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Commentary

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The effective management of psychotic disorders in the U.S. requires a focused interprofessional approach. Consider the way in which this group of illnesses can affect a person's mind: they lead to alterations in the ability to think clearly, make rational judgments or decisions, respond emotionally, communicate effectively, understand reality from imagination, and behave appropriately in public (Hersen, Turner, & Beidel, 2007). Because of this, most modern health care systems place an emphasis on integrated healthcare services. These optimize patient care when the patient may not be the best historian, and reduce the likelihood of regression, which may often be observed with mental illness (Legare, et. al., 2011).

Psychotic disorders, such as schizophrenia, by definition significantly impair an individual's ability to stay in touch with reality and to meet the demands of everyday life. Schizophrenia and other primary psychotic conditions can be chronic and can grossly impair reality, which can be interrupted by delusions, hallucinations, disorganized behavior and speech (Gearing, 2008). An interprofessional approach that involves the collaborative efforts of psychiatry and pharmacy services can be vital in achieving positive therapeutic outcomes within an inpatient care setting (Hahn, Albers, & Reist, 2008). The ability to find effective methods to involve a variety of health care disciplines in the clinical decision-making process for the management of psychotic disorders can improve care, and yield benefits for the patient (Makoul & Clayman, 2006). According to a study conducted by Johnson-Lawrence and colleagues (2012), performance of a comprehensive evaluation/assessment that a final diagnosis can be given to a patient with depression can produce greater adherence to treatment, improvement in symptoms, and can reduce delays in patients' initiation of treatment.

One way to ensure compliance with anti-psychotic medications is admitting the patient to an inpatient psychiatric facility. For patients to be admitted to an inpatient psychiatric facility requiring immediate psychiatric evaluation and stabilization, the criteria can include (1) imminent danger to oneself or others, (2) acute impairment of ability to perform activities of daily living, (3) impulsive or assaultive behavior, and (4), management of withdrawal states (Prunier & Buongiorno, 1989). A patient's first encounter may be with an attending psychiatrist who works to identify the presenting problems in order to arrive at a diagnosis. This is the first step in providing the correct treatment. Some of the differential diagnoses that the psychiatrist may arrive at are bipolar disorder, schizophrenia, delirium, or anxiety disorder, to name a few. Ultimately it is through the performance of a comprehensive evaluation/assessment that a final diagnosis is not made in error (Guadiano & Zimmerman, 2012).

Once a diagnosis has been made, the attending psychiatrist can consult with a clinical pharmacist specifically
trained in mental health regarding appropriate drug selection(s) to ensure that there is clinical justification for the choice of these medications. In certain cases, there is the potential for psychotropic polypharmacy to occur in an inpatient psychiatric facility. Polypharmacy is defined as the use of a certain number of drugs to treat a condition regardless of the appropriateness of these drugs, even if the medications are not clinically indicated (Powers, 2005). Polypharmacy can be avoided by a clinical pharmacist providing assistance to the psychiatrist with selecting more appropriate medications if some are not warranted (Mojatabai & Olfson, 2010). The collaboration between psychiatrists and pharmacists in the inpatient psychiatric setting has the potential to reduce the incidences of polypharmacy and lead to effective patient care as a result of, 1) obtaining an accurate medication and physical history, 2) linking each prescribed medication to the psychiatric condition, 3) identifying medications that are being used to treat side effects, 4) initiating interventions to ensure medication compliance or adherence, 5) prevention by regularly considering the appropriateness of the medication for the condition (De las Cuevas & Sanz, 2004; Powers, 2005).

The advantage of an interprofessional approach to psychotropic medication management is that psychiatrists can offer their level of expertise in providing accurate diagnoses and subsequently collaborate with clinical pharmacists. The pharmacists can offer their drug expertise by providing recommendations for medication management to align with the presenting disorder. The goal for any form of collaboration that occurs between these two health professionals is to achieve the therapeutic endpoint of alleviating or reducing the symptoms that are associated with the psychotic disorder and optimizing treatment without increasing psychotropic medication utilization (Morrison, Duryea, Moore, & Nathanson-Shin, 2012).

References


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