

Psychopharmacology: Mitigating Dyscontrol in TBI and I/DD

10-16-2012

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

Alya Reeve, MD, MPH
University Of New Mexico Health Sciences Center
Professor of Psychiatry, Neurology & Pediatrics
PI, Continuum of Care

Why “dyscontrol”?

- **Some patients meet diagnostic criteria, e.g.:**
 - **Bipolar**
 - **Impulse Control disorder**
 - **Intermittent Explosive disorder**
 - **REM sleep disorder**
- **Lack of inhibition leads to action before assessment**
- **Helps to determine endpoint of Rx**

Effects of BI, Development

- Frontal damage
- DAI
- Impaired sleep/wake cycles
- Problems in sensory processing
- Concomitant substance abuse
- Hyper-arousal +/- PTSD
- Developmental anomalies
- Sensory sensitivities
- Frontal damage
- Poor integration of cortical areas
- Decreased attention, concentration, integration
- Known syndromes, e.g.
 - Prader Willi Syndrome

Clinical strategy

- **Careful history**
 - **antecedents**
 - **speed, duration of dyscontrol**
 - **evidence of remorse**
- **For whom is this a problem?**
- **What executive functioning does patient bring to the situation?**

Sleep/wake

- **Assure regularization of rest/wake cycle**
- **Assess for sedatives, benzodiazepines, alcohol, other drugs**
- **How long able to stay alert?**
- **What is functioning when alert?**

Drug strategies

- **Decrease arousal:**
 - **beta/alpha blockers**
 - **anxiolytics**
 - **antipsychotics**
 - **THC used by patients**

Drug strategies

- **Decrease speed of thinking**
 - antipsychotics
 - anticonvulsants
 - THC often used by patients
- **Modulate affective state**
 - mood stabilizers: Li, AEDs
 - anxiolytics: SSRI, TCA

Issues of monitoring

- **Patient report of cognitive choices**
- **Reliability of ingestion, schedule of administration**
- **Second reporter on interpersonal results**
- **Adaptation, dependence, and lack of insight**

Monitoring

- **Laboratory investigations**
- **Need for stimulant?**
- **Ongoing use/misuse of medications**
- **Ancillary treatment to support pharmacologic therapy**
 - **exercise**
 - **sleep**
 - **social interactions**
 - **spiritual framework**
 - **safety (!)**

Summary

- **People with TBI or I/DD often sensitive to hyperarousal and s/e of standard Rx's.**
- **The secondary effects of brain injury frequently result in poor self-monitoring**
- **Multiple classes of medications made be needed.**
- **Expect patient to have changing needs over the years, as new challenges emerge.**

Next presentation:

10-22-2012

“Behavior Therapy and Psychotherapy...”

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

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