3-120 Trying new medication. The family doctor and you.

TIPS Question:

One of our doctors is reluctant to alter medications for a behavioural problem of a resident. He has had a bad experience with side effects on a prior resident and is afraid of a repeat with this one.

Staff are at their wits end with this resident and all other interventions have failed. He is receptive to all questions of their concerns but its acting extremely cautious with med changes. How can we convince him to try other drugs that have not been tried or increase the ones she is taking?

What are the significant factors you have learned as a result of working through the six-question template?

- By working through the six questions I have found areas that haven't been explored by the doctor with regards to this behaviour. I have thought of ways to approach the subject with the doctor for the resident's best interest.

Response:

This reminds me of similar experience that I had with a family physician. In my particular situation, before understanding the importance and best practice in switching from a traditional antipsychotic to atypical is to add the atypical and slowly withdraw the original, i.e. "crossover" I abruptly stopped one and added the other. The patient in the instance became quite disturbed and was restarted quickly on the original drug. The experience, however, made the family doctor hesitant for at least a year in using the new drugs. Experience is a powerful determinant of behaviour.

So what are some strategies that might be useful?

Clearly, a corrective experience is critical;
Second, new knowledge;
Third, comfort that the medication and its effects will be closely monitored;
Fourth, respected colleagues' experiences;
Fifth, specialist support in a close -shared care approach.

What this might translate into is:

(1) You doing the DOS;
(2) Having a vigilant protocol to assess side effects;
(3) Opportunity for the clinician to talk to his or her professional opinion leader, i.e., family doctor he/she respects;
(4) Education session or literature;
(5) Referral to a specialist who can support and mentor.

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.*