

# Use of Psychotropic Medication in People with Intellectual Disabilities

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# Background

- Most medicated population in society
  - 20-45% prescribed psychotropic medication
  - Treatment characteristics:
    - Longer time period
    - Higher doses
    - Polypharmacy
- Literature supporting use of psychotropic medication in this population is very, very, very limited

# Background

- Medications are not a cure
  - Do not treat the core symptoms of ID
- Only effective for associated behavioral symptoms
- Part of a larger treatment plan
  
- Medications should only be considered after multiple non-medication interventions have failed

# Background

- Behavioral symptoms
  - Aggression
  - Hyperactivity
  - Impulsivity
  - Self-injury
  - Property destruction
  - Obsessive-compulsive behaviors



# General Principles

- Medication should be started at a low dose
  - Dose adjustments should be done slowly
- Need for medication should be reassessed periodically
  - Preferred method for discontinuation is to slowly decrease the dose
  - Assess for return of symptoms at each dose decrease

# Medication Adherence

- Patient decisional balance for medication adherence

Pros	Cons
Control my own health	Dislike the expense
Prevent complications	Inconvenient or complicated regimen
Have more energy	Side effects are unpleasant
Avoid hospitalization	Food interaction with my favorites
Have peace of mind	I feel embarrassed for people to know I have illness
Make my family happy	Represents how ill I am, do not want reminder

# Medication Adherence

- Steps to address knowledge deficits
  - Ask what the person knows about the topic
  - Affirm that information, if any
  - Ask permission to fill in the blank
  - Give the information or advice



# Medication Adherence

<b>Abilify (aripiprazole)</b>	▪ Tablet, Orally disintegrating tablet, Oral solution
<b>Risperdal (risperidone)</b>	▪ Tablet, Orally disintegrating tablet, Oral solution
<b>Seroquel (quetiapine)</b>	▪ Tablet, Extended-release tablet
<b>Celexa (citalopram)</b>	▪ Tablet, Oral solution
<b>Lexapro (escitalopram)</b>	▪ Tablet, Oral solution
<b>Remeron (mirtazapine)</b>	▪ Tablet, Oral disintegrating tablet
<b>Zoloft (sertraline)</b>	▪ Tablet, Oral solution

# Antipsychotics

# Antipsychotics

- None FDA approved for treatment of challenging behavior in ID
- Risperdal & Abilify approved for use in autism
  - Irritability, aggression, self-injury, temper tantrums
- Overall, data is very limited
- Second-generation antipsychotics are preferred over first-generation antipsychotics

# Antipsychotics

- Risperdal (risperidone)
  - Most studied
  - Most commonly prescribed
  - Review of 6 studies concluded effective
    - Management of agitation and aggression
  - Positive effect usually develop in first 2 weeks
  - Average dose in clinical trials is less than 2 mg/day

# Antipsychotics

- Abilify (aripiprazole)
  - Effective for behavioral symptoms
  - Average doses in clinical trials range from 5 – 15 mg/day
  - More studies needed

# Antipsychotics

- Zyprexa (olanzapine)
  - Open-label trials
  - Effective for hyperactivity & irritability
  - Not recommended due to adverse effects
    - Significant weight gain
    - Diabetes
    - Hyperlipidemia

# Antipsychotics

- Seroquel (quetiapine)
  - Open-label trials
  - Not effective for aggressive or hyperactive behavior

# Antipsychotics

- Geodon (ziprasidone)
  - Lack of evidence
  - QT-interval prolongation potential
  - Not recommended

# Antipsychotics

- Clozaril (clozapine)
  - Reported in case studies only
  - Poor response to other medications
    - Aggression, self-injurious behavior, psychosis, tardive dyskinesia
    - Moderate to marked improvement on the CGI
      - Minimal side effects
      - Effectiveness did not diminish over time

# Antipsychotics

- Invega (paliperidone)
- Latuda (lurasidone)
- Saphris (asenapine)
- Fanapt (iloperidone)
  
- Not recommended due to lack of evidence

# Stimulants

# Stimulants

- Ritalin (methylphenidate)
  - Most commonly prescribed
    - Review of 20 published studies
      - Response rate = 45-66% in the ID population
        - 10-30% lower compared to typically developing population
- Beneficial for:
  - Aggression
  - Aggression – related behaviors
  - Core symptoms of ADHD
- Not as effective for individuals with an IQ < 50

# Antidepressants

# Antidepressants

- SSRIs
  - Studied in DD: Prozac, Paxil, Celexa, Zoloft
  - 9 studies investigating SSRIs in adults
    - Evidence for efficacy is scant
    - Some patients had negative response
    - Improvement
      - Self-injurious behavior
      - Anxiety
      - Obsessions & compulsions
      - Depression
      - Dysphoria
    - Improve aggression & self-injury in less than 50% of the cases

# Mood Stabilizers

# Mood Stabilizers

- Lithium
  - Two literature reviews available
    - Most recent included 3 trials
      - Major reduction or elimination of behavioral symptoms
      - Adjunctive with other medications
  - Drug interactions
  - Laboratory monitoring

# Mood Stabilizers

- Depakote (divalproex sodium)
  - Agent of choice for treatment of bipolar disorder
  - Also effective antiepileptic
  - Improvement in:
    - Aggression
    - Self-injurious behavior
    - Hyperactivity
    - Impulsivity

# Mood Stabilizers

- Topamax (topiramate)
  - One retrospective study
    - Aggression, self-injurious behavior, destructive/disruptive behavior
    - 74% improved

# Mood Stabilizers

- Tegretol (carbamazepine)
  - One double blind, controlled, crossover study
    - Overactivity
    - 40% improved on carbamazepine, 40% improved on placebo

# Anxiolytics

# Anxiolytics

- Benzodiazepines (Examples: Xanax, Valium, Klonopin, Ativan)
  - Side effects are concerning
    - Agitation
    - Aggression
    - Anger
    - Depression
    - Euphoria
    - Hostility
    - Hyperactivity
    - Irritability
    - Socially inappropriate behavior
    - Psychosis
    - Temper tantrums

# Anxiolytics

- Benzodiazepines
  - Low dose
  - Short treatment periods

# Understanding Medication/Side Effects

# Side Effects

- Adults, and especially children, with ID at increased risk
- Regardless of IQ, the rate of adverse effects increased in individuals with ID even at small doses
- Monitor:
  - Weight, fasting blood glucose, fasting lipid panel

# Side Effects

- Increase appetite and weight gain are 2 most troublesome side effects of the antipsychotics
  - Keep healthy snacks stocked to limit weight gain
- Drowsiness
  - Usually diminishes over time
  - If not, decrease the dose or change medication

# Reliable Resources

- DAILYMED
  - <http://dailymed.nlm.nih.gov/dailymed/index.cfm?>
- Safe Medication
  - [www.safemedication.com](http://www.safemedication.com)
- National Alliance for Mental Illness
  - [www.nami.org](http://www.nami.org)

# Thank you!

