



Antipsychotic Medications and Mental Health

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Learning Objectives



- Discuss aging conditions that manifest behavioral health symptoms
- Introduce the two classes of antipsychotic medications
- Address antipsychotic risk factors in the aging population
- Discuss antipsychotics related to the Minimum Data Set (MDS) survey
- Sunflower Psychotropic Medication Consultation Line

Medical Conditions that Manifest Behavioral Health symptoms



- Hypothyroidism mimics symptoms of depression
 - There is a lab test available to monitor normal thyroid levels
- History of heart attack places residents at high risk for depression
 - If untreated they have an increased risk for another cardiac event
- Stroke often results in clinical depression
 - Treatment modalities may differ from those used in treatment of depression without stroke
- People with endometriosis and eczema report higher rates of anxiety and depression
- Irritable bowel syndrome is related to a higher risk for occurrence of a mood disorder or comorbid anxiety disorder

Antipsychotic Medications



Used to treat chronic psychotic disorders, such as schizophrenia

- Acute agitation or psychosis
- Some medical compendia support the use of antipsychotics for bipolar disorder

General benefits include:

- Decrease in hallucinations and delusions
- Improved organization of thinking and speech
- Decreased paranoia and increased social contact

Can be prescribed in pill, liquid or injectable form

Antipsychotic Medications



Categorized into two classes

Typical (First Generation)	Atypical (Second Generation)
Chlorpromazine (Thorazine)	Risperidone (Risperdal)
Haloperidol (Haldol)	Olanzapine (Zyprexa)
Pimozide (Orap)	Quetiapine (Seroquel)
Perphenazine (Trilafon)	Ziprasidone (Geodon)
Fluphenazine (Prolixin)	Aripiprazole (Abilify)
Loxapine (Loxitane)	Paliperidone (Invega)
Thiothixene (Navane)	Clozapine (Clozaril)
Trifluoperazine (Stelazine)	Asenapine (Saphris)

Side Effects



Common Side Effects	Extrapyramidal Side Effects (EPS)
Drowsiness	Rigidity
Dizziness	Tremors
Blurred vision	Muscle spasms
Rapid heartbeat	Restlessness
Sun sensitivity	Tardive dyskinesia
Menstrual problems for women	

Tardive Dyskinesia

- Involuntary movement disorder with long term use
 - Facial movements such as tongue twisting, chewing motions, lip smacking
 - Changes in gait, jerky limb movement, and shrugging

Side Effects



Increased risk of metabolic syndrome

- Weight gain
- Diabetes
- High Cholesterol
- High Blood Pressure

Increased risk of death when used in ages 65 and older with dementia

- This is a black box warning which is given to medications with serious side effects
- Important to monitor antipsychotic prescribing in the elderly and long-term care setting

Monitoring Parameters



- Fasting plasma glucose level or hemoglobin A1c
- Lipid screening
- Weight, height and BMI measurements
- Blood pressure and pulse rate

Deprescribing



Dose reduction and drug discontinuation

- For patients whose psychological symptoms have stabilized or patients who have not improved
 - If patient is not a candidate, there should be documentation of why the dose reduction is not recommended and has not been attempted
- Important due to long-term side effects and increased risk of mortality in elderly

Strategy

- Reduce the dose by 25 percent, then 50 percent, then 75 percent every one to two weeks, then stop
- Monitor for worsening psychosis, aggression or hallucinations
 - Behavioral management strategies
 - Possibility of restarting drug therapy at lowest possible dose with another attempt of deprescribing

Minimum Data Set (MDS) Survey



- Assessment of long-term care patients' health status for Medicare and Medicaid
- Requires approved CMS diagnosis for antipsychotics*

CMS Approved	Not Approved by CMS
Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder	Bipolar I and II disorders
Huntington's Disease	Delusional Disorder
Tourette's Syndrome	Major Depressive Disorder
	Dementia
	Alzheimer's Disease

*Approved diagnosis list is based on CMS standards.

Psychotropic Medication Consultation Line for Prescribing Providers



Do you have questions about best prescribing practices for psychotropic medications and behavioral health issues? **We Have a Resource for You!**

The Psychotropic Medication Consultation Line for PCPs, pediatricians and other prescribing providers offers a doctor-to-doctor consultation.

- Speak to our psychiatrist medical directors
- Receive free case consultation and focus on evidence-based treatment

Specialties Include:

- Foster Care/Child Welfare
- Substance Abuse
- Adult Psychiatry
- Geriatrics
- Child Psychiatry

Psychotropic Medication Consultation Line for Prescribing Providers



Service available to providers at no charge for any of your Sunflower Health Plan members. Calls are answered between 8 a.m. and 5 p.m. CT. All calls returned within two business days.

Contact us at **1-844-MED-4545**.

www.sunflowerhealthplan.com/providers/resources/integrated-care.html





Questions?

