

**AIMS CENTER**  
UNIVERSITY of WASHINGTON  
Psychiatry & Behavioral Sciences

# Supporting Medication Management

July 10, 2023  
Annie McGuire, MS, LMHC, MHA

Copyright © 2023 University of Washington


## Learning Objectives

**By the end of this session, participants should be able to:**

- Describe methods for engaging patients in conversations and gathering information about medication
- Develop responses to support medication adherence with common patient scenarios
- List resources for high-quality and up-to-date medication information

Copyright © 2023 University of Washington

## Discussion



**On a scale of 1-5, what is your current comfort level talking to patients about psychiatric medications?**

- 1 not comfortable
- 5 very comfortable

Copyright © 2023 University of Washington


## BHCM Role in Medication Management

- **Gathering medication history**
- **Psychoeducation**
  - Rationale/how medications work
  - Familiarity with the reasons why medication trials fail
- **Supporting treatment adherence**
  - Barriers/concerns
  - Management of common benign side effects
  - Adherence is a big deal
    - Actual real-life medication adherence probably less than 50%!
- **Monitoring response and communication with CoCM team**

Copyright © 2023 University of Washington

### What Are They Taking Now?

- Are you taking the prescribed dose?
- How many times did you miss a dose last week?
- Has the medication been helpful?
- Any side effects?
- Are you taking anything else that is not prescribed by your provider?
  - Supplements?
  - OTC meds?
  - Things your friends or family gave you?



Copyright © 2023 University of Washington

### Prior Psychiatric Medications

Medication:	Dose	When?	For how long?	Problems/barriers, side effects	Effective or helpful?

Copyright © 2023 University of Washington

### Medication Name Reminder Tool

Please circle any medications you take or have taken in the past.

Prozac	fluoxetine	Halidol	haloperidol
Zoloft	sertraline	Abilify	aripiprazole
Paxil	paroxetine	Risperdal	risperidone
Celexa	citalopram	Zyprexa	olanzapine
Weillbutrin	bupropion	Seroquel	quetiapine
Elavil	amitriptyline	Latuda	lurasidone
Lexapro	escitalopram	Zyprexa	olanzapine
Effexor	venlafaxine	Xanax	alprazolam
Cymbalta	duloxetine	Buspar	buspirone
Remeron	mirtazepine	Klonopin	clonazepam
Vallium	diazepam	Ativan	Lorazepam
Lithobid	lithium		

Copyright © 2023 University of Washington

### Special Medication History Situations

- **Controlled substances**
  - Benzodiazepines
  - Opioids
  - "Muscle relaxants"
- **Stimulants**
  - Often misused, sold
- **Thyroid**
  - Tied to mood disorder, use of lithium
- **Corticosteroids (Prednisone, etc.)**
  - Can affect mood

Copyright © 2023 University of Washington



## Discussion



Share with the group how you would explain one of the following concepts to a patient:

- How antidepressant medications work or why they are used
- Why it can take a long time for antidepressants to work

Copyright © 2023 University of Washington



## Sample Explanations

- SSRI medications block the reabsorption of serotonin in your brain so more of the mood-boosting chemical is available. You can think of it almost like closing your windows when the air conditioner is running to keep more cool air inside.
- Our brain is like a refrigerator stocked with our old food choices. It takes a few weeks for us to get through that food and replace it with the healthier alternatives that can ultimately stabilize us and help us function at our best.

Copyright © 2023 University of Washington



## Providing Education About Antidepressants

- Managing misconceptions
  - e.g. “An antidepressant will not help my anxiety”
- Ensure patient has information about medications (e.g. printout, AVS)
- Ask for concerns about medications or plan
- Anticipate common challenges and questions
- Consult with CoCM team

Copyright © 2023 University of Washington

11



## Side Effects of Antidepressants

- Stomach upset/diarrhea/constipation
  - Often in the beginning, and transient
- Headache
- Fatigue/somnolence/insomnia
  - Can often just switch dose to bedtime
- Sexual dysfunction
  - You have to ask to find out – rarely volunteered
- Agitation
  - Often in the beginning, and transient (2-3 days)
- Precipitation of mania
  - Rare but significant

Copyright © 2023 University of Washington

12



## Managing Expectations

- When will the medications work?
- What if my medication never works?
- What if I have side effects?
- What will getting better look like?
  - PHQ-9 good for detecting gradual improvement
- What if I want to stop a medication?

13

Copyright © 2023 University of Washington



## Chat Burst



What are some common barriers to medication adherence?

Copyright © 2023 University of Washington



## Anticipating Challenges

- How likely are you to take the medication every day?
- What might get in the way of taking the medication?
- Will your family and friends support you in taking medication?
- Do you think the meds will help you?

15

Copyright © 2023 University of Washington




## Planning for Success

- Make a specific plan and help with the details
  - When are you going to pick it up?
  - How will you pay for it?
  - What specific day will you start?
  - How are you going to remember to take it?
  - Who will you call with questions?

16

Copyright © 2023 University of Washington

## Opportunities to Support Adherence



**Scenario 1: Not Working**  
 — Patient stopped taking antidepressant medication after five days because of no response.

**Scenario 2: Side Effects**  
 — Patient reports stomach upset and nausea since starting an antidepressant medication two weeks ago. Patient would like to stop the medication.

**Scenario 3: Feeling Better**  
 — Patient stopped taking antidepressant medication after five weeks because they are feeling better. Patient states they will take the medication again if symptoms return.

Copyright © 2023 University of Washington

## Considerations When Depression is Not Responding

- Wrong diagnosis?
- Problems with treatment adherence?
- Insufficient dose/duration of treatment?
- Side effects?
- Initial treatment not effective?
- Other complicating factors? (e.g. substance use disorder)

Or maybe just hasn't had adequate trials

Copyright © 2023 University of Washington

## What if a Medication Trial Doesn't Work?

- **STAR-D Trial**  
 — Normalize likelihood of changes
- **Treatment adjustment:**  
 — Change dose  
 — Augment  
 — Switch meds  
 — Add behavioral intervention
- **Give each trial a fair shot!**

Level 1: Citalopram  
~30% in remission

Level 2: Switch or Augmentation  
~50% in remission

Level 3: Switch or Augmentation  
~60% in remission

Level 4: Stop meds and start new treatment  
~70% in remission

Copyright © 2023 University of Washington

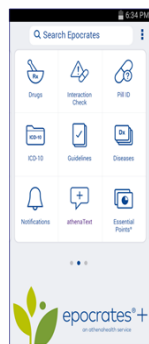
## Ongoing Learning is the Core Task

- The medication knowledge base is massive and always evolving
- The key is to know where to find:
  - Good information
  - In a useful format
  - Quickly

Copyright © 2023 University of Washington

## Good Information Sources

- **Epocrates**
  - Excellent up-to-date information on phone app or desktop
- **AIMS Center Resources**
  - Commonly Prescribed Psychotropic Medications sheet
- **Your Psychiatric Consultant!**



Copyright © 2023 University of Washington

21

## Discussing Medications During SCR

- Ask for explanations
- “I'd like to know about...”
- “How did you decide which antidepressant to use?”
- “How do you explain [medication half-life, a medication trial, etc.] to a patient?”
- Every consultation is an opportunity to learn!

Copyright © 2023 University of Washington

22

**AIMS CENTER**  
**W** UNIVERSITY of WASHINGTON  
 Psychiatry & Behavioral Sciences

**Questions?**

Copyright © 2023 University of Washington