3-315 Critical questions in psychopharmacology

TIPS Question:

There is a 67 yr. old resident at the facility with a diagnosis of Schizophrenia, previous CVA and previous hip fracture. He has had an increase in behaviours recently and current interventions are often not effective. He is on Haldol and Zyprexa twice daily and our physician is reluctant to change his medications. Dosages have been changed with no effect. What would be a drug of choice to better manage behaviours that may be suggested to the physician?

What are the significant factors you have learned as a result of working through the six-question template?

- He has had changes in eating patterns and alertness – denies any pain or discomfort
- Impulsive behaviour – swinging and yelling at staff and others – becomes angry when unable to contact family or when needs not met immediately
- Family decrease in visiting
- Is capable of doing many things for himself but often now refuses
- No changes in environment over past three years.
- Encouragement and time spent with resident to play piano, enjoys small and large group activities and facility trips, but has recently become nauseous and often vomiting when going on trips.

Response:

Critical questions in psychopharmacology should be asked:

1. Is the person compliant?
2. What have been the effective treatments in the past?
3. What vulnerabilities does the resident have that I do not want to make worse? I.e., if they are vulnerable to Parkinson's-like effects, obviously I do not want to use a medication that has extrapyramidal symptoms as a common occurrence. In addition, if I am looking to help somebody with sleep, I want to look at side effects that may, in fact, enhance or deal with secondary symptoms such as soporific medication for individuals who are having sleep problems.
4. Is the decline due to the illnesses that you identify? If so, is it due to either a combination of them or to yet another undiagnosed cause? This is often the case when a person is labelled with a particular diagnosis such as dementia or even a combination such as dementia or schizophrenia. The problem that occurs is what is called diagnostic overshadowing, i.e., all symptoms and signs are associated with the diagnosis instead of looking for other causes. In this case it will be imperative to look for any other drug or other abnormal medical condition or an associated or co-morbid psychiatric diagnosis such as mood disorder, substance abuse, etc.
5. What are the target behaviours I want to treat and what has caused them? Here it is important to think of P.I.E.C.E.S. and identify adjunctive or complementary therapeutic options, which you have obviously tried to implement.
6. Do I need to get another opinion from a specialist?

In this particular situation, I think going through these six questions would be extremely helpful and it may very well be that a specialist opinion to work with you as a partner in care would be an appropriate next step.