

ASSID conference 27th-28th November 2008
 Side Effects Associated with Psychotropic Medication



Department of Human Services 

Areas covered in this workshop

- Role of the Senior Practitioner
- Prevalence rates of chemical restraint
- What is chemical restraint
 - Medications used
 - Common side effects
- The Value of a Functional Behaviour Assessment
- Documenting chemical restraint in a Behaviour Support Plan

Role of the Senior Practitioner

- The Senior Practitioner is responsible for ensuring that the rights of people who show behaviours of concern and are subject to restrictive interventions are protected.
- Restrictive intervention refers to any intervention that is used to restrict the rights or freedom of movement of a person with a disability and includes:
 - **Seclusion** e.g. room with locked door/area and windows and the person cannot open from the inside,
 - **Mechanical restraint** e.g. device used to prevent, restrict or subdue a person's movement,
 - **Chemical restraint** e.g. medications used for the primary purpose of behavioural control

Definition of 'Chemical Restraint'

'The Act defines chemical restraint as the use, for the primary purpose of the behavioural control of a person with a disability, of a chemical substance to control or subdue the person but does not include the use of a drug prescribed by a registered medical practitioner for the treatment, or to enable the treatment, of a mental illness or a physical illness or physical condition.'

(Disability Act 2006)

Current Research Chemical Restraint

- "..... chemical restraint, subdues the person with a disability, rendering them 'more manageable', rather than a form of therapy for the person with a disability.

The use of antipsychotic medication should therefore be used sparingly as side effects identified with the use of psychotropic medications are prevalent in people with developmental disabilities; however the communication challenges associated with this population make diagnosis through verbal report unlikely Valdovinos, Caruso, Roberts, Kim & Kennedy, 2005

- " The use of psychotropic medication as a therapeutic agent for people with an intellectual disability has poor evidence base". Handen & Gilchrist 2006

Mandy's research

" Identifying the educational needs of direct support staff administering psychotropic medication".

- Analysis of 250 questionnaires and 6 individual interviews highlighted 3 themes:

Mandy's research: 3 themes

- Knowledge
- Support
- Training

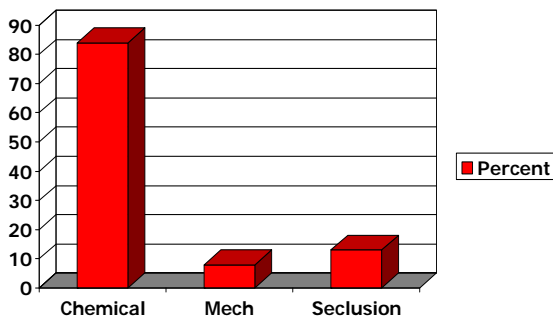
Prevalence of Chemical Restraint in Victoria

- Chemical restraint (N=1261-1438)
- Mechanical restraint (N=50 – 68)
- Seclusion (N=35- 44)

Multiples:

- chemical & mechanical restraint N=33
- chemical restraint & seclusion N=25 (age risk factor: (esp. 25 and 44 years))
- mechanical restraint & seclusion N=3
- chemical, mechanical restraint & seclusion N=3

Prevalence of Chemical Restraint in Victoria



Why do people take Antipsychotic Medication?

When people are suffering from a psychotic disorder. Such as...

- Schizophrenia
- Schizoaffective disorder
- Bipolar Illness
- "Psychotic disorders are characterised by hallucinations, delusions, personality disorganisation, loss of ego boundaries and/or the inability to meet the demands of ordinary life. A person who is psychotic is out of touch with reality". (www.healthatoz.com)

Typical vs Atypical antipsychotic medication

TYPICAL	ATYPICAL
Affects Dopamine	Affects Dopamine and other neurotransmitters such as Serotonin
Examples are: Generic name (trade name) Chlorpromazine (Largactil), Haloperidol (Haldol, Serenace) Flupenthixol (Fluanoxol), Fluphenazine (Modecate) Thioridazine (Melleril) Trifluoperazine (Stelazine) Zuclopenthixol (Clopixol)	Examples are: Generic name (trade name) Clozapine (Clopine, Clozaril) Olanzapine (Zyprexa), Risperidone (Risperdol) Serequel (Quiapine) Solain (Amisupiride)
Side effects may include: extra pyramidal side effects (EPSE), neuroleptic malignant syndrome (NMS), Drowsiness, sedation, Tiredness, Dry mouth, Dizziness, Slow thinking, Impotence, Jaundice, Sensitivity to sunlight	Side effects may include: Blood dyscrasias, hyper salivation, sedation, Increased appetite, Constipation, neuroleptic malignant syndrome (NMS)

What are side effects?

Effects caused by a medication which are secondary to its intended / desired effect.

- They may vary in intensity and severity and affect a wide range of the body's functions.
- Not everyone will experience side effects and not everyone who experiences them will have all of the possible side effects.
- E.g.: taking 'maxalon' to control nausea may cause you to become constipated.

Extra Pyramidal Side Effects

- VARIETY OF INVOLUNTARY MOVEMENTS THAT OCCUR DUE TO BLOCKAGE OF DOPAMINE RECEPTORS.
- PARKINSONIAN
- AKATHESIA
- ACUTE DYSTONIC REACTION
- TARDIVE DYSKINESIA



Extra Pyramidal Side Effects

PARKINSONIAN

Similar to Parkinson's disease.
A neurological movement disorder.

- Cogwheel rigidity
- Mask-like face
- Tremor at rest
- Shuffling gait
- Difficulty beginning or maintaining a motion (AKINESIA)
- Freezing or slowing down of body movements (BRADYKINESIA)



Extra Pyramidal Side Effects

AKATHESIA

Strong feelings of inner restlessness

- Difficulty remaining still
- Excessive walking or pacing
- Often mistaken as anxiety



Extra Pyramidal Side Effects

ACUTE DYSTONIC REACTION

Sustained contractions of the muscles of the...

- Neck (TORTICOLLIS)
- Eyes (OCULOGYRIC CRISIS)
- Tongue, jaw, neck and other muscle groups (FACIAL GRIMACING)
- Laryngeal Spasm



Extra Pyramidal Side Effects

TARDIVE DYSKINESIA

Abnormal, involuntary, irregular muscle movements.
Can be irreversible.

Usually in the face and around the mouth.
Sometimes also in the legs, arms and body.

- Exaggerated and persistent chewing movements
- Exaggerated and persistent tongue protrusion

What can you do for side effects?

There are medications that can be used in conjunction with antipsychotic medications to control side effects.

- Anticholinergics, or anti-parkinsonian drugs, are used to treat the muscle related side effects. These can include Cogentin and Artane.
- Antihypertensives such as propranolol are used to treat high blood pressure.
- Laxatives such as Nulax help to treat the constipation that many people experience when taking antipsychotic medication.

What can you do for side effects?

Non medical interventions for side effects can include things such as..

- Encouraging "slip, slop, slap" for those experiencing sensitivity to sunlight
- Placing a towel over pillow at night to stop it being soaked due to hypersalivation
- Encouraging a "healthy lifestyle" for those experiencing an increased appetite
- Having water handy to sip for those with dry mouths
- Getting sedating medications scripted for the evenings

Group work; case examples

- Medications and common side effects
 - Mario, Sally and Terry

Case Study 1: Mario

- Mario is a 50 year old man diagnosed with Down Syndrome and a moderate intellectual disability. He previously lived in an institutional setting for 30 years. He is able to communicate effectively and loves talking to others about his love for fast cars.
- Mario has a long history of aggression towards others. When Mario gets upset he will often kick staff and co-residents and at times will throw items such as chairs and cups at others. Staff often know when Mario is about to go off because he begins pacing and in a loud voice tells others he will get them back.
- Mario is currently prescribed routine Largactil 100mg bd and Anafranil 40mg tds and PRN Valium 5mg by his GP. Mario has been on this medication for the past 20 years and has no diagnosis of a mental illness.

Case Study: Mario

Questions:

- What type of medications has Mario been prescribed?
- Is the prescribed medication chemical restraint? Why?
- What effect would you expect these medications to have on Mario?
- What are the most common side effects associated with these medications?
- What are some of the things that as a disability support worker you can do to help Mario with any of these side effects?

Case Study 2: Sally

- Sally is a 32 year old woman who has a diagnosis of a mild intellectual disability, epilepsy, cerebral palsy and Autism. Sally is in a wheelchair and requires a support person to push her to where she needs to go. Sally has some speech but prefers to use signs from the Makaton Vocabulary to communicate with others.
- Sally on a daily basis will hit her head against walls in her bedroom and this becomes more frequent at the end of each month. Sally recently moved into a CRU with three other ladies and prior to this Sally lived at home with her parents and three younger siblings.
- Sally is currently prescribed routine Depo Provera, Epilim 200mg tds and Respiradone 5mg bd by her new GP. When the behaviour occurs frequently staff may also put a helmet on Sally to reduce possible harm.

Questions: Sally

- What type of medications has Sally been prescribed?
- Is the prescribed medication chemical restraint? Why?
- Are there any other restrictive interventions in place?
- What effect would you expect these medications to have on Sally?
- What are the most common side effects associated with these medications?
- What are some of the things that as a disability support worker you can do to help Sally with any of these side effects?

Case Study 3: Terry

- Terry is an 18 year old man who has been diagnosed with Asperger's Syndrome and a mild intellectual disability. Terry loves going out especially for coffee and dancing.
- Terry recently moved into a CRU with 4 other young men and prior to this Terry lived with four other young men that he had known for 5 years.
- Terry is prescribed cipramil 200mg mane for his withdrawn behaviour and sometimes when he does not comply with staff's requests staff ask Terry to go outside. If Terry refuses to go outside he is also prescribed PRN Seroquel 100 mg. To get back inside Terry needs to knock on the door and a staff member will let him in.

Questions: Terry

- What type of medications has Terry been prescribed?
- Is the prescribed medication chemical restraint? Why?
- Are there any other restrictive interventions in place?
- What effect would you expect these medications to have on Terry?
- What are the most common side effects associated with these medications?
- What are some of the things that as a disability support worker you can do to help Terry with any of these side effects?

About chemical restraint

- Chemical restraint should only be used;
 - where there is a clear advantage to the person and where there is no other practical alternative,
 - as a short term 'fix' to reduce intensity and frequency of behaviours

About chemical restraint

- Decision to use chemical restraint must be based on a comprehensive functional behaviour assessment
- A functional behaviour assessment is required for each behaviour of concern
- Positive behaviour support strategies that are linked to the function of the behaviour can be very effective,

Where should chemical restraint sit in a Behaviour Support Plan?

Positive Intervention Framework			
Proactive Strategies			Reactive strategies
Medical, Personal Environmental Strategies	Skills Training	Short term change	Strategies to manage serious episode of behaviour
Treating a psychiatric/ mental illness diagnosed by a psychiatrist Chemical restraint (Routine)	Must be based on a functional behaviour assessment	Strategies for rapid change in behaviour Chemical Restraint (Routine)	
			Last resort Chemical Restraint (PRN)

Challenging behaviour vs Behaviour of concern

- **Challenging behaviour** may be:
 - Annoying to others e.g. repetitive questioning, pacing, screaming, being bossy, refusing to eat meal prepared
- **Behaviour of concern:**
 - dangerous for the person and/or others

Functional Behaviour Assessment

–Step 1: Define

- Describe the behaviour in observable terms
 - What does the behaviour of concern look like

Tips for defining the behaviour

- Describe the behaviour so that someone else will know EXACTLY (without doubt) what is meant
 - Self-injurious behaviour (vague)
 - Sucking hands (more specific)
 - Sucking thumb and forefinger of left hand (very specific)
 - Biting both hands and tearing flesh on back of hands (very specific)
 - Be very specific!

Functional Behaviour Assessment

–Step 2, 3, 4,

- When does the behaviour occur?
- What happens just before the behaviour?
- What happens just after the behaviour of concern?

Need to use STAR chart for steps 2, 3, 4,

Functional Behaviour Assessment

–Step 5:

- Why is the person using the behaviour of concern?
 - Common reasons
 - Gain social interaction
 - Escape or avoid demands
 - Gain access to preferred activities or objects
 - Sensory feedback (e.g. hand flapping)
 - Exert power and control over own life
 - Reduce anxiety and confusion

Functional Behaviour Assessment

–Step 6

- What skills can we support the person to learn to use instead of the behaviour?
 - Must be linked to why the behaviour is occurring**

–Step 7

- Review strategies: Think about what worked? and what needs to change?

Documenting the use of Chemical restraint in a Behaviour Support Plan

- Using the Behaviour Support Plan template, complete the following section:

– 1.3 (a) Describe the behaviour of concern

Refer to case study for more information on behaviour

Definition of behaviour of concern

Things to think about for people subject to chemical restraint

Group discussion

- Why is the person subject to chemical restraint?
 - Where will we get this information??
- When will the restrictive intervention be used?
 - Where is this information documented?

Things to think about for people subject to chemical restraint

Group discussion

- How will we know if the restrictive intervention is working?
 - What monitoring tools can we use?
 - (STAR chart, scatter plots)

Group Activity:

Using the Behaviour Support Plan template complete section 3.1:

- (a) What restrictive interventions will be used?
- (b) Why is the restrictive intervention being used?
- (c) Circumstances under which the restrictive intervention will be required?
- (d) What measures will be used to monitor the effect of the restrictive interventions?
- (e) How and when will it be reviewed?
- (f) Who authorises the restrictive interventions?

AIM

Our ultimate aim is supporting people to achieve 'dignity without restraints'

We aim to ensure people with disabilities receive treatment that is in line with the rest of the population.

The Office of the Senior Practitioner's aim is to have Quality of Life improved above all else.