ANTIPSYCHOTIC FOLLOW-UP AND MONITORING

Casey Gallimore, Pharm.D., M.S.

Learning Objectives

- Identify common reasons for medication non-adherence in patients with severe and persistent mental illness (SPMI)
- Describe barriers that inhibit pharmacists from optimally counseling patients with mental health disorders and strategies for overcoming these barriers.
- Provide an estimation of time to benefit once an antipsychotic medication is started for schizophrenia symptoms
- Understand antipsychotic course of therapy when used to treat schizophrenia (i.e. trial period, treatment duration, relapse risk)
- If an antipsychotic is to be discontinued, describe why and how it should be tapered.

Treatment Phase	Goals of Treatment	Course of Treatment
Prodromal / Acute	Prevent hospitalization, ↓ severity of psychotic thoughts and behaviors (reduce to manageable/functional level), **minimize adverse effects of treatment**	▪ Most rapid improvement in first 2 weeks, may continue to improve weeks to months ▪ 2 – 6 week efficacy trial ▪ ~33% of patients do not respond following 2 antipsychotic trials (treatment resistance) ▪ Poor response predictors: early intolerable ADEs, minimal improvement within first 2 weeks, longer duration of symptoms/illness
Maintenance	Minimize schizophrenia symptoms and related functional impairments, promote recovery (optimize functioning and QOL), prevent relapses, reduce significant psychosocial and health consequences, prevent mortality and morbidity	▪ Patients whose symptoms have improved with an antipsychotic medication should continue to be treated with the same antipsychotic ▪ Utilize lowest effective dose ▪ Suboptimal adherence is common ▪ Risk of relapse is highest in 3 mo following abrupt discontinuation ▪ If discontinued, slow titration off with close monitoring recommended

Non-Adherence in SPMI

Severe and persistent mental illness (SPMI)

- Mental illnesses with complex, debilitating symptoms that require ongoing treatment and management. Can lead to significant disability if not appropriately managed.
- Examples: schizophrenia, bipolar disorder, severe depression

What factors contribute to low medication adherence rates in patient with severe and persistent mental illness?

Practice Assignment: Patient Education

Imagine a patient has just been prescribed an antipsychotic medication for schizophrenia. How would you educate that patient and/or caregiver on the following points?

1. What monitoring needs to be done today? When should these monitoring parameters be repeated?
2. What side effects should they monitor for? What should they do if these occur?
3. When should they expect to experience benefit or reduction in symptoms (hallucinations, disorganized behavior/speech)

Antipsychotic Monitoring

Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes; 2004

	Baseline	Week 4	Week 8	Week 12	Q 3 months	Q 6 months	Q 12 months	Q 5 years
Personal/ Family History	X					X		
Weight & Height (BMI)	X	X	X	X	X			
Waist Circumference	X					X		
Blood Pressure	X			X		X		
Fasting Glucose	X			X		X		
Fasting Lipid Panel	X			X			X (high risk agents)	X

Tardive Dyskinesia (TD)

- Irreversible involuntary movements
  - Blinking
  - Lip smacking
  - Movements of face, neck, back, trunk, extremities

- No effective treatment so monitoring and prevention important
  - Utilize lowest effective dose for shortest duration
  - Consider switching from FGA to SGA, or lower risk agent
  - AIMS (abnormal involuntary movement scale) assessment
    - Q6mo- FGA, Q12 mo SGA, Q3-6mo if abnormal movements noted
    - http://www.cqaimh.org/pdf/tool_aims.pdf

Patient Education Key

- **SE:** sedation, wt gain/metabolic changes, movement disorders, anticholinergic effects, orthostatic hypotension (dizziness), prolactin elevation (should know how this would manifest: sexual SEs, gynecomastia, galactorrhea, osteoporosis/fracture)
- **Monitoring (safety):** Metabolic components (see table from ADA), movement disorder via AIMS assessment at baseline and repeated at regular intervals based on degree of EPS/TD risk (i.e. first or second generation agent), EKG based on QT prolongation risk
- **Monitoring (efficacy):** Aim for improved functionality. Look for most rapid improvement in severity of positive symptoms over first 2 weeks (i.e. finds hallucinations such as voices less frightening, or is better able to ignore them or reports they are less intrusive or frequent). Although the rate of improvement may slow after first several weeks, patients will often continue to improve during subsequent weeks and months. Time to benefit may be extended in a case where you are slowly titrating up to therapeutic dose. Patients should be observed on a stable dose of an antipsychotic for six weeks before concluding the drug is ineffective.

Questions??

Casey.Gallimore@wisc.edu