# Family Guide To Understanding Antipsychotic Medications Prescribed For Persons With Mental Retardation and Developmental Disabilities

## What are Psychotic Symptoms?

Antipsychotic medications are powerful, mind-altering drugs that are prescribed to control psychotic symptoms. A psychotic person is no longer able to distinguish outside reality from internal thoughts or beliefs. The two major symptoms of psychosis include hallucinations and delusions. A delusion is a fixed, false belief with no basis in fact. Hallucinations are sensory perceptions that are not real, e.g., hearing voices, seeing things, feeling bugs on your skin, when no such sensory stimuli are present **(For More Information, See DDMED 6).**

## What is the Role of Antipsychotic Medications in Helping Persons with Developmental Disabilities?

Antipsychotic medications were first developed for the treatment of schizophrenia and manic depressive illness but science shows that these medicines help reduce symptoms for many diseases where patients develop hallucinations or delusions. Antipsychotic medications are powerful tranquilizers with many side effects. Antipsychotics should be used when the symptoms are severely distressing to the patient or caregiver or the psychosis produces dangerous behavior.

The use of antipsychotic medications for behavioral problems is usually the last option because these drugs can produce many side effects. Several types of medications can reduce dangerous behaviors such as aggression, hostility or self-injurious behavior. New antipsychotic medications can diminish manic excitement in patients with mania or manic depressive illness. These medicines should be discontinued when the patient returns to their normal state because manic patients are better treated with mood stabilizers such as lithium or depakote.

Antipsychotic medications are sometimes used to sedate patients who exhibit severe dangerous behaviors that endanger themselves or other individuals. The use of antipsychotics to mange dangerous behaviors is usually the last option because behavior management is usually the best option for behavioral problems. Unfortunately, some behavior problems are so severe or resistant to behavioral interventions that antipsychotic medications are required for patient or caregiver safety.

## What are the Types of Antipsychotic Medications?

The person with mental retardation may receive a broad range of antipsychotic medications and no specific drug is recommended for the person with MR and psychosis. Antipsychotic medications can be divided into two types – old or first generation, as well as new second or third generation. Old medications include drugs like Haldol, Mellaril, Prolixin, and others. These medicines have been available since the 1960's; however, current practice guidelines recommend the use of new medications which have fewer side-effects. Newer drugs include Risperdal, Zyprexa, Seroquel, and others. Although the new drugs have far fewer side effects, these powerful medications can produce unwanted problems that require careful monitoring **(For More Information, See DDMED 39).**

## What are Common Medication Side Effects?

The old medications produce many side-effects including neurological problems, sedation, blood pressure problems, and others. Many patients who receive old antipsychotics over many years develop unwanted movement of the lips, tongue, head, arms or other body parts described as "tardive dyskinesia". Tardive dyskinesia can be permanent in up to one-third of persons treated with these medications. Patients can also develop stiffness and slowness termed "parkinsonism". A third common side-effect is akathisia, an inner sense of restlessness. Patients often describe this as "ants in your pants" feeling that causes some patients to become restless. Side-effects can be treated with medications; however, a better strategy is to change the patient to new a medication that does not produce these unpleasant side effects. The average daily dose range for persons with intellectual disability is generally lower than that of the general population depending on body size, health problems, and severity of intellectual disability.

The new antipsychotic medications have fewer neurological complications than the old drugs. Five major drugs are available with different strengths and weaknesses (See Back Sheet). Some new antipsychotic medications can

produce weight gain and elevation of blood sugar as well as several other abnormalities of blood chemistry termed "metabolic syndrome". Weight gain can be a benefit to some individuals who struggle with appetite.

## How Do We Help Patients Who Refuse Medications?

Some persons have the right to refuse medication; however, some suspicious or resistive patients may refuse to take medicine or spit the drug once placed on their tongue. Several medications come as dissolvable wafers or liquids that cannot be held in the mouth and spit at a later time, e.g., Risperdal M-Tab or Zydys. Risperdal comes as a long-acting injection that can be administered every two weeks.

## What is the Reason for Prescribing More Than One Antipsychotic, Called "Polypharmacy"?

Published guidelines for the use of antipsychotic medications discourage the use of more than one antipsychotic medication at a time in any patient. The use of two antipsychotics in the same patient may substantially increase the risk for side-effects while no study shows that two drugs are better than one. Two medications are occasionally prescribed for the patient who has failed to respond to most antipsychotic medications and who manifests severe or disabling symptoms. Clinicians can use two antipsychotics with great care or seek consultation from experts who specialize in the care of the duly-diagnosed individual.

## How Can We Help Difficult-to-Manage Patients?

Patients who fail to respond to medication require further assessment. Persistent symptoms may suggest unrecognized health problems, incorrect diagnosis, non-compliance with medication, inadequate doses or inadequate duration of therapy. Antipsychotic medications usually require two or three months to produce substantial improvement in the patient. The immediate benefit from antipsychotic medications is sedation rather than reduction of the hallucinations or delusions.

## What is a Cross-Titration?

Prescriptive benefits plans may control the type of medicine available to your patient. Prescriptive limitations produced by formulary restrictions are a problem because the patients' families are often unable to pay for medications that are most effective for the person. Cross-titration means that the doctor lowers the old medication while increasing the dose of the new drug. A cross-

titration is generally indicated to reduce the likelihood of symptom relapse. Cross-titration typically takes several months with gradual downward titration of one medicine and upward titration of a second medicine. Abrupt initiation or discontinuation of medications may create an opportunity for serious symptom relapse. The speed and dosing of the cross-titration depends on the patient and the drug levels. Medication changes required by the company that pays for the medications may also create the opportunity for drug-drug interactions produced by disruption of the liver enzyme system that eliminates medications from the body.

## What are Typical Doses of Medications?

Dosing ranges for antipsychotic medications depend on the size of the patient, the reason for the medication, health problems, and other features of the patient. In general, doses recommended for persons with intellectual disability should start at one-half or one-quarter of doses recommended for normal individuals. Dose adjustments should occur about every week unless there are reasons to more rapidly increase the dose. For typical starting doses and maximum doses, please see back page.

## How Long Should the Person Take Antipsychotic Medications?

The duration of treatment with antipsychotic medications depends upon the reason for using the drugs. Patients with schizophrenia or manic depressive illness may require long-term treatment, i.e., years to decades. Patients who develop psychosis as a part of a health problem may tolerate dose reduction in four to six weeks following the resumption of normal behavior. The value of medication treatment should be re-evaluated every three to six months by comparing the benefit to the side effects and cost. Medications are continued when the patient exhibits improvement based on self-reports, family reports, or behavioral monitoring.

## Summary

Antipsychotic medications are powerful drugs that can help some patients with mental retardation and mental illness or dangerous behaviors. These medications should be used with caution by clinicians who understand their side effects. **See Family Guide to Psychosis in Persons with MR/DD Handout #68 for further information**.

# General Guidelines for Prescription of Antipsychotic Medications for the Adult Patient with Mental Retardation and Developmental Disabilities (MR/DD)

| Generic Name | Brand Name | Healthy/Adult Daily Dose Range | Frail or Elderly Daily Dose Range | Major Advisory |
|---|---|---|---|---|
| **1st Generation Medications** | | | | |
| Chlorpromazine | Thorazine | 25-1000mg | 10-500mg | Anticholinergic Side Effects |
| Thioridazine | Mellaril | 25-500mg | 10-250mg | Blackbox Cardiac Warning |
| Haloperidol | Haldol | 1.0-30mg | 0.5-5.0mg | High Potential for EPS/TD |
| Fluphenazine | Prolixin | 1-20mg | 1-5mg | High Potential for EPS/TD |
| **2nd Generation Medications** | | | | |
| Clozapine | Clozaril | 100-600mg | 25-300mg | Black Box for Agranulocytosis |
| Risperidone | Risperdal | 1-6mg | 0.25-2.0mg | Dose-related EPS |
| Olanzapine | Zyprexa | 5-20mg | 2.5-10mg | Sedation and Metabolic Issues |
| Quetiapine | Seroquel | 25-800mg | 25-200mg | Sedation and Hypotension Possible |
| Ziprasidone | Geodon | 20-160mg | 20-80mg | Cardiac Warning |
| **3rd Generation Medications** | | | | |
| Aripiprazole | Abilify | 5-30mg | 5-20mg | Akathisia and/or withdrawal Dyskinesia Possible |

**EPS** – Extrapyramidal symptoms like stiffness, tardive dyskinesia or akathisia
**TD**- Tardive dyskinesia or unwanted movements

This table provides typical doses prescribed for persons with MR/DD. Each patient requires individual dosing. Children and adolescents require prescription by a child or adolescent psychiatrist.