2-665 Psychotropics prn

TIPS Question:

1. How effective are psychotropics if given prn?
2. How do you assess a resident to determine if a psychotropic is needed?
3. How fast does a psychotropic take effect if needed to control behaviour?

Response:

1. How effective are psychotropics if given prn?

   Prn medications can sometimes be useful to test whether a medication will help in an individual and not precipitate untoward and problematic side effects. Prn's are not useful for treating "definitive" psychiatric disorders, i.e., antidepressants for mood disorders.

   Prn's, as a rule, should only be used for the shortest period of time until definitive treatment is implemented.

   Prn's are sometimes used initially with a start dose of a medication. Say you were treating a psychosis, you might start Risperdal at 0.25 mg and use as 0.25 mg prn to guide in determining whether to titrate down or up.

   In general, prn's should be avoided, but with every rule there is an exception. In any event, the lowest dose of medication that is helpful should always be considered.

2. How do you assess a resident to determine if a psychotropic is needed and how fast does a psychotropic take effect?

   I would refer you back to the P.I.E.C.E.S. Resource Guide.

   In general, it is important to ensure that a person who has a definitive psychiatric diagnosis does not miss out in appropriate treatment. As you are well aware, many people with major mood disorders go undiagnosed, leaving them in a state of unrelenting despair, which is unnecessary. In other cases, psychotropics are used as an adjunctive treatment, as we discussed in the training. Here, they assist in the overall comprehensive treatment of looking at biological, psychological and social interventions. The triggers to identify whether psychotropics should be used really rely on you identifying possible situations that may be helpful. In the case of mood disorders, this might be associated with you putting the individual through a P.I.E.C.E.S. assessment and identify that the individual, when you use the tools, is showing signs and symptoms suggestive of a depressive disorder. This could be from your use of the Cornell or SIG E CAPS. In other situations where, say there is a behavioural problem or psychosis, I would refer you to the 7D's; and if indeed there is enough distress associated with it and the person is in significant jeopardy, and by your assessment, there appears to be potential benefit with not overriding probability of side effects, then this should obviously be referred on for a review and consideration of a psychotropic medication.

3. How fast will a psychotropic respond?

   This clearly is associated with what you are using it for. In terms of depression, we talked about six to eight weeks at adequate doses. For behavioural difficulties, you may see with antipsychotics early sedation effects and decrease in behaviour. Sometimes definitive treatment of psychosis may take up to months, so the variation is large. The most important thing is to monitor very closely for benefits and side effects and to use the tools that were taught in the P.I.E.C.E.S. training. For depression – SIGECAPS and Cornell; for behavioural problems – the DOS and 7D's might be considered.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*