Meds, Meds, Meds
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Why use medications?

- Best outcomes from medications PLUS psychotherapy
- Medications allow client to participate in treatment and make best use of time in placement
- Medications can HEAL!
• Brain, especially frontal lobe, not fully developed until early 20’s
• Frontal lobe area of planning and judgment
• Early childhood trauma, neglect, and subsequent brain development can cause “bad wiring”
• Meds, especially antidepressants, together with psychotherapy can help “rewire” brain during adolescence with learned, positive behaviors
Length of medication use

• Depends on the illness and the medication
  – For many illnesses, medication use needed for 6-8 months
  – Goal of medication use is remission, not just improvement
  – In some cases, medication use necessary for long term:
    • Often with Bipolar Illness and ADHD
Behavioral Analysis and Pharmacotherapy

• “Treatment failures are frequently assessment failures”

• Adolescents in DYC often have “Emotionally Dysregulated Problem Behaviors (EDPB)”

• Use Behavioral Analysis
  – Useful way to select meds that will help clarify the “complex determinants” in multi-problem clients with EDPBs (Katz and Fotti, 2005)
EDPB

- Problems that occur in the context of a dysregulated state:
  - Frequently involve verbal or physical aggression toward self, others, or property
  - Running away
  - Substance abuse
  - Disordered eating behaviors
EDPB

• These behaviors remain in the realm of impulsive/reactive/emotional aggressive behaviors
• These behaviors are NOT predatory/preplanned aggressive behaviors
• Must be able to distinguish the difference
Behavioral Analysis Determinants

- Cognitive
- Behavioral
- Emotional
- Interpersonal
- Perceptual
Five Areas of Medication Use

- Neuroleptics/Traditional Antipsychotics
- Atypical Antipsychotics
- Stimulants/ADHD Drugs
- Mood Stabilizers
- Antidepressants
Types of common psychiatric medications

• Neuroleptics/Traditional Antipsychotics
  – Thorazine
  – Mellaril
  – Haldol
Types of common psychiatric medications

- Atypical Antipsychotics
  - Have fewer major side effects than traditional antipsychotics
  - Seroquel
  - Zyprexa
  - Risperdal
  - Abilify
  - Geodon
Types of common psychiatric medications

• Cyclic Antidepressants
  – Elavil
  – Imipramine
  – Trazodone
  – Anafranil
Types of common psychiatric medications

• Antidepressants
  – SSRI: selective serotonin reuptake inhibitors
    • Prozac
    • Paxil
    • Zoloft
    • Celexa
    • Lexapro
Types of common psychiatric medications

• Antidepressants
  – SNRI: serotonin/norepinephrine reuptake inhibitors
    • Effexor and Effexor XR
    • Cymbalta
Types of common psychiatric medications

• Novel Antidepressants
  – Wellbutrin
  – Remeron
Types of common psychiatric medications

• Mood stabilizers
  – Lithium
  – Depakote
  – Tegretol
  – Lamictal
  – Neurontin
  – Topamax
  – Trileptal
Types of common psychiatric medications

• Stimulants/ADHD Meds
  – Ritalin/Concerta/Focalin
  – Adderall
  – Strattera (non-stimulant)
Types of common psychiatric medications

• Anti-anxiety
  – Buspar
  – Benzodiazepines (Ativan, Valium, Klonopin, Xanax)
Why is someone with depression taking an anti-psychotic?

• Research is discovering more and more overlap of use between the different psychototropic drug classes
• Helpful to think of mental illness diagnosis as along a spectrum, not as a discrete entity
Overlap of psychotropic medications

- Anti-anxiety
- Antidepressants
- Antipsychotics
- Mood Stabilizers
NOT ALL MEDICATIONS ARE CREATED EQUAL!!

• Dosages will differ with each and every medication
  – 1mg of one does NOT equal 1mg of another
  – Based on potency and drug make-up
  – Each medication may react differently to each individual; sometimes require trial and error
Are Psychotropics Addictive?

• Components of Addiction:
  – Chronic, progressive disease
  – Compulsion to use
  – Cravings for substance/med
  – Continued use despite harm
  – Impaired Control over use

Are Psychotropics Addictive?

• While most psychotropic meds are NOT addictive, they may still cause withdrawal symptoms.
  – Importance of supporting client in not missing doses/taking med as prescribed
  – Importance of following prescription for tapering meds
  – Withdrawal symptoms ≠ addiction
Common Side Effects

- Weight gain
- Drowsiness
- Nausea
- Dizziness
- Appetite changes
- Dry mouth
- Sexual dysfunction
Common Side Effects

- A very common side effect is drowsiness
  - With most meds this will decrease after several days
  - Must remember that adolescents require 9-10 hours of sleep every night
  - Drowsiness with meds is sometimes the body’s way of catching-up on lost sleep
Medication Myths...

• Meds = Weight Gain
  – They might…
  – Everyone must still maintain a balanced diet, low in fat and sugar, and exercise plan
  – The actual medication does not contain calories
Medication Myths...

• Taking antidepressants increases the risk for suicide.
  – WRONG!!!
  – New studies show that for adolescents, suicide occurred most often during the month BEFORE antidepressants were started
  – Suicidality stems from the underlying illness; it is not caused by medications
Medication Myths...

• This kid has tried so many meds – none have worked.
  – Success with medication begins with a correct diagnosis
  – For example – some antidepressants can make a person with bipolar worse!
Medication Myths...

• Medication now does not effect the future.
  – Incorrect!
  – With depression, longer term medication use with first episodes dramatically reduces chance of relapse
  – With each psychotic break, the brain gets worse
Medication Myths...

• Medications and pregnancy do not mix
  – Not necessarily
  – Must weigh risks versus benefits
  – Some meds are approved for use during pregnancy
Medication Myths...

• Nausea and vomiting indicate a medication allergy.
  – Incorrect!
  – Nausea and vomiting are side effects that will often resolve after a few days or if the med is taken with food
  – Common symptoms of allergy are rash, hives, and/or trouble breathing or swallowing
  – Side Effects are annoying
  – Med allergies are potentially dangerous
Medication Myths...

• One medication should do the trick!
  – Maybe…
  – Polypharmacy (taking more than one medication at a time) usually required for remission – no longer uncommon
Medication Myths...

• The use of medications will cause long term health problems for kids.
  – Research is sorting this out…
  – Risk vs. Benefits
  – Use of medications likely to prevent/reduce relapse and poor adjustment behaviors and feelings
Medication Myths...

- Staff want kids to be zombies AND Docs just push meds.
  - Prescribing providers (MD, APN) are not paid by the drug companies
  - Constant somnolence is usually not the goal with medication therapy
  - Kids that are chronically over sedated cannot benefit from placement/therapy
Common attitudes toward medications

• Client
  – “If I take meds it means I am crazy!”
  – “I don’t want to be dependent on meds for the rest of my life”
  – “Meds will change my personality”
  – “Meds will make me fat”
Common attitudes toward medications

• Family
  – “He only needs a kick in the pants”
  – “If he takes meds, it means he is weak and not able to overcome his problems on his own”
Common attitudes toward medications

- Client Manager
  - “He will only be in placement for a few months, what good can meds do?”
  - “He needs discipline and structure to get his act together, not meds”
The benefits of a team approach

- Increased compliance
- Client able to maximize time for therapeutic benefits in placement/therapy
- Lasting benefits with improved “wiring”
- More people to notice improvements and/or side effects
Resources

• Talk to the prescribing provider
• www.webmd.com
• Beware of the internet – not all medication information online is accurate or truthful!
References

