Psychopharmacology #5: The challenges of mixed states
Mood/Anxiety/Substance Abuse/ Sleep disorders

A.M.B.E.R. clinic
Albuquerque Multidisciplinary Behavioral Evaluation for Recovery and Resiliency

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Overview

• What are we trying to deal with?
• The challenge of repetitive diagnostic unpeeling
• Additive pharmacology: methods and risk
• Evaluating hypotheses, evaluating outcomes
What are we dealing with?

- Behavioral dyscontrol
  - Danger to SELF, danger to OTHERS
- Unrecognized cognitive processing
- Sleep deprivation
- Competing sensory inputs
- Awareness/insight?
Repetitive Unpeeling

• Record symptoms of greatest distress
• History, setting of remission/exacerbation
• Any treatments tried; duration & effects
• Is most evident symptom a reaction to a different feeling state or cognitive processing?
  • TBI
  • Intellectual disability
  • Developmental disability; syndromes
Repetitive Unpeeling

• First diagnosis
  • May need to receive treatment, even if response to an underlying threat or condition

• Second diagnosis
  • Medications have to be compatible with prior medications
  • May drive superficial presentation

• More diagnoses?... When is enough?
Additive Pharmacology

- **Monotherapy**
- **Lowest dose with clinical response**
- **Side effects**
  - sedation
  - involuntary movements
  - muscle cramps/weakness
  - fatigue
  - headache
Additive Pharmacology

• Primary disorder identified
  • Anxiety: pharmacologic and behavioral strategies
  • Depression: address major complaint of patient
  • Cognitive processing deficits
  • Impulsivity: AEDs; alpha/beta blockers; ?antipsychotics

• Augmentation strategies
Additive Pharmacology

• Hepatic metabolism
• Sedation $\rightarrow$ confusion/delirium
• Ataxia; risk for falls
• Correct dosing
  • Patient knows what they are taking
  • Minimized peaks and valleys
  • Not interfering with sleep
  • Monitoring, if available
Additive Pharmacology

• Risks
• Consent: informed v. informal
• New symptoms (unanticipated)
• Lethality:
  • Suicide assessment
  • Drug-drug interactions
  • Need to anticipate needs for support
Evaluate

• Hypothesis
  • What worked about it?
  • How is it not helpful in improving patient’s function, now?
• Outcomes
  • Realistic measures of improved function
  • Increased communication
  • Patient engagement
Evaluation

• Generate new hypotheses that better explain current symptoms

• Perspectives:
  • Seek multiple care-giver points of view
  • Use concrete, repeated behavior
  • Look for joy, recovery, hope --- mental flexibility
Summary

• Delicate clinical balance
• Document trials, directions, intentions
• Re-evaluate when working or not working
• Get patient to describe experiences
• Goal: symptom relief for improved function