Crisis Intervention Training

Unit 4

Psychotropic Medications
CIT Training Lesson Plan Performance Objectives
Psychotropic Medications

Unit Goal: Ability to recognize and understand the different types of medications used to treat the most common mental illnesses.

Classroom Hours: 3.00

Presenter:

Performance Objectives:
Participants will be able to:
- Understand and recognize side effects associated with the medications used to treat mental illnesses.
- Understand and recognize how to assess an individual’s medication usage.
- Understand and differentiate between a variety of medications such as antidepressants, mood stabilizers, anti-anxiety medications and antipsychotics.

Content Material:
See attached PowerPoint presentation for Psychiatric Medications: A Brief Overview
I. Introduction

In this unit we will discuss the different types of medications that are used to treat some of the most common mental illnesses, describe the side affects associated with these drugs, and learn how you can assess an individual's medication usage.

Medications can be an effective treatment for mental illness. Although they don't cure mental illness, medications can control symptoms and improve an individual's coping abilities, which can help reduce the severity of their condition.

Just as someone who has diabetes may take insulin to stabilize their blood sugar, someone with a mental illness may take medicine to stabilize the chemicals in their brain and bloodstream. For example, drugs like chlorpromazine can turn off the "voices" heard by some people with psychosis and help them to see reality more clearly. Antidepressants can lift the dark, heavy moods of depression.

It is important to remember that medications for mental illness, like all medications, may be helpful to one person, but harmful to another. Some people may need only one drug to address most of their symptoms, while other people may need to take a combination of drugs. Some have side effects, and others do not.

But most importantly, law enforcement must be aware that the type of medication is not an indication of how dangerous the person might be or how severe their disorder is. However, factors such as age, sex, body size, body chemistry, physical illnesses and their treatments, diet, and habits, such as smoking and alcohol consumption can influence a medication's effect.

II. Presentation

A. Types of Medications

A variety of psychiatric medications are available for the treatment of mental illness. Among them are:

- **Antidepressants.** These medications are used to treat various forms of depression. There are several types of antidepressants, grouped by how they affect brain chemistry. These include the newer selective serotonin reuptake inhibitors and the older monoamine oxidase inhibitors. Antidepressants may also help improve symptoms in other disorders.
• **Mood stabilizers.** These medications are generally taken to help treat bipolar disorder, which is characterized by swings in mood between depression and mania. The medications work by balancing out such mood swings.

• **Anti-Anxiety medications.** These medications specifically target anxiety and work more quickly to relieve symptoms, such as fear, pounding heart, and shortness of breath. They also give people a greater sense of control. However, these medications have two major drawbacks: they don't improve depression, and they can become habit-forming.

• **Antipsychotics.** These medications, also called neuroleptics, are typically used to treat psychotic disorders, such as schizophrenia. They may also be used to treat severe cases of depression accompanied by psychosis.

1. **Antidepressants**
   
a. **Tricyclics (TCAs)** – From the 1960s through the 1980s, tricyclic antidepressants were the first line of treatment for major depression. Though the Tricyclics are as effective in treating depression as the newer antidepressants, their side effects are usually more unpleasant. Tricyclics include:
      - Amitriptyline (Elavil)
      - Amoxapine (Asendin)
      - Clomipramine (Anafranil)
      - Desipramine (Norpramin)
      - Doxepin (Adapin, Sinequan)
      - Imipramine (Tofranil)
      - Nortriptyline (Aventyl, Pamelor)
      - Protriptyline (Vivactil)
      - Trimipramine (Surmontil)

b. **Monoamine Oxidase Inhibitors (MAOIs)** – also introduced during the 1960’s through the 1980’s. MAOIs are effective for some people with major depression who do not respond to other antidepressants. They are also effective for the treatment of panic disorder and bipolar depression. MAOIs approved for the treatment of depression are:
      - Phenelzine (Nardil)
      - Tranylcypromine (Parnate)
      - Isocarboxazid (Marplan)
c. Selective Serotonin Re-uptake Inhibitors (SSRIs) – are newer medications that work as well as the older ones but have fewer side effects. These include:

- Citalopram (Celexa)
- Fluoxetine (Prozac)
- Fluvoxamine (Luvox)
- Paroxetine (Paxil)
- Sertraline (Zoloft)

2. Mood Stabilizers

a. Lithium (Eskalith, Lithobid) – Lithium is used most often to treat bipolar disorder. Lithium evens out mood swings in both directions - from mania to depression, and depression to mania - so it is used not just for manic attacks or flare-ups of the illness, but also as an ongoing maintenance treatment for bipolar disorder.

Although Lithium will reduce severe manic symptoms in about 5 to 14 days, it may be several weeks to several months before the condition is fully controlled. Antipsychotic medications are sometimes used in the first several days of treatment to control manic symptoms until the Lithium begins to take effect. Antidepressants may also be added to Lithium during the depressive phase of bipolar disorder. If given in the absence of Lithium or another mood stabilizer, antidepressants may provoke a switch into mania in people with bipolar disorder.

b. Anticonvulsants – Some people with symptoms of mania who do not benefit from or would prefer to avoid Lithium have been found to respond to anticonvulsant medications commonly prescribed to treat seizures:

- Valproic acid (Depakene), Divalproex sodium (Depakote) – The anticonvulsant valproic acid (Depakote, divalproex sodium) is the main alternative therapy for bipolar disorder.
- Carbamazepine (Tegretol)
- Lamotrigine (Lamictal)
- Gabapentin (Neurontin)
- Topiramate (Topamx)
3. Anti-Anxiety Medications

Anxiety is often manageable and mild, but sometimes it can present serious problems. A high level or prolonged state of anxiety can make the activities of daily life difficult or impossible. People may have generalized anxiety disorder (GAD) or more specific anxiety disorders, such as panic, phobias, obsessive-compulsive disorder (OCD), or post-traumatic stress disorder (PTSD).

Both antidepressants and anti-anxiety medications are used to treat anxiety disorders. The broad-spectrum activity of most antidepressants provides effectiveness in anxiety disorders as well as depression.

a. Tricyclics (TCAs) – The first medication specifically approved for use in the treatment of OCD were the tricyclic antidepressant clomipramine (Anafranil). Tricyclics are effective in blocking panic attacks and may also reduce symptoms of post-traumatic stress disorder (PTSD).

b. Beta Blockers – These drugs are used mainly to reduce certain anxiety symptoms like palpitations, sweating and tremors, and to control anxiety in public situations. They often are prescribed for individuals with social phobia. Beta blockers reduce blood pressure and slow the heartbeat.

c. MonoAmine Oxidase Inhibitors (MAOIs) – These drugs are used in the treatment of panic disorder, social phobia, PTSD, and sometimes OCD, but they require dietary restrictions. Some doctors prefer to try other treatments first. Anyone taking a MAO inhibitor must avoid other medications, wine and beer, and food such as cheeses that contain tyramine.

d. Selective Serotonin Re-uptake Inhibitors (SSRIs) – These are the newest medicines available for treating anxiety disorders. SSRIs may be considered a first-line of treatment for panic disorder. They are often effective against obsessive-compulsive disorder (OCD) and have traditionally been used to treat depression.
   - Citalopram (Celexa)
   - Fluoxetine (Prozac)
   - Fluvoxamine (Luvox)
   - Paroxetine (Paxil)
   - Sertraline (Zoloft)
   - Venlafaxine (Effexor)
e. **Benzodiazepines** – Most of the benzodiazepines are effective against generalized anxiety disorder (GAD). Some drugs in this group are also used to treat panic disorder and social phobia. Benzodiazepines are relatively fast-acting drugs.

Benzodiazepines vary in duration of action in different people; they may be taken two or three times a day, sometimes only once a day, or just on an "as-needed" basis. Dosage is generally started at a low level and gradually raised until symptoms are diminished or removed.

- Alprazolam (Xanax)
- Chlordiazepoxide (Librium)
- Clonazepam (Klonopin)
- Clorazepate (Tranxene)
- Diazepam (Valium)
- Lorazepam (Ativan)
- Oxazepam (Serax)
- Halazepam (Paxipam)

4. **Antipsychotics**

Antipsychotic drugs are medicines used to treat Psychosis and other mental and emotional conditions, such as Bipolar Disorder (manic-depressive illness). Antipsychotic drugs do not cure mental illness, but can reduce some of the symptoms or make them milder.

a. **Typical (Traditional) Antipsychotics** include:

- Chlorpromazine (Thorazine)
- Thioridazine (Mellaril)
- Mesoridazine (Serentil)
- Molindone (Moban)
- Perphenazine (Trilafon)
- Loxapine (Loxitane)
- Trifluoperazine (Stelazine)
- Thiothixene (Navane)
- Fluphenazine (Prolixin)
- Haloperidol (Haldol) – long lasting injections
b. **Atypical (New) Antipsychotics** – The 1990s saw the development of several new drugs for schizophrenia, called "atypical antipsychotics." Because they have fewer side effects than the older drugs, they are often used today as a first-line treatment. They include:

- Clozapine (Clozaril)
- Olanzapine (Zyprexa)
- Quetiapine (Seroquel)
- Risperidone (Risperdal)

If given at too high of a dose, the newer medications may lead to problems such as social withdrawal and symptoms resembling Parkinson’s disease, a disorder that affects movement.

**B. Side Effects**

1. **Side Effects of Antidepressant Medications**

   Antidepressants may cause mild, and often temporary, side effects (sometimes referred to as adverse effects) in some people. Typically, these are not serious.

a. **Common Side Effects of Tricyclics**

   The most common side effects of tricyclic antidepressants are as follows:
   - Dry mouth
   - Constipation
   - Bladder problems
   - Sexual problems
   - Blurred vision
   - Dizziness
   - Drowsiness as a daytime problem
   - Increased heart rate

b. **Side Effects of Newer Antidepressants**

   The newer antidepressants, including SSRIs, have different types of side effects, as follows:
   - Sexual problems
   - Headaches
   - Nausea
   - Nervousness and insomnia
   - Agitation (feeling jittery)
Any of these side effects may be amplified when an SSRI is combined with other medications that affect serotonin. In the most extreme cases, such a combination of medications (e.g., an SSRI and an MAOI) may result in a potentially serious or even fatal "serotonin syndrome," characterized by fever, confusion, muscle rigidity, and cardiac, liver, or kidney problems.

Source: http://www.nimh.nih.gov/publicat/medicate.cfm#ptdep7

2. Side Effects of Mood Stabilizers

a. Lithium – When people first take Lithium, they may experience side effects such as drowsiness, weakness, nausea, fatigue, hand tremors, and increased thirst and urination.

Lithium, when combined with certain other medications, can have unwanted effects. Some diuretics increase the level of Lithium and can cause toxicity. Other diuretics, like coffee and tea, can lower the level of Lithium. Signs of Lithium toxicity may include nausea, vomiting, drowsiness, mental dullness, slurred speech, blurred vision, confusion, dizziness, muscle twitching, irregular heartbeat, and, ultimately, seizures.

b. Valproic acid – stomach upset/nausea/vomiting, headache, double vision, dizziness, anxiety, or confusion.

c. Carbamazepine – drowsiness, dizziness, double vision, rash/itching, and headaches.

d. Gabapentin – drowsiness, dizziness, double vision, and a stumbling walk.

e. Lamotrigine – nausea/vomiting, drowsiness, dizziness, and rash.

f. Topiramate – drowsiness, dizziness, confusion, lack of concentration, speech problems, and weight loss.
3. Side Effects of Anti-Anxiety Medications (Benzodiazepines)
   - Drowsiness
   - Dizziness
   - Forgetfulness
   - Paradoxical rage
   - Unsteady walk (“drunk”)
   - Muscle weakness
   - Addiction (with long-term use)

Withdrawal Effects
   - Flu-like symptoms
   - Sweating
   - Tremors
   - Nausea
   - Hallucinations
   - Depression
   - Seizures
   - Rebound anxiety

4. Side Effects of Antipsychotic Medications

   Most side effects of antipsychotic medications are mild. Many common ones lessen or disappear after the first few weeks of treatment.

   Antipsychotic medications can produce unwanted effects when taken with other medications. Antipsychotics also add to the effect of alcohol and other central nervous system depressants, such as antihistamines, antidepressants, barbiturates, some sleeping and pain medications, and narcotics.
   - Drowsiness
   - Restlessness
   - Muscle spasms
   - Tremors
   - Dry mouth
   - Blurred vision
   - Drooling
   - Weight gain
   - Sedation
   - Constipation
   - Urinary retention

   Most of these can be corrected by lowering the dosage or can be controlled by other medications. Different patients have different
treatment responses and side effects to various antipsychotic drugs. A patient may do better with one drug than another.

Long-term treatment with one of the older, or “traditional” antipsychotic medications may cause a person to develop tardive dyskinesia (TD). TD is a disorder characterized by involuntary movements most often affecting the mouth, lips, and tongue, and sometimes the trunk or other parts of the body such as arms and legs. The risk has been reduced with the newer "atypical" medications. There is a higher incidence in women, and the risk rises with age.

C. Medication Assessment

When officers respond to a person in crisis, it is important to establish if the person is on medication and whether they may have stopped taking their medication. An officer can ask the individual or a family person the following questions:

1. Are you on medication? If so, what medication are you taking?
2. Did you take the medication today or when was the last time you took your medication?
3. Is this a new medication?

By asking these simple questions, you will be able to make a better assessment of the situation and possibly prevent the situation from escalating.