WRIGHT STATE UNIVERSITY

Ohio Department of Developmental Disabilities

INTELLECTUAL DISABILITY PSYCHIATRY

Evaluation and Monitoring

1 ESTABLISH A BASELINE

Begin treatment by assessing the patient's current level of functioning and the patient's best level of functioning.

2 EVIDENCE-BASED PRACTICE

Use evidence-based medicine principles for people with Intellectual and Developmental Disability (IDD) as available and those guidelines for people without IDD if none are available.

3 RATING SCALES

Consider rating scales for patients who can complete them with or without help from caregivers.

4 LABS AND MONITORING

Routine labs, as well as the Abnormal Involuntary Movement Scale, is important to monitor medication levels and other co-occurring health issues such as changes in lipid and blood sugar levels, thyroid dysfunction, or blood disorders.

5 INFORMED CONSENT

Clearly explain expected benefits of medications, possible side effects, expected benefit, and alternatives to treatment.

6 TIMING OF MEDICATIONS

Consider consolidating sedating medications at bedtime to enhance sleep. Other considerations are to use morning and afternoon to optimize efficacy during waking hours and cover the transition from school/work to the home environment.

7 MONITOR FOR IMPROVEMENT

Monitor for improvement with pharmacologic intervention. If there is no improvement, slowly reduce and remove the medication to avoid polypharmacy. Start low and go slow.

8 MULTIDISCIPLARY TEAMWORK

Always integrate medications with supportive and environmental interventions (sensory assessments, occupational therapy, physical therapy, speech therapy, behavioral supports, psychotherapy, weighted vests, nutrition consults, music therapy, structured activities, supportive staff, walking, etc.)

9 SLEEP

Good sleep hygiene and assessment for sleep apnea is instrumental in recovery.

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Treatments

1 AGGRESSION

Remember that all behavior is communication. First, determine the possible environmental and medical causes of behavior change. If those are ineffective, medications proven to decrease aggression include beta-blockers, lithium, and clozapine. Risperidone and aripiprazole are approved by the Food and Drug Administration (FDA) for aggression in children and adolescents with Autism Spectrum Disorder.

2 DEPRESSION

First-line treatments in depression are Selective Serotonin Reuptake Inhibitors (SSRIs) (the most common depression and anxiety medicines; Zoloft and Lexapro are examples; they increase serotonin in our brains to decrease symptoms of depression and anxiety), followed by Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) (the second most common depression and anxiety medicines; Effexor and Cymbalta are examples; they increase both serotonin and norepinephrine in our brains to treat symptoms and depression and anxiety) and other antidepressants.

Electroconvulsive Therapy (ECT) (an approved procedure performed in a surgical suite that induces a seizure in safe and controlled conditions; it takes a few minutes under anesthesia and can cure symptoms of severe mental health symptoms; a good choice for patients that cannot tolerate medicines, for pregnant patients when medications would harm the baby, when medicines have been effective, etc.; proven to be safe and effective in the literature) for treatment-resistant depression should be considered if necessary.

3 ANXIETY

Consider SSRIs, SNRIs, buspirone, propranolol, clonidine, and talk therapy for the treatment of anxiety. N-Acetyl Cysteine (NAC) is available over the counter and has been helpful in some patients for anxiety, irritability, frustration, skin picking, and anger. Please consult with your doctor to discuss further.

4 BIPOLAR DISORDER

Antipsychotic and/or antimanic agents are treatments of choice in the treatment of mania. Monitoring of medication levels is often required for these medications. Good sleep habits are very important in maintaining recovery in bipolar disorder.

5 PSYCHOTIC DISORDERS

Antipsychotic treatments are the first-line treatment for schizophrenia, schizoaffective disorder, and other psychotic disorders. These combined with environmental supports can be effective at symptom management.

6 ADHD

Atomoxetine and bupropion can be used in adults to treat Attention Deficit Hyperactivity Disorder (ADHD). Stimulants are effective as well.

7 PERSONALITY DISORDERS

Collaboration and psychoeducation of the multidisciplinary team is essential in providing safe support for someone with a personality disorder.
Psychotherapy can be helpful in treatment.

8 DE-PRESCRIBING

Careful reduction of polypharmacy should be trialed to reduce the overall dose and number of medications a person with IDD is prescribed.

9 MULTIDISCIPLINARY ENGAGEMENT

Engagement of behavioral support, counseling and psychotherapy, psychoeducation for families and caregivers,supports and services administrators, vocational and habilitation specialists, etc. are all instrumental in recovery.

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Side Effects

1 MONITORING OF SIDE EFFECTS

Due to decreased self-report, always ask the patient and caregivers directly about side effects. In the event of side effects, consider decreasing dose, watchful waiting, change of timing or formulation, taking with food, or switching to an alternative.

2 CONSTIPATION

Constipation is common and may be a side effect of prescribed medications. Usually due to anticholinergics, leading to a decrease in bowel motility. Increase fluids, fiber, and physical activity. Use bulk-forming laxatives (Metamucil; Citrucel), osmotic agents (Miralax), or stool softeners (Colace). Don't miss Irritable Bowel Syndrome (IBS), hypothyroidism, or coloncancer.

3 TREMOR

Fine vs coarse and resting vs postural vs. intention. Rule out essential tremor and hyperthyroidism. Reduce caffeine. Dose creatively to decrease peak level effect. Reduce dose or switch agent when indicated, especially with lithium, valproic acid, lamotrigine, bupropion, or high potency antipsychotics.

4 ANTICHOLINERGIC EFFECTS

Can affect memory, cognition (especially in the elderly), can cause dry mouth and constipation. Consider lowering or stopping the dose of medication responsible for these side effects.

5 SIALORRHEA

Drooling is caused by many antipsychotic medications including clozapine, olanzapine, risperidone, and quetiapine. Try glycopyrrolate or ipratropium (ophthalmic solution is given sublingually, benztropine, or atropine).

6 WEIGHT GAIN

While functional limitations may inhibit physical activity in ID, exercise and healthful food options are the first-line treatment for weight gain associated with psychiatric medications. Monitor body mass index (BMI), weight, waist circumference. Consider topiramate, metformin, orlistat, or switching antipsychotics to aripiprazole or ziprasidone (the most weight-neutral antipsychotics).

7 PROLACTINEMIA

Ensure lab level was obtained while fasting. Higher risk agents are risperidone, haloperidol, paliperidone. Add aripiprazole 5-20mg if taper/discontinuation of a primary agent is not feasible.

8 CARDIAC DYSRHYTHMIAS

Monitor electrolytes, electrocardiogram; measure heart rhythm; also called "EKG." Lower risk agents include aripiprazole, asenapine, lurasidone, olanzapine, and quetiapine.

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