More Than Meds

Pharmacists & Communities Partnering for Better Mental Health

Featured Web Resources

Post-partum Depression
Having a baby is a challenging time both physically and emotionally. For new moms (and dads) pharmacists can play a role in helping to recognize symptoms that could be more than “baby blues”. Get up to date on how to recognize signs of PPD and what you can do to help.
Link: http://www.cmha.ca/mental_health/postpartum-depression/#.Uh_ARRaCjd5

Therapeutics Education Collaboration
A podcast with a punch(line)! James McCormack and Mike Allan provide evidence-based, current, practical and relevant information on rational drug therapy, mixed with a healthy dose of humour and wit. Read their articles on topics ranging from the use of probiotics, to COPD, to the misuse of surrogate outcomes. You can even take the BS Medicine Podcast mobile and listen to it on the run!
Link: http://therapeuticseducation.org

In the Know...Oculogyric Crisis

“TD” usually indicates tardive dyskinesia when referring to antipsychotic side effects. However, there is another “TD” movement disorder, namely tardive dystonia. They share a number of features. They are both “late to arrive”, usually starting months or years into treatment. At minimum, the movements are embarrassing and stigmatizing. At their worst, they are profoundly disabling with potentially serious health consequences and can be irreversible.

Dystonias are sustained muscular contractions that onset rapidly and are recurring. When antipsychotics cause dystonias, it is often the head, neck, and upper limbs that become contorted for seconds to minutes, until the contraction releases. A unique subtype of dystonic reaction affects only the eye muscles, leading to a fixed, upward gaze that for some can last for an hour or longer. These events are referred to as oculogyric crises (OGC). Although OGC is considered to be rare, it is important for pharmacists and other health care providers to be able to recognize it. It is also important to note that it can occur with second generation antipsychotics (e.g., risperidone, olanzapine, quetiapine, ziprasidone) and not just older antipsychotics.

Management of OGC needs to be patient specific. The offending agent should be stopped when possible, but this is often not straightforward. Patients and their prescribers, and other people involved in their care, need to consider the risks (e.g., relapse of mental illness symptoms) of stopping a treatment in order to achieve the benefit of alleviating OGC. Switching to a “lower risk” agent is the usual course of action. However, identifying lower risk agents is based on assumptions and conjecture

rather than evidence and understanding. Lower potency antipsychotics (e.g., clozapine, quetiapine) are associated with less parkinsonism and fewer acute-onset dystonic reactions. It is therefore assumed that they also carry a lower risk of tardive-onset dystonias, including OGC, and may allow for the OGC recurrences to gradually extinguish.

In addition to antipsychotic switching, various pharmacological agents can be tried with the aim of resolving OGC. While the results are highly unpredictable, usual treatment options include anticholinergic and antihistaminic medications (e.g., benztropine, biperidin, procyclidine, and diphenhydramine). Benztropine is used most often, prescribed regularly or as needed. A benzodiazepine is sometimes prescribed and may lessen anxiety and fear of OGC episodes and not necessarily help with the dystonia. For severe, refractory cases of dystonias, not just OGC, dopamine depleting agents are occasionally employed, including tetrabenazine and reserpine.
The key to managing tardive-onset movement disorders associated with antipsychotics is to identify them immediately and stop the causative agent. This requires vigilance, education, and regular patient assessments.

You can view what oculogyric crises look like here:
http://www.youtube.com/watch?v=2rW4O_ZGuKA
http://www.youtube.com/watch?v=Xh2wrsnsauE
For a review article discussing the side effects of antipsychotics see:
http://www.aafp.org/afp/2010/0301/p617.pdf
For monitoring recommendations for all antipsychotics see: Antipsychotics and their side effects, by David Gardner http://medicationinfoshare.com/publications/

In The News: Canada's elderly at high risk of suicide, can't afford mental health care

Studies show that Canada's elderly are at a much higher risk of suicide than adolescents, and there is growing concern among mental health experts that psychological care may be out of reach for most seniors.
http://www.montrealgazette.com/health/seniors/Canadas+elderly+high+risk+suicide+cant+afford+mental+health/8721732/story.html