Psychiatric Medication

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Some health statistics

- people with severe mental illness die on average10 years younger than other people because of poor physical health
- 2-4 x the rate of cardiovascular diseases
- 2-4 x the rate of respiratory diseases
- 5 x the rate of diabetes

Physical Illness and Mental Health

- Depression

Physical Illness and Mental Health

- Depression
  - Stroke
  - Cardiac disease
  - Cancer
  - Dementia
  - Parkinson's
  - Chronic pain
  - Shown to increase morbidity

Physical Illness and Mental Health

- Psychosis

Physical Illness and Mental Health

- Psychosis
  - Delerium , Dementia
  - Huntington's Disease
  - Multiple Sclerosis
  - Stroke
  - Meningitis, Pneumonia, Syphilis, AIDS, severe infections
  - Diabetic Ketoacidosis
  - Dehydration
  - Stress
  - Sleep deprivation
  - Alcohol withdrawal syndrome

Medication / Illicit Substances

- Both shown to induce:
  - Mania
  - Psychosis
  - Depression
- Steroid Psychosis/Mania
- L-Dopa - psychosis

BNF Chapter 4

- Anxiolytics
- Hypnotics
- Anti-manic
- Antipsychotics
- Anti-depressants

Anxiolytics and Hypnotics

- Majority are Benzodiazepines
  - Good for short term use
  - Not licensed for long term use
  - Addictive
  - Tolerance occurs

Anti-manic

- Lithium
  - Narrow therapeutic Drug
  - Interactions
  - NSAIDs
- Anti-epileptics
  - Off label
    - Sodium valproate
    - Lamotrigine
    - Carbamazapine
    - Topiramate

Antipsychotic Indications

- Schizophrenia
- Other psychosis
- Mania
- Severe anxiety - short term management
- Psychomotor agitation, excitement
- Violent or dangerous impulsive behaviour
- Antiemetic
- Depression
- Intractable Hiccup
- Sedation
- Anxiety and restlessness in the elderly

Antipsychotics

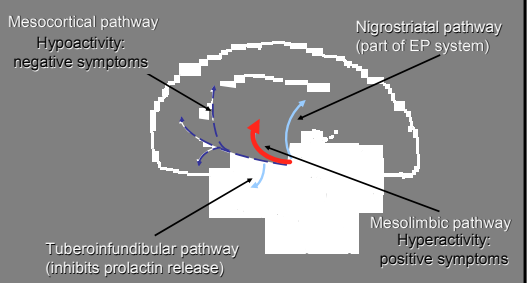
- Rich pharmacology
- Or
- Dirty Drugs?
- Adverse effects due to receptor profile

Receptor Affinities

DRUG	D4	D3	D2	D1	∝-AD	H_1	MUSC	5HT2A
CLOZAPINE	+++	+	+	+	+++	++	++	+++
QUETIAPINE			+	+	++	++	+	+++
OLANZAPINE	++		++	+	+	+	+++	++
RISPERIDONE	++	++	++	+	++	++	+	++
AMISULPRIDE		+++	++	+	+	+	+	+
SULPIRIDE	+	+++	++	+	+	+	+	+
HALOPERIDOL	++	++	+++	+	+	+	+	+
CHLORPROMAZINE	+	++	+++	++	+++	++	++	+

Typical or Atypical?

Dopamine Hypothesis of Schizophrenia



Clozapine

- Red List
- Not prescribed by primary care
- Mandatory blood monitoring
- Short half life (6hrs)

Haloperidol

- Used a lot in liaison psychiatry
- Short term
- Evidence of safety in head injuries
- Knowledge of impact on other illnesses and interactions with other meds

General Advice

- Start low and go slow
- Titrate
- Use smallest possible dose
- Don't overdo it
- Exclude physical causes

Delirium

- How to spot it & how to manage it
- Low doses of antipsychotics regularly rather than PRN
- When not to use antipsychotics:
- High QTc, dementia, cardiac instability
- Guidelines for the prevention, diagnosis and management of delirium in older people in hospital
- http://www.bgs.org.uk/Publications/Publication%20Downloads/Delirium-2006.DOC
- Detection, prevention and treatment of delirium in critically ill patients
- http://www.ics.ac.uk/icmprof/downloads/UKCPA%20Delirium%20Resource%20June%202006%20v1%202.pdf

Alcohol Withdrawal Syndrome

- The first signs of withdrawal occur within a few hours of the last drink and peak within 24-72 hours.
- common withdrawal symptoms include:
  - Restlessness
  - Tremor
  - Sweating
  - Anxiety
  - Nausea/vomiting
  - Loss of appetite
  - Insomnia
  - Tachycardia
  - Systolic hypertension
  - Psychotic symptoms (visual, auditory or tactile)

Alcoholic Withdrawal

- Initiate a detox with benzos correctly
- Chlordiazepoxide
- Dose ranges between 20-30mg qds depending on severity if withdrawal symptoms reduce by 10% each day aim to stop over 7-10 days

AWS main complications

Alcohol Withdrawal Seizures

5-10%

Alcohol Withdrawal Delirium (DT)

5-10%

Wernicke-Korsakoff Syndrome

35%

Thiamine

- Evidence of deficiency within 1 week of drinking
- 30-80% patients deficient
- Reduces risk of Wernicke's encephalopathy
- If one of the following:
- Ataxia
- Ophthalmoplegia/nystagmus
- Hypothermia & hypotension
- Memory disturbance
- Confusion
- Coma/unconsciousness
- Prescribe the correct dose of pabrinex for an adequate duration (until acute symptoms are gone) 2 pairs tds given as infusion over 30 mins
- Caution can cause anaphylaxis
- Thiamine poor oral absorption if neurological signs require IV thiamine

Behavioural and psychiatric symptoms of dementia (BPSD)

- Management of disturbed behaviour
- RT low dose lorazepam
- risks of using antipsychotics
- stroke
- risk in Parkinson Dementia/Dementia Lewy Body
- Postural hypotension, risk of falls
- Options of other meds on specialist advice briefly (valproate, trazodone, SSRIs, carbamazepine).

Opiate withdrawal

- Methadone commonly prescribed wrongly
- Fatal cases associated with starting doses of 40mg
- Intoxication- methadone must not be administered to those exhibiting any signs of intoxication, particularly due to alcohol or Central Nervous System (CNS) depressant drugs.
- Always try to confirm dose
- UDS to confirm opiates in system
- How to titrate (if you can't confirm dose or a pt is abusing opiates from the streets)

Neuroleptic Malignant Syndrome

- Symptoms: Fever (may be life-threatening), severe EPS, raised Creatinine Phosphokinase(muscle breakdown), Autonomic disturbances, Confusion.
- Onset: First 2wks, may be first dose (depot)
- Duration: 5-10days (oral)
- Risk Factors: Young, Male, High ambient temp.
- Treatment: Discontinue drug, give dopamine agonist/dantrolene, support CVS, electrolytes, hydration, body temp. Leave 2wks before reinstating antipsychotic.

Neuroleptic Malignant Syndrome

- Mortality of 4% even with treatment
- Risk increased in hot weather and with anticholinergics (↓ sweating)
- Probably pseudoparkinsonism→muscle rigidity→increased heat production and muscle breakdown. Similar syndrome can occur in true Parkinson's

Stopping Psychotropic Medication

- Antipsychotics – risk of rebound psychosis
- Antidepressants – withdrawal syndrome
- Benzodiazepaines – withdrawal including seizures
- Lithium -Should not be stopped suddenly unless risk outweighs benefit
- Anti-epileptics - If stopped suddenly risk of seizures even in non-epilpepsy

Useful Information

- Maudsley Guidelines
- Local mental health formulary
- How to get hold of a mental health pharmacist for info

Medication Reconciliation

- NICE/NPSA
- Need more than one source