Psychotropic Medications

Lesson Plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each participant a copy of the Learner's Guide and follow this plan to conduct the lesson. Copy certificates for everyone who completes the lesson and passes the test. ***Approximate time: One hour.***

Objectives

A person completing this lesson will be able to:

1. describe the purpose of psychotropic medications
2. discuss psychotropic medications commonly used by the elderly
3. recognize & report side effects of psychotropic medications

Preparation

1. Find out how many psychotropic medications your clients take each day (or week, if you prefer). Include antidepressants, antianxiety agents, antipsychotics, sedatives, tranquilizers, and prescription sleeping aids. Put a piece of candy in a jar for every medication and every time it is given. For example, if 5 people take Desyrel twice a day and 5 people take Ambien once a day, you would put 15 pieces of candy in the jar (or 105, if using an entire week).
2. Make a list of medications used in your organization and keep it nearby to refer to during the session.

Activity

1. Ask participants to look at the jar of candy and guess how many pieces it contains. Give the candy to the person who comes closest to the correct amount.
2. Point out that the amount of candy in the jar equals the number of psychotropic medications distributed each day (or week). Explain that these medications, while important and useful, have side effects and interactions that require close observation of effectiveness and adverse reactions. *Emphasize that it is the responsibility of caregiving staff to closely watch people who take these drugs.*

Lesson

1. Work through the Learner's Guide with the participants.
2. Encourage participants to read sections of the Guide out loud, and then discuss the information as it pertains to your clients and the medications used in your facility or agency. Refer to your list of medications and discuss each of them, including side effects and interactions.

Evaluation

Ask participants to complete the test and grade their work. Distribute certificates to those who complete the test with at least 7 correct answers.

Answers: 1. True; 2. False; 3. True; 4. True; 5. Side effects, function; 6. True; 7. True; 8. False; 9. True; 10. Facility staff.

Psychotropic Medications

Learner's Guide

Introduction

Mental disorders such as depression and anxiety are present in a large percentage of elderly people and residents of care facilities. These disorders often lead to behavior problems. Psychotropic medications are drugs given to treat mental disorders and manage behavior problems. They are called ***psychotropic***, or ***psychoactive***, because they help with psychological, mental, or emotional difficulties.

The majority of people who live in a residential care facility receive at least one psychotropic medication. Doctors prescribe some of these for behavior problems. Difficult behaviors are one of the main reasons people leave their homes and go to live in care facilities. In addition, many elderly people who live at home and receive home health or hospice care take at least one of these drugs.

When someone has behavior problems, it is important to see if there are any medical, environmental, or psychosocial problems causing the difficult behavior. There are many ways to address psychological problems besides, or in addition to, psychotropic drugs.

When used incorrectly, psychotropic medicines cause side effects and a decline in a person's ability to function. ***Psychotropic drugs should never be used as a way of restraining or controlling someone so the caregivers don't have to work so hard.*** These medicines are designed to ease the symptoms of psychological problems.

The Need for Psychotropic Medications

Doctors prescribe psychotropic drugs when symptoms of mental or emotional disorders interfere with normal functioning. These medications can help persons experiencing many different mental or emotional difficulties, such as:

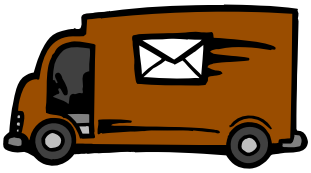
- Anxiety
- Agitation
- Profound sadness
- Depression
- Disruptive sleep
- Confused thinking
- Altered perceptions
- Neurological disorders
- Physical Pain (sometimes)

Often these medicines are useful in helping a person with a mental disorder think more clearly, gain control over thoughts and actions, and bring emotions into a normal range. Psychotropic medications are sometimes necessary to promote quality of life and functional ability.

Fast Facts	**Psychotropic drugs** • Do not cure, but make symptoms less severe. • Help a person resume normal activities.

How Psychotropic Medications Work

Psychotropic drugs affect the brain and central nervous system. Brain chemicals called neurotransmitters act as chemical messengers between brain cells. Like a messenger service, these chemicals carry important information about behavior, emotions, and thoughts.



Psychotropic drugs work on these chemical messengers, helping them do their jobs more efficiently. If a messenger truck has a flat tire, the messenger can't carry information to its destination until the tire is fixed. Psychotropic medicines fix broken chemical messengers in the brain.

It takes a while for a psychotropic medicine to work. A person might have to take a drug for many weeks before getting real benefit from the medication. In the same way, it may take weeks for the medicine to wear off after the person stops taking it. It is usually best not to stop these medications suddenly, but to reduce the dosage gradually. When starting, gradual dosage increases are best.

Classes of Psychotropic Medications

Fast Facts	**Classes of psychotropic drugs:** • Antidepressants • Antianxiety / sedative / hypnotics • Antipsychotics

1. Antidepressants

Antidepressants generally increase the level and availability of the chemical messengers called ***serotonin*** and ***norepinephrine***. Since most antidepressants stay in the elderly person's system a long time, taking them one time a day is often enough. Usually, older people need much smaller doses (about half) of an antidepressant medicine than younger people do. Antidepressant dosages should be increased or decreased slowly to avoid unpleasant side effects.

Antidepressant drugs include the following types:

- ***Tricyclics.*** These antidepressants increase the level of norepinephrine and serotonin in the brain. Some tricyclics have side effects such as sedation, dry mouth, constipation, urinary retention, blurred vision, tachycardia, confusion, low blood pressure upon standing, and changes in heart rhythm. Nortriptyline and Norpramin are in this class of drug.
- ***MAOIs (monoamine oxidase inhibitors).*** These antidepressants keep the enzyme monoamine oxidase from breaking down, resulting in higher levels of norepinephrine and serotonin. Nardil, Parnate, and Marplan are examples of this class.
- ***SSRIs (selective serotonin reuptake inhibitors).*** This type of antidepressant blocks the reabsorption of serotonin in the brain, raising the levels of serotonin. Prozac, Zoloft, Celexa, and Paxil are examples of this class of drug. Most SSRIs are associated with drug interactions. For example, Prozac should not be given with Coumadin (a blood thinner), quinidine (a heart medicine), theophylline (an asthma medication), some cholesterol-lowering medicines, or with Valium, Xanax, Ativan, and other drugs used to treat anxiety. Celexa has fewer side effects and drug interactions.
- ***Miscellaneous antidepressants.*** Wellbutrin and Desyrel are also used for treatment of depression, agitation, or insomnia in the elderly.

2. Antianxiety drugs

Several different kinds of medicines are used to treat anxiety. Someone with severe anxiety has nervous, worried thoughts that they cannot control, making them feel anxious and upset most of the time. People with anxiety often have trouble sleeping.

Some medications for anxiety have a strong sedative or hypnotic effect, making people sleepy or giving them a “foggy” feeling. For this reason and others, it is best to try non-medication measures for managing anxiety and insomnia before using drugs. These measures include:

- Encouraging good sleep habits, such as going to bed at the same time every day and getting up at the same time every morning
- Decreasing afternoon caffeine intake
- Exercising regularly
- Avoiding naps
- Establishing regular sleep hours
- Treating nighttime pain
- Controlling nighttime urination by reducing evening fluid intake
- Creating a comfortable bedroom environment (temperature, noise level, lighting, etc.)

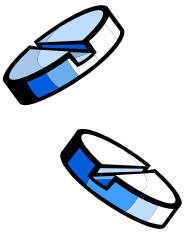
Benzodiazepines and barbiturates are some of the drugs used for anxiety and sedation. There are short-acting and long-acting benzodiazepines. In the elderly, it is usually best to use the short-acting medications. Side-effects of all benzodiazepines include excessive sedation, confusion, forgetfulness, morning "hangover," and falls. Occasionally, irritability and agitation develop. Ativan, Xanax, Restoril, and Valium are examples of this type of medicine. The elderly usually tolerate Restoril and Ativan since these two medications stay in the system a shorter time than others.

<u>Other medicines used for anxiety and insomnia</u>:

- Ambien, which is a newer medication used as a sleep aid for the elderly. Side effects include drowsiness, dizziness, headache, and stomach upset.
- Doctors sometimes use Atarax and Vistaril to manage anxiety and insomnia in the elderly, but even in low dosages these medications often cause a decrease in daytime functioning and may even increase problem behaviors.
- Certain antidepressants in low doses are sometimes useful to treat insomnia. For example, Desyrel (trazodone) has few of the usual side effects and is a choice medication for use in the elderly.

3. Antipsychotics (major tranquilizers)

A person with a psychotic illness usually has very troubling behaviors that he or she cannot control. Antipsychotic medications reduce and/or block a certain type of chemical messenger, the dopamine neurotransmitters. By doing so, the medicine can prevent a person from acting in negative, aggressive ways. These medicines have a lot of side effects and should be used very carefully in people with dementia. While they have a calming effect, they may decrease a person's ability to function.



Some of the newer antipsychotics in lower doses are given to manage psychotic and aggressive symptoms in the elderly. Risperidone, for example, in doses of 0.5 to 1 mg per day, seems to be well tolerated and effective in relieving behavior problems in Alzheimer's disease. No one should take this medicine within an hour of taking an antacid.

Antipsychotics include Thorazine, Mellaril, Haldol, dopamine, and serotonin inhibitors such as Clorazil and Risperdal (risperidone).

Side Effects of Psychotropic Medications

All psychotropic drugs have side effects and require careful monitoring. Some common side effects are drowsiness, dry mouth, blurred vision, headache, indigestion, nausea, vomiting, shaking, confusion, dizziness, or lightheadedness. Elderly people taking psychotropic medications are prone to falls so may require assistance. Side effects may occur early in drug therapy, or may not occur until after months of treatment.

Although a person's doctor is responsible for prescribing an antipsychotic drug and determining the correct dosage, anyone who cares for someone receiving one of these medicines is responsible for monitoring the results, effectiveness, side effects, and interactions.

Report side effects and any other problems with a medication to the person's doctor as soon as possible. When a person's health status changes, the doctor should examine the individual's medication regimen again, looking for drugs or dosages that might cause difficulties. Monitor anyone on these medications closely, watching for adverse effects and drug interactions.

<u>Question</u>: Who is responsible for observing the effectiveness and side effects of medications taken by a person receiving assistance in a facility?

<u>Answer</u>: The facility staff.

Contraindications

Drug interactions are common in the elderly due to reduced liver and kidney function, as well as other age-related changes. A pharmacist should be consulted before giving psychotropic medications in combination with many kinds of drugs, including some seizure medications; stomach medications such as cimetidine, ranitidine, or omeprazole; some antibiotics such as erythromycin; antifungal medications such as Diflucan, Sporanox, or Nizoral; or asthma medication. Taking these at the same time with psychotropic drugs may require dose adjustment or special monitoring. Some drug interactions can be fatal.

Special Caution: Do not combine MAOIs and SSRIs. A person should **<u>not</u>** take these drugs ***within 14 days of each other.***

Dosage

Psychotropic medications are usually given in tablet form. In older people, a low dosage is given since the elderly are especially sensitive to drugs and are unable to tolerate doses given to younger persons. Many times a dose given in the morning is effective all day.

There are many age-related changes that can affect drug therapy. It is important to be aware of these changes in the elderly in order to reduce the likelihood of an adverse event.

Fast Facts

Psychotropic Medications in the Elderly

- It is important to use the lowest possible dose.
- Eighty percent of the elderly have at least one chronic disease, and many have several diseases.
- They usually take multiple medications, and thus have the potential for drug-related adverse events.

The liver is often involved in removing drugs from the body. When liver function changes or is reduced, as is often the case in the elderly, medications are not eliminated from the body as completely or quickly as they are in younger people. Many antidepressants, antianxiety medicines, and antipsychotics have decreased liver clearance in the elderly, so they stay in the person's system longer.

Elderly people have slower metabolisms and less muscle than younger people, which changes the way their bodies use medications. Since the elderly often take a lot of medicine, have decreased liver clearance, and have lower metabolisms, the chances of adverse drug reactions are higher among older people.

Psychotropic Medications: Test

Name _____ Date _____ Score _____
(7 correct answers required)

Directions: Circle the correct answer or fill in the blanks.

1. Psychotropic medications affect the brain and central nervous system.
   True or False

2. Psychotropic medications cure depression and behavior problems.
   True or False

3. Sometimes, doctors use psychotropic medications to manage behavior problems. True or False

4. Elderly people often require lower medicine dosages than younger people.
   True or False

5. Misuse of psychotropic medications can cause _____ _____ and deterioration of _____.

6. When a person awakens confused, drowsy, and dizzy you might suspect the individual is experiencing side effects of a medication. True or False

7. When people are taking sedatives they might be more prone to falls.
   True or False

8. Dry mouth is an uncommon side effect of psychotropic drugs. True or False

9. Age-related changes make it more likely that elderly people will have problems with medication side effects. True or False

10. Who is supposed to watch for side effects of medications taken by a person receiving assistance in a facility? _____ _____

Certificate of Completion

Awarded to: _____

(Name of Participant)

For Completing the

One-Hour Course Entitled

Psychotropic Medications

Date of Course: _____

Organization: _____

Presented by: _____

(Signature of presenter, or write "self-study")