What to Tell Your Patient about their Psychiatric Medications

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Disclosures

• None to report

Objectives for Pharmacist Participant

• Explain barriers for medication teaching in the psychiatric patient
• Discuss implications of medication non-adherence in the psychiatric patient
• Provide important counseling tips to the psychiatric patient
• Discuss resources with your patients regarding psychiatric medications

Objectives for Technician Participant

• Identify barriers to medication counseling
• Know the magnitude for psychiatric medication non-adherence
• Identify resources for patients regarding their psychiatric medications

Mr T

• Mr T is a 48 yo male who works as a full time accountant. He is being treated for depression, diabetes, arrhythmias, high blood pressure, and hyperlipidemia. He presents for his monthly visit with his PCP. His lab work show a low INR at 1.5. His PCP asks Mr T about any changes in diet or medications, and none are identified. The PCP tells Mr T, “I want you to take an extra 5mg Coumadin today and come back and see me in 1 week and we’ll check your INR again.” Mr T adjusted his medications as the Dr told him and when he returned for his follow up, his INR was 7 and the patient complained of excessive bruising and daily nose bleeds.

Mr T continued

• What happened?
  – Instead of the patient taking only one extra 5mg dose for the week, he was taking an extra 5mg everyday until he returned to see his Dr.
**Literacy vs. Health Literacy**

- **Literacy**
  - Basic ability to use printed and written information to function and achieve goals
- **Health Literacy**
  - Ability to obtain, process, understand and act on health information

**Risk Factors for Low Health Literacy**

- Socioeconomic status
- Age
- Education
- Ethnicity

**Outcomes of Low Health Literacy**

- Health outcomes
- Mortality
- Health care cost

**What Patients do to Mask Illiteracy**

- Make excuses
  - "I forgot my glasses"
  - "Can I just take this with me?"
- Postpone decisions
  - "I will read this when I get home"
  - "I'll discuss this with ________ first"

**Ways to Assess your Patient's Literacy**

- Ask open ended questions
  - "How often do you have problems learning about your medical condition because of difficulty understanding written information?"
  - "How often do you have someone (eg: family member, or friend) help you read hospital material?"
- Ask patient to read a prescription label
- Give patient material upside down and see if they turn it right side up
- Use of validated tools to assess health literacy
  - Word recognition
  - Functional literacy

**Medication Adherence**

- "Extent to which patients take medications as prescribed by their health care providers"
- Adherence rates higher in acute vs chronic conditions
- Rates of nonadherence rates in psychiatric disorders:
  - Major Depressive Disorder (MDD) 28-52%
  - Bipolar Disorder 20-50%
  - Schizophrenia 20-72%
Factors Contributing to Non-Adherence

- **Patient Factors**
  - Demographics
  - Marital status
  - Education level
- **Psychological**
  - Poor insight
  - Denial of illness
  - Negative attitude toward illness
- **Medication related**
  - Side effects
  - Complex dosing schedule
- **Social/Environmental**
  - Poor therapeutic alliance at 6 months
  - Fewer outpatient clinic visits
  - Instability in living arrangement
  - Inadequate discharge planning and coordination of care
  - Poor communication

Medication Adherence: Ingredients for Success

- **Patient Knowledge**
- **Counseling and Accountability**
- **Self monitoring**
- **Medication cost**

Educating Patients About Safe Medication Use

- Different teaching methods available
  - Teach-back method¹
  - Ask Me 3²
  - 12 key points about medicines³

<table>
<thead>
<tr>
<th>Instead of</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign</td>
<td>Will not cause harm</td>
</tr>
<tr>
<td>Dysfunction</td>
<td>Problem</td>
</tr>
<tr>
<td>Intermittent or intermittently</td>
<td>Off and on</td>
</tr>
<tr>
<td>Oral</td>
<td>By mouth</td>
</tr>
<tr>
<td>Option</td>
<td>Choice</td>
</tr>
<tr>
<td>Wellness</td>
<td>Good health</td>
</tr>
<tr>
<td>Collaborate</td>
<td>Work together</td>
</tr>
<tr>
<td>Hazardous</td>
<td>Not safe; dangerous</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Learning, thinking</td>
</tr>
<tr>
<td>Adequate</td>
<td>Enough eg: “6-8 glasses/day”</td>
</tr>
<tr>
<td>Adjust</td>
<td>Change</td>
</tr>
<tr>
<td>Routinely</td>
<td>Often eg: “every week”, “every other day”</td>
</tr>
</tbody>
</table>

But before you begin counseling your patients make sure you

- Assess their knowledge by asking
  - If they are familiar with the medication
  - How the medicine is taken at home
  - What precaution or follow up care is needed
- Take into consideration their
  - Readiness to learn
  - Environmental and social barriers to learning
  - Cultural factors and...

Be Prepared to Use Plain Language

ANTIPSYCHOTICS:
USING THE 12 KEY POINTS FOR MEDICATION EDUCATION

1. Generic and Brand Name:
   1st Generation Antipsychotics aka Typical Antipsychotics
   - Phenothiazines
     - Chlorpromazine (Thorazine®)
     - Thioridazine (Mellaril®)
     - Mesoridazine (Serentil®)
     - Perphenazine (Trilafon®)
     - Trifluoperazine (Stelazine®)
     - Fluphenazine (Prolixin®)
   - Non-Phenothiazines
     - Thiothixene (Navane®)
     - Haloperidol (Haldol®)
     - Loxapine (Loxitane®)
     - Molindone (Moban®)
     - Pimozide (Orap®)

1. Generic and Brand Name:
   2nd Generation Antipsychotics aka Atypical Antipsychotics
   - Aripiprazole (Abilify®; Abilify® Maintena™)
   - Asenapine (Saphris®)
   - Clozapine (Clozaril®)
   - Iloperidone (Fanapt™)
   - Lurasidone (Latuda®)
   - Olanzapine (Zyprexa®; Zyprexa® Relprevv™)
   - Quetiapine (Seroquel® IR and Seroquel® XR)
   - Risperidone (Risperdal®; Risperdal Consta®)
   - Ziprasidone (Geodon™)

2. Purpose of the Medication
   - Patient has the right to know the therapeutic benefit of medication
     - Eg: Antipsychotics help decrease voices
   - Patient should know possible consequences of not taking prescribed medication
     - Discuss risk for relapse
     - Discuss risk for symptom return and be specific

1. Generic and Brand Names
   - Patient able to identify their medication when a generic equivalent is substituted for a brand
   - Prevents possible look alike sound a like errors
     - Eg: ZypREXA and ZyrTEC
     - ARIPiprazole and RABEprazole

3. Dosage and How to take the Medication
   - How much should the patient take
     - Use metric weight units and volume
       - Show them what the medication looks like when possible
       - For liquids: demonstrate how much volume to draw up with measuring device
   - Best time to take medicine
     - Full or empty stomach
     - Ziprasidone and lurasidone ➔ with food
     - Asenapine ➔ no food or drink for 10 minutes after dose
     - Morning or evening?
       - Paliperidone in the morning
3. Dosage and How to take the Medication

- If Orally Disintegrating tablet prescribed be sure to review administration
  - Open package only when ready to take dose
  - Open packaging carefully, pull back paper of the blister packaging vs. pushing tablet through foil
  - Remove tablet with DRY hands and place ON tongue

4. What to do if a Dose is Missed

- If close to next dose ➔ should not double up
- Other situations: What would you tell the patient if...
  - They take olanzapine zomg at night since it makes them tired during the day but missed their night dose and its not close to their next dose

5. Duration of Therapy

- BE HONEST about how long your patient needs to be on the medication and explain the chronicity of mental illness
- Remind them of the good the medication has done for them
- Discuss residual symptoms

6. Minor Side Effects

<table>
<thead>
<tr>
<th>Minor Side Effect</th>
<th>How to Manage Minor Side effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tired</td>
<td>exercise, adjust timing of medicine after talking to physician, short daytime naps</td>
</tr>
<tr>
<td>Dry mouth, lips, skin</td>
<td>drink water, sugarless gum or candy, ice chips use lip balm use lotion after shower</td>
</tr>
<tr>
<td>Constipation</td>
<td>Increase fluid, vegetable intake, exercise</td>
</tr>
<tr>
<td>Upset Stomach</td>
<td>Toast/saltdines, clear soda</td>
</tr>
<tr>
<td>Weight gain</td>
<td>Exercise, portion control, healthy diet</td>
</tr>
</tbody>
</table>

- No relief ➔ call the doctor

7. Serious Side Effects

- For antipsychotics tell them about
  - Blurred vision not relieved by lubricating drops
  - Severe constipation and/or urinary retention
  - Confusion and/or dizziness, seizures
  - Difficulty swallowing, stiff muscles, or muscle spasms
  - Severe body tremors, muscular restlessness, involuntary movements
  - Increase sensitivity to the sun ➔ sunburn, skin discoloration
  - Excess daytime sleepiness and/or weight gain
  - Changes in sexual function, breast, or menstruation
  - Agranulocytosis

8. Medications to Avoid

- Discuss possible risks for drug interactions and what prescription medications to avoid
  - Ziprasidone is contraindicated with chlorpromazine and with thioridazine ➔ QTc prolongation
- Always inquire about OTC and supplement use and remind patients to avoid:
  - St John’s Wort, DHEA, yohimbine, ephedrine
  - Products used for physical fitness eg: NO Explode, C4
  - Al or Mg containing antacids
  - Dextromethorphan containing products (DM products)
9. Food and Other Precautions

- Food ➔ CYP 3A4 inhibition if grapefruit or grapefruit juice is ingested
  - Pimozide, lurasidone, and aripiprazole
- Tobacco ➔ CYP 1A2 Inducer
  - Olanzapine, clozapine
- Alcohol
  - Potentiates CNS depression effects
  - Possible increase risk for hypotension
  - Can inhibit CYP 1A2 enzyme ➔ possible increase in concentration of clozapine and olanzapine
- ↑ photosensitivity ➔ recommend sunscreen
- Maintain hydration status

9. Foods to Avoid and Other Precautions

- Increased mortality in elderly with dementia related psychosis
- Increased risk for suicidal ideations
- QTc Prolongation
- Agranulocytosis
- Myocarditis

10. How to Store Medications

- Room temperature for most antipsychotics except:
  - Risperdal Consta should be refrigerated
- Orally Disintegrating Formulations
  - Protect from moisture
  - Avoid excess heat

11. Follow Up Care

- Contacting the doctor
- Weight, CMP, FBG or HbA1c, FLP, CBC w diff
- EKG
- Assess for movement related side effects
- Ask about symptoms of hyperprolactinemia

12. What Not to Take

- Expired medication
- Old prescription bottles
- Someone else’s prescriptions

MOOD STABILIZERS
VALPROIC ACID AND DERIVATIVES, LITHIUM, LAMOTRIGINE, CARBAMAZEPINE
Minor Side Effects to Discuss with Your Patients

- Tired
  - Class effect, improves with time
- GI upset
  - Seen primarily when medication first started
  - Self limiting
- Mild tremor
  - Seen in the hand
  - Can improve by switching to long acting formulation or dividing dose
- Weight gain possible

Major Side Effects

- Rash
- Severe body tremors, nausea, vomiting, abdominal pain, dizziness, daytime sleepiness
- Easy bruising or bleeding
- Blurry vision
- Excess weight gain
- Confusion or seizure

Medications to Avoid: Prescription

- Lithium
  - Diuretics, ACEI, ARBs, NSAIDs, COX II inhibitors $\uparrow$ Li level
- Carbamazepine
  - Reduces concentration of many medications
  - Other medications inhibit carbamazepine metabolism $\uparrow$ toxicity
  - Contraindicated with clozapine
- Valproic Acid and Derivatives
  - $\downarrow$ metabolism of lamotrigine $\uparrow$ risk of rash

Medications to Avoid: Dietary Supplements

- Ginseng, yohimbine, St John’s Wort, ephedra $\Rightarrow$ Mania
- Butterbur $\Rightarrow$ carbamazepine $\uparrow$ formation of toxic metabolite
- Herbals with diuretic properties incr risk for Li toxicity

Medications to Avoid: OTCs

- Plan B (Levonorgestrel) $\Rightarrow$ decreased effectiveness with carbamazepine use
- Acetaminophen + carbamazepine $\Rightarrow$ hepatic toxicity
- Aspirin + valproic acid and derivitives $\Rightarrow$ valproic acid toxicity
- NSAIDs + Li $\Rightarrow$ Li toxicity

Food to avoid and Other Precautions

- Lithium: Caffeine, low salt diet
- Carbamazepine: Grapefruit juice
- Boxed Warnings
  - Skin rash $\Rightarrow$ lamotrigine
  - Agranulocytosis, aplastic anemia and dermatologic reaction $\Rightarrow$ carbamazepine
  - Hepatotoxicity, teratogenicity, pancreatitis $\Rightarrow$ valproic acid and derivatives
- If female-discuss pregnancy with provider before becoming pregnant
  - http://ttis.unt.edu/
  - http://www.mothertobaby.org/fact-sheets-sr3037

Follow up Care

<table>
<thead>
<tr>
<th>Valproic Acid and Derivatives</th>
<th>Lamotrigine</th>
<th>Carbamazepine</th>
<th>Lithium</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CBC &amp; Hct</td>
<td>• Renal function</td>
<td>• Hepatic function</td>
<td>• EKG</td>
</tr>
<tr>
<td>• Hepatic function</td>
<td>• Hepatic function</td>
<td>• CBC &amp; VPA 1 wk after initiation, 1 wk after dose change</td>
<td>• CBC</td>
</tr>
<tr>
<td>• Cp VPA 1 wk after initiation, 1 wk after dose change</td>
<td>• CBC &amp; Liver function</td>
<td>• CBC &amp; Electrolytes</td>
<td>• TSH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HLA-B*1502 prior to medication initiation in those with Asian descent</td>
<td>• CMP</td>
</tr>
</tbody>
</table>
**Medications to Avoid**

- Antidepressants + other agents that ↑ serotonin (eg: tramadol, opioid analgesics, flexaril, St John’s Wort) ➔ Serotonin Syndrome
  - Confusion, agitation, myoclonus, ataxia, hypertension, hyperthermia, tachycardia, agitation
- SSRI and/or SNRIs + NSAIDs, aspirin, warfarin ➔ ↑ risk for GI bleed

**Medications to Avoid**

- Wellbutrin + Zyban ➔ they are the same active ingredient (bupropion)
- Sympathomimetic amines (eg: amphetamines, decongestant cold products, pseudoephedrine) + MAOIs ➔ hypertensive crisis
  - Severe ↑ in BP, HR
  - Severe headache, dilated pupils, photophobia
  - N/V, sweating

**Medications to Avoid: Dietary Supplements**

- 5-HTP, SAMe, yohimine, St John’s Wort ➔ ↑ risk for serotonin syndrome esp. when combined with other serotonergic agents
- Cranberry, SAMe ➔ ↑ TCA levels
- Kava kava, ginko, yohimbine ➔ potentiate MAOI effects
- Anise oil, green tea, guarana, ephedra/Ma Huang ➔ hypertensive crisis with MAOIs

**Foods to Avoid and Other Precautions**

- Tyramine containing foods should be avoided with MAOIs

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Avoid</th>
<th>Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheese</td>
<td>Aged Combination foods containing cheese</td>
<td>Processed and cottage cheese, ricotta, cream cheese</td>
</tr>
<tr>
<td>Fruits/Vegetables</td>
<td>Broad bean pod, favas, banana peel</td>
<td>Banana pulp, All other fruits/vegetables</td>
</tr>
<tr>
<td>Meat</td>
<td>Fermented, dried, smoked, spoiled, improperly stored</td>
<td>All fresh and/or processed</td>
</tr>
<tr>
<td>Beverage</td>
<td>Unpasteurized beer</td>
<td>Alcohol: ≤ 2 bottled or canned beers, or 2 x 4 oz wine/day</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Yeast extract, fermented soy products, sauerkraut</td>
<td>Brewer yeast or bakery yeast, soy milk</td>
</tr>
</tbody>
</table>

**Follow up Care**

- All antidepressants
  - Suicidal thoughts or behaviors
  - Discuss and assess for serotonin discontinuation syndrome aka serotonin withdrawals
- SNRIs: LFTs and BP
- MAOIs: Hepatic and renal function, BP, weight
- TCAs: EKG, BP, weight, therapeutic blood levels
- Mirtazapine: Weight
- Nefazodone: LFTs

**Make Sure You…**

- Encourage your patient to keep a current record of ALL medications
  - http://www.asbfoundation.org/MainMenuCategories/PracticeTools/MyMedicineList/MyMedicineListCustomize.aspx
- Provide written information about the medication(s)
- Allow your patient to ask questions about their medications
- Ask your patient questions about medication information you provided to assess their understanding