SENIOR PSYCHCARE
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SENIOR PSYCHOLOGICAL CARE

Senior Minutes

April 2008

Psychotropic Drug Issues

Careful consideration concerning choice of medication, dose, and duration of treatment is essential when antidepressants are used for a nursing facility resident. The statement, entitled, "Use of Antidepressants in Nursing Home Residents," was released December 2007 in an effort to clarify the December 2006 update on unnecessary drug surveyor guidance updated by the Centers for Medicare & Medicaid Services (CMS). The guidance lists categories of psychopharmacological medications, including antidepressants, to be considered for nursing facility residents to taper off and has resulted in confusion among facilities, surveyors, and practitioners, in part because of:

1. Longstanding pronouncements that depression is under-diagnosed and under-treated
2. The possibility of inappropriate or abrupt tapering in individuals who may need long-term use; and
3. The potential for a survey deficiency related to the CMS quality indicator for the number of people in the facility with symptoms of depression on the minimum data set who are not receiving antidepressants.

The following recommendations are outlined in more detail in the 2007 statement:

- Some persons with depression may need long-term maintenance therapy;
- Antidepressants are not always needed indefinitely;
- The diagnosis of depression should be made carefully, based on established guidelines;
- Treatment of mood disorders including depression, should be broad based;
- The Unnecessary Drug guidance for surveys encourages judicious decision making
- Advice on educating nursing facility staff and state surveyors
- Prohibiting the use of antidepressants to treat individual symptoms (e.g., insomnia)
- Additional research on the impact of antidepressants (alone or in combination with other medications), including the incidence, recognition, and management of possible adverse consequences.

Provider: February 2008: Statement Clarifies Antidepressant Use; Meg LaPorte

Seven Psychopharmacology Myths Debunked

1. Dual-acting antidepressants are more effective than serotonergic agents
   - No randomized studies show one class is clearly superior to the other even though some nor-epinephrine/serotonin reuptake inhibitors may be modestly more effective than SSRIs alone
2. Lithium is not as effective as divalproex for treating rapid-cycling bipolar disorder
   - No significant difference is noted in relapse rate among rapid cycle patients on lithium vs. valpromate
3. Psychotropic drugs with short elimination half-lives need to be administered 2 or more times a day.
   - No randomized studies show that anti-depressants or anti-psychotics with half-lives <12hrs must be given several times a day even though this statement may be true for some patients taking short-acting benzodiazepines for panic disorder or psycho-stimulants for attention-deficit/ hyperactivity disorder.
4. Tardive-Dyskinesia (TD) is not a problem with atypical antipsychotics.
   - TD can occur with atypical or second-generation antipsychotics (SGAs), particularly in very young and very old patients with data indicating TD rates >10% in African American children taking SGAs.
5. Stimulants should never be

combined with a MAOI because a dangerous hypertensive reaction is likely.

- Risk-benefit assessment and monitoring are necessary when prescribing this combination; however, no studies show that adding a psycho-stimulant to an MAOI would yield a serious hypertensive or life-threatening reaction.

6. Antidepressants are effective and necessary in maintenance treatment of bipolar disorder.

- Recent studies show little benefit to using anti-depressants as adjunctive treatment in patients with bipolar disorder, although some patients may experience depressive relapse if adjunctive antidepressants are discontinued.

7. Co-administered mood stabilizers prevent antidepressant-induced 'switching' into bipolar mania.

- Lithium appears to provide a better buffer against antidepressant-induced switching over anticonvulsants, however, irritability, insomnia, and cycle acceleration may occur in susceptible patients.

Current Psychiatry, Vol. 7, No 4, April 2008: 7 Psychopharm Myths Debunked; Ronald Pies, M.D

References (Available upon request)