

# Psychopharmacology: Strategies and Adaptations for individuals with TBI or I/DD

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

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# Strategy

- **Look for patterns that underlie the overt presenting complaint.**
- **Get independent sources of information.**
- **Listen to ALL the information.**
  - **spoken, unspoken**
  - **changes over time**

# Strategy

- **Develop an historical timeline**
  - **Assure that it is accurate**
  - **Request information for gaps**
- **Involve patient in discussion & history-taking process**
  - **Make sure no one is rendering patient invisible**
  - **Do not accept labels of symptoms; get & record symptoms and signs.**

# Strategy

- **Prioritize any urgency.**
- **Develop desensitization plans for procedural anxieties.**
- **Record signs and symptoms without diagnostic categorization.**
- **Develop a hypothesis;**
  - **At subsequent visits, re-examine appropriateness of your hypothesis...**

# Adaptations

- **What is the identified purpose of this visit for**
  - The patient
  - The second reporter
  - The system of care
- **Is this the same as the referral request?**

**You are establishing context within which to use medications**



# Adaptations

- **Identify symptoms of primary priority**
- **Consider a class of medications**
- **What are the side-effect profiles**
- **Imagine worst-case scenario, plan for dealing with it.**

# Procedure

- **Getting consent**
  - Patient has to assent
  - Guardian/patient provides informed consent
- **Clarifying goals of treatment**
  - duration of trial
  - rates of increase
  - symptom changes
  - unwanted symptoms

# So you made the decision

- **Start low**
  - good to have little-to-no effect
  - practice building trust
- **Go SLOW**
  - increments of smallest dose; or even  $\frac{1}{2}$ -dose; longer duration before next increase  
(slow changes ~ less brain irritability)
- **Sometimes, break the rules....**

# Bridget Islington

- **52 AA female 6ft 1in 220 lbs.**
- **Presenting Sx: seeing people; responding to voices; unable to do ADLs; can't wash dishes/follow verbal directions; irritable, yelling. X 8-14 months**
- **History: MVA → TBI age 7, passenger; father killed; since mother's death living with aunt.**
- **Risperidone:**
  - **1 mg: EPS +++**
  - **0.5 mg: EPS ++**
  - **0.25 mg 3x/wk**

# Putting it together

- **Goal is to increase *function!!!***
- **Address time that medications are taken/administered**
- **Listen to reason patient doesn't like the medicine (story of the red pills)**
- **Is there support for taking medicine properly; are patient's being sheltered, sequestered, hidden, or ignored?**
- **Do you need to provide safety for staff, family, or patient???**

# Communication

- **Information has to go to the team providing supports.**
  - **Oral review with persons in attendance**
  - **Written report – EMR; referral letter.**
  - **Notes or summary instructions to nursing staff, family member, or patient.**

# Communication

- **Changes and strategies need to be clearly understood by those present, and by those reading your notes.**
- **Do you know who will be providing you with the follow-up information?**
- **Has a method been prepared to collect necessary data?**

Next presentation:

**9-25-2012**

**“DD Systems – unraveling the mystery”**

resources and back issues can be found at Continuum  
of Care website:

<http://som.unm.edu/coc/Training/powerpointnew.html>