine®

The list is much longer and can be found in your handouts

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The newer “atypicals” include Clozaril®, Risperdol®, and Zyprexa®

This list too is longer and can be found in your handouts.

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Anti-Psychotics

Slide XIV

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There are several side effects from antipsychotics which interfere with individuals wanting to take them. This was particularly true for the older antipsychotics which often caused stiffness, sedation, loss of energy, dry mouth or conversely, drooling, blurred vision and cognitive slowing.

The newer ones, which are less likely to cause stiffness have added a new risk, namely significant weight gain and increased chance for developing diabetes.

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More serious are three syndromes called akathisia, neuroleptic malignant syndrome and tardive dyskinesia. Let's talk about each one by one:

Akathisia

Is extreme restlessness the sufferer feels as though electricity is running through their legs or as if a motor is stuck in high rev. The person tries to get relief by pacing. The only real treatment is to discontinue the drug that is causing and retrying at much lower dose.

Neuroleptic Malignant Syndrome(NSM)

Is an uncommon but potentially lethal reaction to antipsychotics in which the person develops high fever and muscle rigidity. It can lead to kidney failure and coma.

Tardive Dyskinesia (TD)

Is one of the muscular side effects of antipsychotic drugs, especially in the older generation Haldol. Random movements in the tongue, lips or jaw as well as facial grimacing, movements of arms, legs, fingers and toes, or even swaying movements of the trunk or hips primarily characterize TD. TD can be embarrassing to the affected patient when in public. The movements disappear during sleep. They can be mild, moderate or severe.

In addition, Clozaril requires regular monitoring of the white blood cell count to allow for early detection of a potentially life threatening condition called agranulocytosis, which means the body stops making white cells. White cells are the body's first line defense against infections. all of which are described in the glossary.

What is probably more important for you the ombudsman to know is whether or not there are really any significant differences between the old and new antipsychotics which tend to be more expensive and therefore are often targeted in programs seeking to reduce cost.

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Typical vs. atypical antipsychotics

Slide XV

[The idea here is not to ask the ombudsman to suggest one drug over another but rather to point out that sometimes considerations of cost might steer operators to having one kind of drug in a formulary rather than another. It is important to know why this is not always a good idea.]

With respect to these differences here are the key points;

They're really different

They're really expensive

They're really better

For negative symptoms of schizophrenia

For reduced risk of Extrapiramidal side effects (EPS)

For reduced risk of Tardive dyskinesia (TD)

The last group of medications to mention is the mood stabilizers, which as I mentioned earlier are designed to target manic symptoms and even out mood swings.

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## Mood Stabilizers

Slide XVI

The last group, the mood stabilizers, target manic symptoms such as rapid speech, sleeplessness, euphoria and grandiosity but are also good for preventing relapses which is key in the management of cyclic disorders such as bipolar illness.

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**Mood Stabilizers**

Slide XVII

The oldest mood stabilizer is lithium, which was the first drug to successfully treat manic-depressive illness (now called bipolar disorder) and to prevent further cycles. Since introduction of Lithium, anticonvulsants and the ant psychotic drug zyprexa have also been successfully used.

Both Lithium and Depakoate require routine monitoring with blood tests.

As with all medications, there are a number of reasons that an individual may not wish to take the medications. In addition to the side effects, which we'll look at in a moment, many individuals simply don't like having their blood drawn. Another reason though is that individuals generally like the high feeling before it spins out of control.

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Mood stabilizers

Slide XVIII

Side effects such as tremor and weight gain (Zyprexa and Depakoate®) are not uncommon. The onset of diarrhea can be the first warning sign of Lithium toxicity, which is a very serious condition.

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Lithium toxicity can result in permanent damage to the brain and the kidneys. Other warning signs of Lithium toxicity are unsteadiness when walking or gait instability and acute confusion.

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Medications: Adherence

Slide XVIV

I prefer to talk about adhering to a drug regimen rather than **complying** with the recommendations.

There are many reasons an individual may not want to take psychoactive medications. Here are some that I have heard:

I feel funny when I take them
I think they make me look funny
I'm sick of people asking me about my medications
I'm sick of being sick
I want to see if I can do it on my own
I have too many side effects
I can't sit still
They make me stiff
They make me gain weight

Despite these legitimate reasons, many individuals take the medications because they don't want their symptoms to re-emerge. There are several ways to help individuals adhere to their program

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Medications: Adherence

Slide XX

What helps an individual stay on medication?

Individuals who feel as though their concerns are heard and who feel they are truly partners in their own care are more likely to take their medication than those who don't. Individuals need support from all the members of their team and easy access to information that is easy to understand. This was also presented in module II when we discussed the difference between talking about compliance and resistance and talking about the importance of choice and the right to receive treatment as well as the right to refuse.

An ombudsman can help in this regard by reminding the person that mental illness is just like other medical illnesses. For example, if a resident says to you, I don't want to take this medication for my voices, the ombudsman can respond first with why? If the individual says, I just don't want to, the ombudsman may say, I understand that but it's sort of like diabetes isn't it? People with diabetes may not like taking insulin everyday but know they need to, to keep their sugars in control. Being free of voices is the same thing.

Maybe give an example using diabetes: It may also help the individual to learn how their psychiatric illness is like other medical problems, requiring treatment and long term management.

There is a list of resources for consumers in your handouts.

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Medications

Slide XXI

If you find your self in the role of coaching* an individual to speak with his or her doctor, or perhaps even joining an individual in a treatment planning meeting, here are the things you will want to be sure he or she asks: [to the instructor, You don't need to read all of these]

What is the name of this medication?

What is it supposed to do for me?

What specific symptoms will this help with?

How and when do I take it?

Should it be taken with food or an an empty stomach?

Are there any other medications I should avoid when taking this medication?

Are there any foods I can't eat or beverages I can't drink on this medication?

Is it safe to drink alcohol while on this medication?

What are the most significant advantages of taking this drug instead of something else?

How will I know I am experiencing a side effect?

What should I do if I 'm having side effects?

How will I know if it's working?

How long will it take me to feel the effects?

When do I stop taking it?

[*To the instructor: you may wish to underscore the way the term coaching is being used with the following example: Suppose a resident says: "I don't want to take my medications. I have too many side effects. My doctor doesn't listen. I don't know what to say." One way to respond is to say: "I'll tell the doctor for you". Another way would be to say: "You can do it. How about if I help you learn how to talk to the doctor in a way he'll listen. I'll be your coach. We can practice."]

You may also find yourself in the role of observing practices around medications. Here are the things you'll want to look for:

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Medication Practices: Facility

Slide XXII

In the facility:

Is the medication cart secure?

Is it kept in the hall? Is it locked or unlocked?

Is there respect for privacy?

Or are patients given their medications in common areas with others milling around? Does the medication giver watch the person actually take the medication?

Do any patients administer their own medications?

Is self-administration of medications encouraged?

Are there protocols describing how this can be done?

The notion of self-administration of medication may not be familiar to everyone. This is an idea related to the whole concept of illness self-management and is based on the belief that if a person is responsible for his medication she or he may take the more often. Since taking medications is an area of frequent conflict, this may also reduce unnecessary tension in the adult home.

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Let's solve some problems and find out!

Slide XXIII

Click to add notes