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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

MANAGEMENT OF PSYCHOSIS IN PRIMARY CARE

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GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

GENERAL DISCLOSURES

UW PACC is also supported by Coordinated Care of Washington

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose:

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SPEAKER DISCLOSURES

Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

✓ No conflicts of interest

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NORTHWEST MENTAL HEALTH TECHNOLOGY TRANSFER CENTER

Our Role

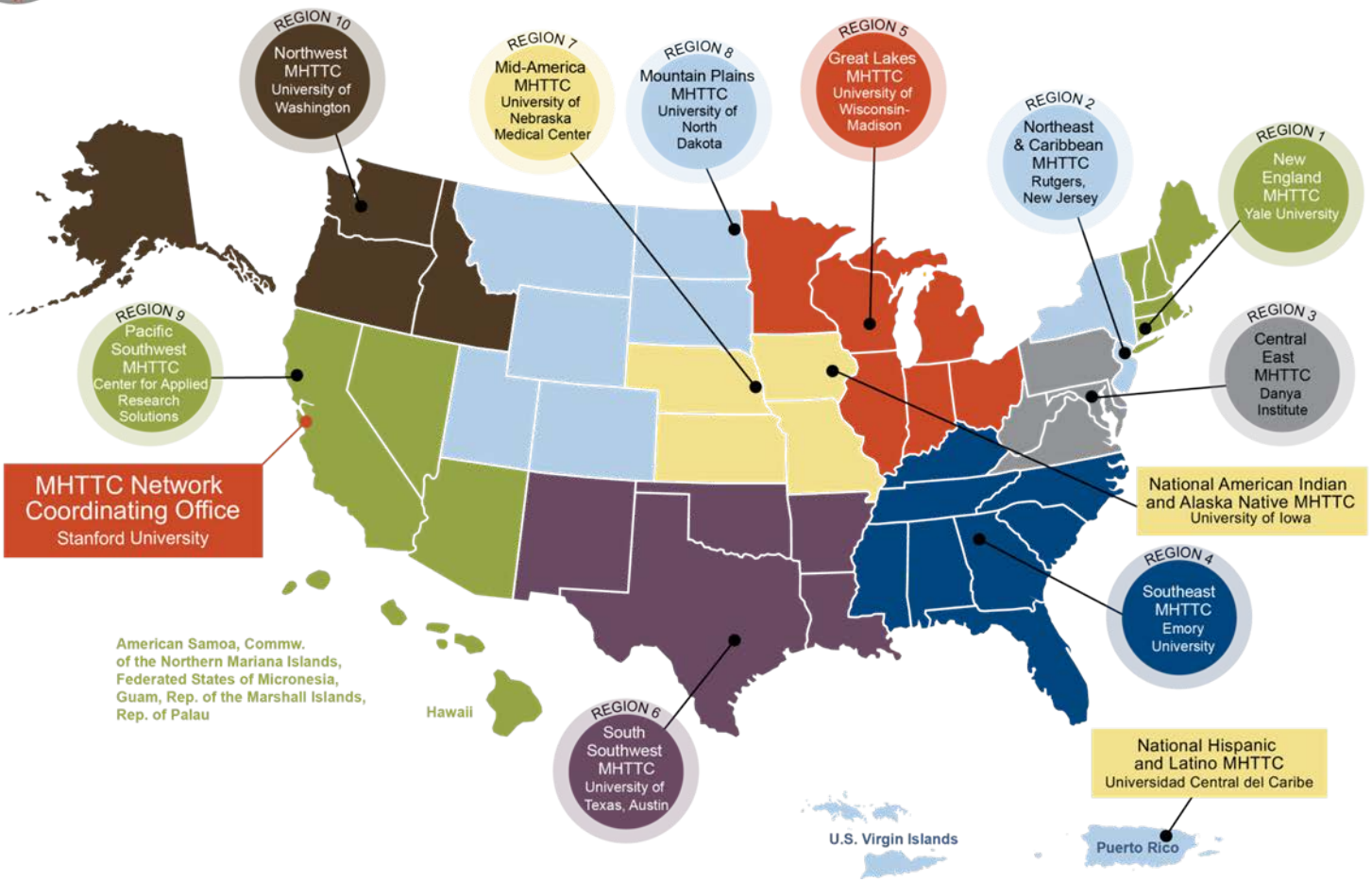
Provide training and technical assistance (TA) in evidence-based practices (EBP) to behavioral health and primary care providers, and school and social service staff whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illness in SAMHSA's Region 10 (Alaska, Idaho, Oregon, and Washington).

Our Goals

- Heighten awareness, knowledge, and skills of the workforce addressing the needs of individuals with mental illness
- Accelerate adoption and implementation of mental health-related EBPs across Region 10
- Foster alliances among culturally diverse mental health providers, policy makers, family members, and clients

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

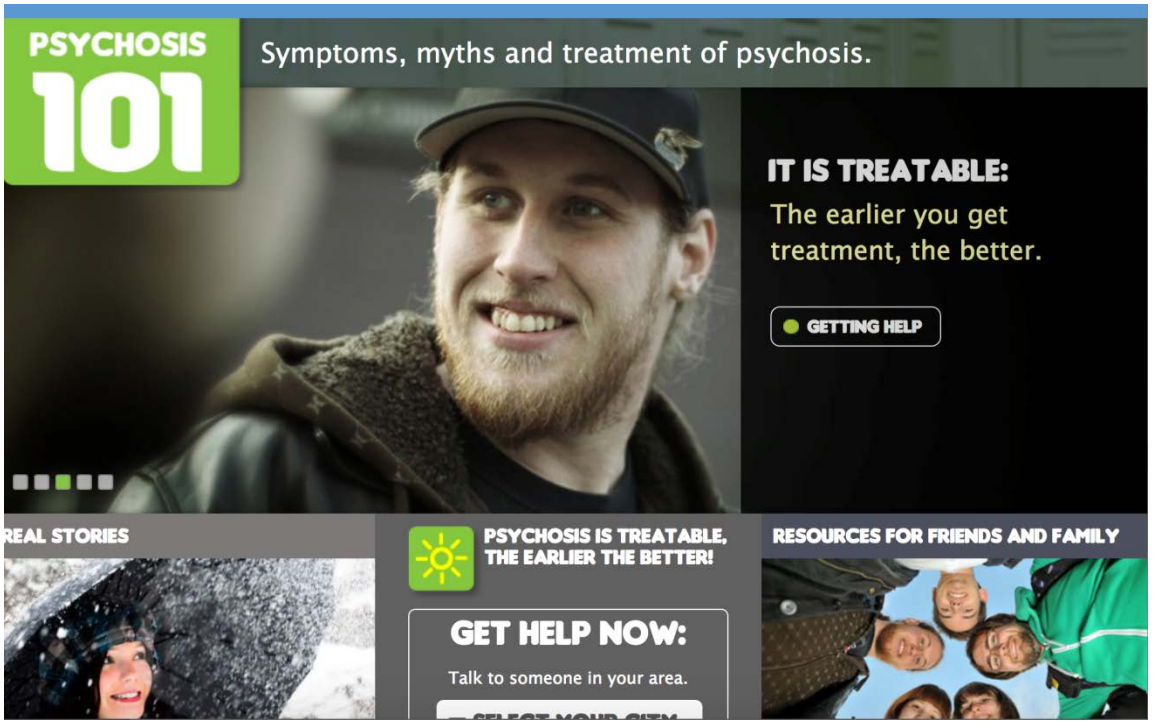
MHTTC Network



SAMHSA
Substance Abuse and Mental Health Services Administration

This work is supported by grant SM 081721 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

OVERVIEW OF SESSIONS



- Medical management
- Diagnosis
- Therapeutic style
- Addressing disparities in quality of care

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MEDICAL MANAGEMENT OF PSYCHOSIS

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Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

OBJECTIVES

By the end of this session, participants will

1. Understand the 5 principles that guide evidence-based safe antipsychotic prescribing
2. Know the recommended first-line medications for treatment of psychosis
3. Identify two changes they can make in current practice to mitigate the metabolic risk among their patients who are treated with antipsychotic medications

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PSYCHOSIS

- 3% of people in US experience an episode of psychosis in their lifetime
- A first episode usually occurs in teens or early adulthood
- Experience and symptoms vary greatly from person to person

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CHECKPOINT

Think about the antipsychotic medications you prescribe for your patients…

- Is there an indication for a/the antipsychotic medication you have selected?
- Is the patient part of a population at increased risk?
- Which medications do you select for antipsychotic naive patients?

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QUALITY OF CARE

- 1.1-2.2% of adults received AP med prescription in 2010;
- More than 30% were to nonpsychiatric prescribers
- For schizophrenia: 38% of patients receive poor quality mediation management

Olfson M et al, J Clin Psychiatry. 2015 Oct;76(10):1346-53
Young AS et al, Arch Gen Psychiatry. 1998;55(7):611-617

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5 PRINCIPLES OF ”WISE” PRESCRIBING

Don’t routinely prescribe antipsychotic medications …

1. as a first-line intervention for insomnia in adults.
2. as first choice to treat behavioral symptoms of dementia.
3. to treat behavioral and emotional symptoms of childhood mental disorders unless there is an approved indication
4. for any indication without initial evaluation and ongoing monitoring.

AND

5. Don’t routinely prescribe two or more antipsychotic medications concurrently

Choosing Wisely®
An initiative of the ABIM Foundation

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1. INDICATIONS FOR AP MEDS

Indication	Age	Medications
Schizophrenia	Adults	ARI, ASE, ILO, OLZ, PAL, QUE, RIS, ZIP
Schizophrenia	13-17	ARI, ILO, OLZ, QUE, RIS
Schizoaffective	Adults	PAL
Treatment-resistant scz	Adults	CLZ
Reduce suicide in scz	Adults	CLZ
Bipolar	Adults	ARI, ASE, ILO, OLZ, QUE, RIS, ZIP
Bipolar	13-17	ILO, OLZ
Bipolar	10-17	ARI, QUE, RIS
Bipolar depression	Adults	QUE
Treatment-res MDD	Adults	OLZ
Adjunctive MDD	Adults	ARI, QUE
Acute agitation	Adults	ARI, OLZ, ZIP
Irritability in autism	6-17	ARI, RIS

Aripiprazole, Asenapine, Clozapine, Iloperidone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone

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MEDICAL DIAGNOSTIC WORK-UP

- Physical exam, emphasis on neuro
- History: travel, occupational exposure
- Urine drug screen
- Labs: ESR, ANA, TSH, Vitamin B12, Ceruloplasmin
  - HIV, FTA-ABS
- MRI if neuro exam abnormal

2. MEDICATION MANAGEMENT IN ELDERLY

- Increased mortality among elderly with dementia

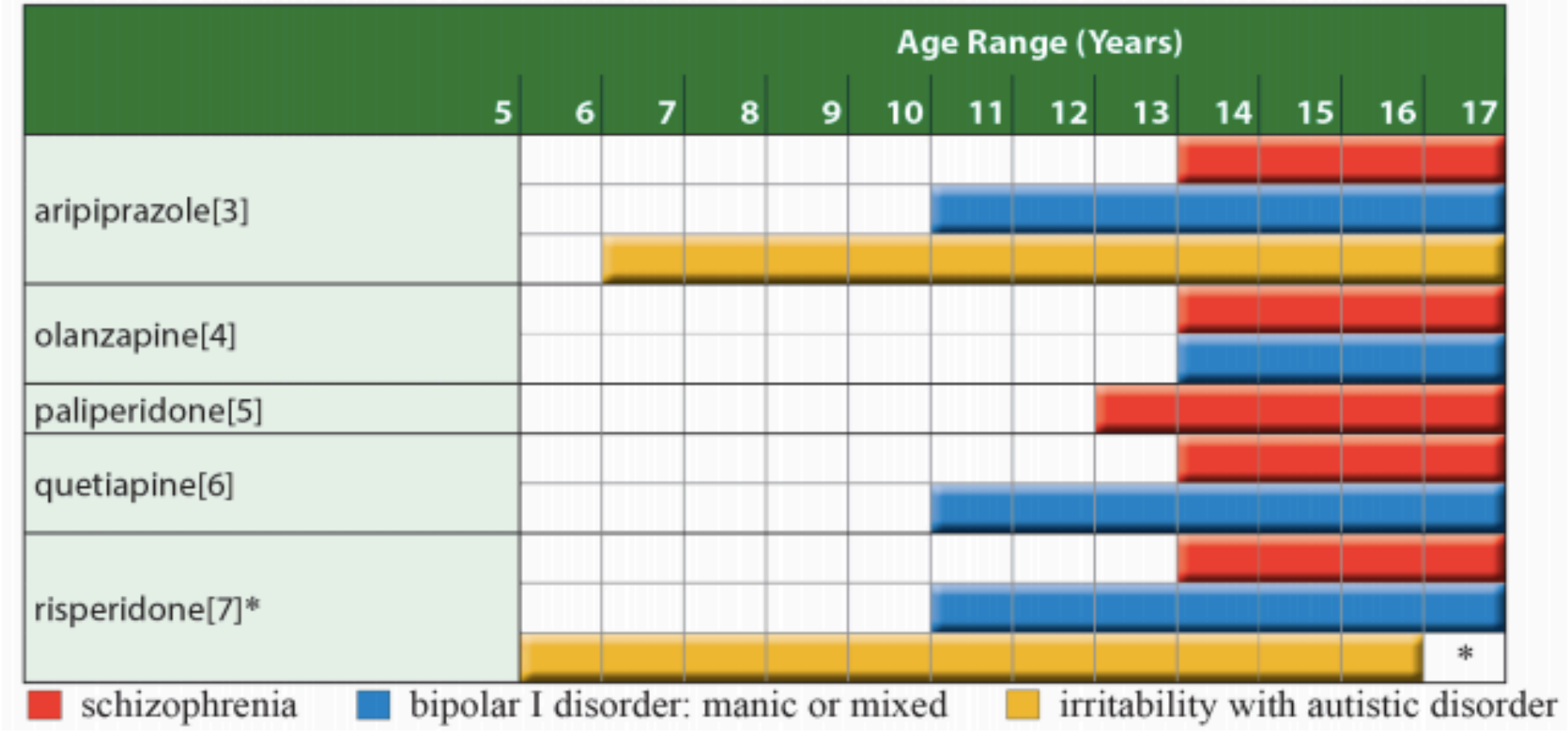
Medication	Schizophrenia
Aripiprazole	15-30 mg
Clozapine	50-150 mg
Olanzapine	10-20 mg
Paliperidone	3-12 mg
Quetiapine	200-300 mg
Risperidone	2-3 mg

- APA practice guidelines https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890426807

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4144926/

3. ANTIPSYCHOTIC MEDICATIONS IN CHILDREN

Figure 1. FDA-Approved Pediatric Age Ranges and Indications for Atypical Antipsychotics



*Risperidone should not be used by patients older than age 16 who have been diagnosed with irritability with autistic disorder.

FIRST-LINE TREATMENT FOR EARLY PSYCHOSIS

NAVIGATE

- Risperidone (Risperdal) 3-4 mg
- Aripiprazole (Abilify) 10-30 mg
- Ziprasidone (Geodon) mean 100 mg
- Quetiapine (Seroquel) mean 500 mg

OnTrack NY https://www.ontrackny.org

- Risperidone (Risperdal)
- Aripiprazole (Abilify)
- Ziprasidone (Geodon)

4. Metabolic Monitoring Guidelines

	entry	4 weeks	8 weeks	12 weeks	monthly	annual
PMH / Family History	X					X
Weight (BMI)	X	X	X	X	X	
Waist Circumference	X					X
Blood Pressure	X	X	X	X	X	X
Hemoglobin A1c	X			X		X
Lipid panel	X			X		X
Smoking Status	X	X	X	X	X	X
Physical activity	X	X	X	X	X	X

ADA-APA workgroup. Diabetes Care 2004; 27: 596-601.

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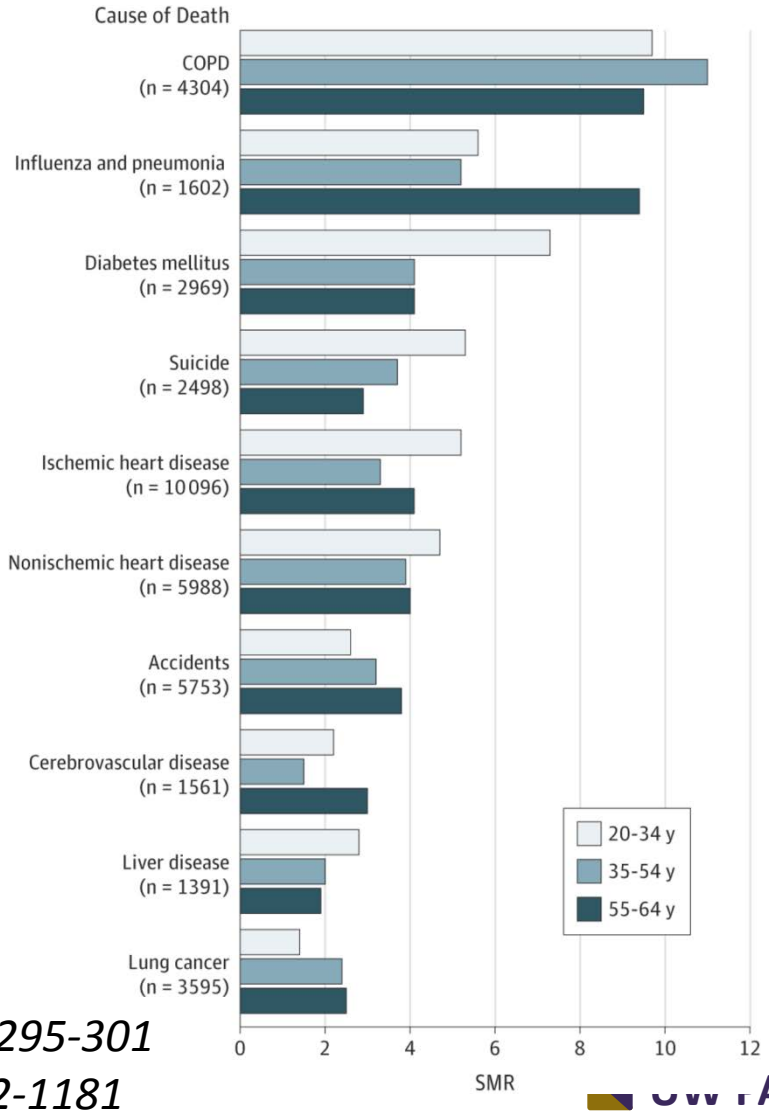
PREMATURE MORTALITY

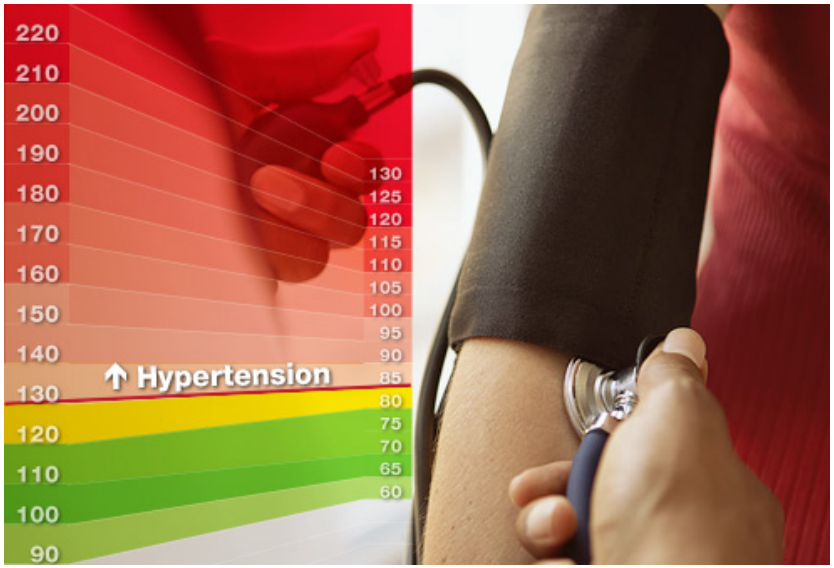
- The average life expectancy for people with schizophrenia is 64.7 years (59.9 years for men)
- Largest CVD health disparities of any group



Hjorthøj C, et al. Lancet Psychiatry. 2017 Apr;4(4):295-301
Olfson M et al. JAMA Psychiatry. 2015;72(12):1172-1181

RISK FACTORS TWICE AS COMMON

- Obesity
  - 27% (BMI >25);
  - 52% were obese (BMI >30)
- Elevated BP (51%)
- Dyslipidemia (35%)
- Impaired fasting glucose (33%)



Dickerson F, et.al,. Psychiatr Serv 2013; 64 (1): 44
Correll CU et al Psychiatr Services 2010; 61: 892-898

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5. AVOID POLYPHARMACY

- Meta-analysis of 147 studies
- 19.6% receive APP
- Rate increased 34% between 1980s and 2000s in North America
- APP associated with increased
  - hospitalization rates and length of stay
  - Costs
  - adverse effects, including mortality
- Augmentation of clozapine may be the exception

Gallego JA et al, Schizophr Res. 2012 Jun; 138(1): 18–28.

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CHECKPOINT

Think about your own practice…

Can you do more to mitigate metabolic risks in your own prescribing?

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EVIDENCE-BASED PRACTICES

Pharmacologic Treatment	Behavioral Strategies	Environmental Changes
• Antipsychotic meds • FDA-approved meds for weight loss	• Brief Counseling • Lifestyle programs	• Education: Family or Residential staff • CMHC setting • Community

AHRQ Publication No. 13-EHC063-EF April 2013
Gierisch JM, et al. J Clin Psychiatry. 2014 May;75(5):e424-40.
McGinty EE et al. Schizophr Bull. 2016 Jan;42(1):96-124

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RISK OF ANTIPSYCHOTIC MEDICATIONS

Low risk	Moderate risk	High risk
Aripiprazole	Asenapine	Clozapine
Lurasidone	Iloperidone	Olanzapine
Ziprasidone	Paliperidone	
	Quetiapine	
	Risperidone	

Werneke U, Taylor D, Sanders TA. Curr Psychiatry Rep; 2013; 15: 347
Kessing L et al. Brisish Journal of Psychiatry 2010; 197(4): 266-271

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SWITCHING ANTIPSYCHOTIC MEDICATIONS

- Can switching improve metabolic outcomes?
- When should a switch be considered?
- What is the optimal strategy for switching?

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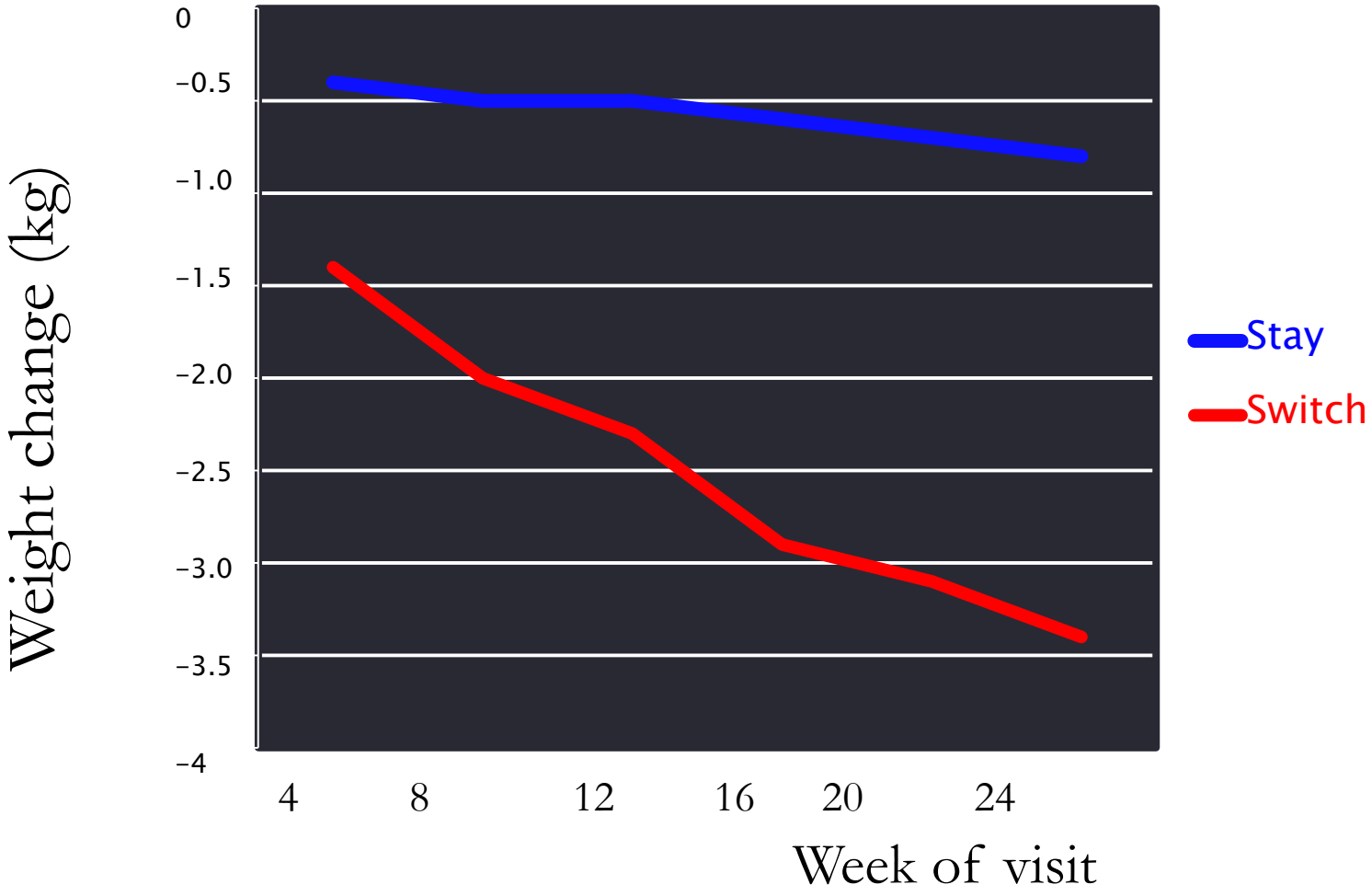
WHY SWITCH?



Stroup TS, et al. Am J Psychiatry 2011; 168: 947-956

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WHEN SWITCH?

- Intolerable side effects
  - weight gain = 5-7% of body weight
  - Any magnitude of weight gain that leads to non-adherence with medication
  - New diagnosis of diabetes

https://www.psychiatrictimes.com/cme/switching-antipsychotics-why-when-and-how/page/0/2

HOW SWITCH?

- Options
  - Abrupt discontinuation and immediate initiation of second medication at clinically effective dose
  - Cross-taper (reduce 25-5-% every 4-5 days) with gradual initiation of new antipsychotic
  - Overlap and discontinuation: continue pre-switch med at full dose while starting and titrating new med
- No one strategy uniformly superior

Takeuchi H, et al. Schizophr Res. 2018 Mar;193:29-36

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FDA-APPROVED FOR WEIGHT LOSS

Medication	Mechanism
Orlistat (Xenical)	↓ Fat absorption in gut
Phenteramine-Topiramate (Osymia)	↓ appetite
Lorcaserin (Belviq)	↑ satiety
Naltrexone-bupropion (Contrave)	↓ appetite
Liraglutide (Saxenda)	↑ satiety

https://www.niddk.nih.gov/health-information/weight-management/prescription-medications-treat-overweight-obesity

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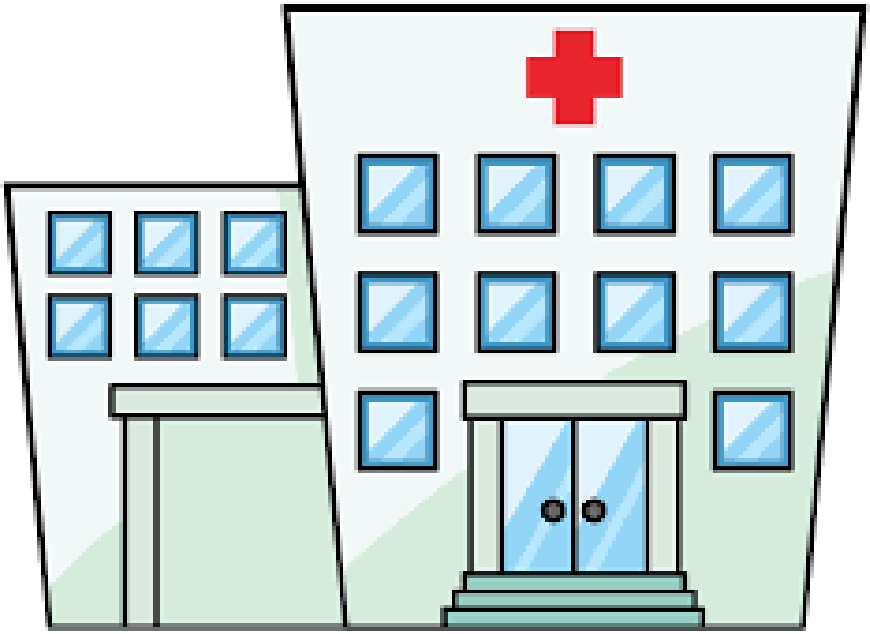
CHECKPOINT

Think about your own practice…

- What additional challenges are there in the management of diabetes when my patient also has psychosis?
- Do my patients with psychosis receive the same quality of diabetes care as my other patients?

IMPACT OF SCHIZOPHRENIA ON DIABETES

- More diabetes-related hospitalizations[1]
- More hospitalizations for ambulatory care sensitive conditions[2]
- Increased risk of re-hospitalization for T2DM in 30 days[3]
- Increased diabetes-specific mortality[1]



[1]*Mai Q, et al. BMC Med 2011; 9:118;*
[2]*Druss BG, et al. Med Care 2012; 50(5): 428-433*
[3]*Chwastiak L, et. al. Psychosomatics 2014; 55(2): 134-143*

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QUALITY OF DIABETES CARE

HEDIS measure	Any MH Dx, %	No MH Dx, %	Adjusted OR	P value
HbA1c	43.8%	47.0%	0.88 (0.86-0.89)	<0.0001
Eye exam	51.1	58.9	0.73 (0.72-0.74)	<0.0001
LDL screening	24.4	26.9	0.88 (0.86-0.89)	<0.0001
Medical attention for nephropathy	12.0	12.4	0.96 (0.94-0.99)	0.0023
At least 2 HEDIS measures	38.4	42.8	0.83 (0.82-0.85)	<0.0001

Druss BG, et.al. Medical Care 2012; 50(5): 428-433

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CONCLUSIONS

- Safe antipsychotic management involves baseline evaluation and appropriate monitoring, and judicious selection of medication
- There is rarely a good reason to prescribe multiple antipsychotic medications
- All patients on second-generation antipsychotic medications are at increased risk of diabetes—children and adolescents are a particularly high risk
- Patients with psychosis generally receive poorer quality of medical care for chronic conditions—PCPs should monitor and address disparities.

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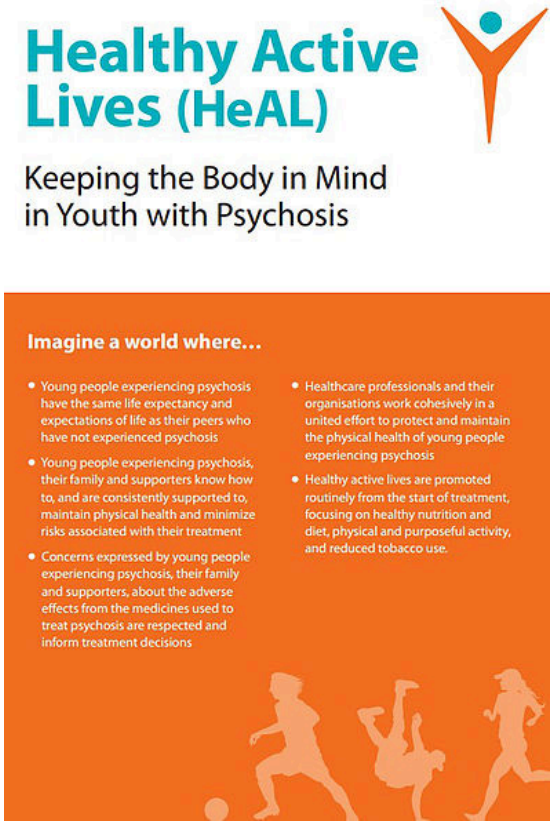
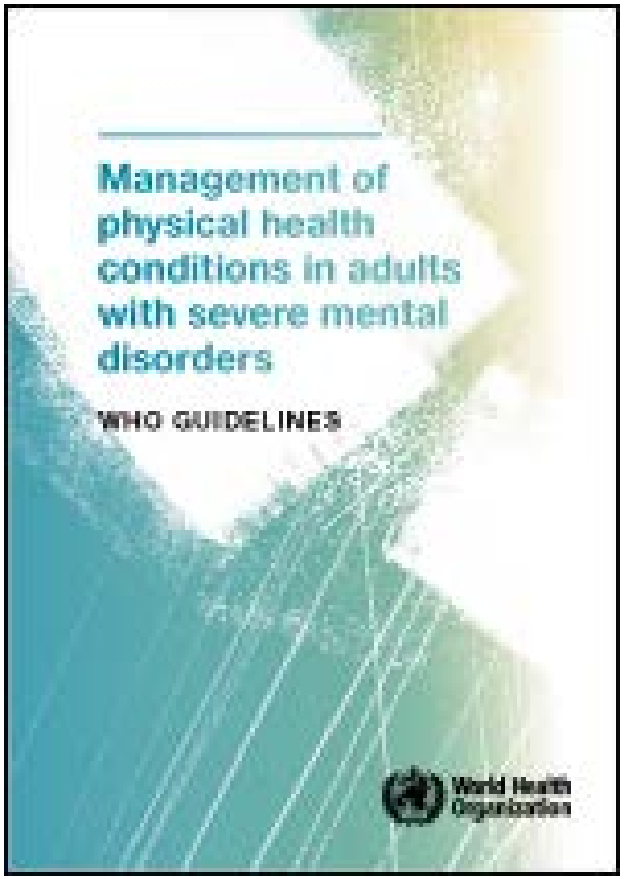
RESOURCES





http://www.choosingwisely.org/wp-content/uploads/2015/02/APA-Choosing-Wisely-List.pdf

AHRQ 2012: https://www.ncbi.nlm.nih.gov/books/NBK84656/

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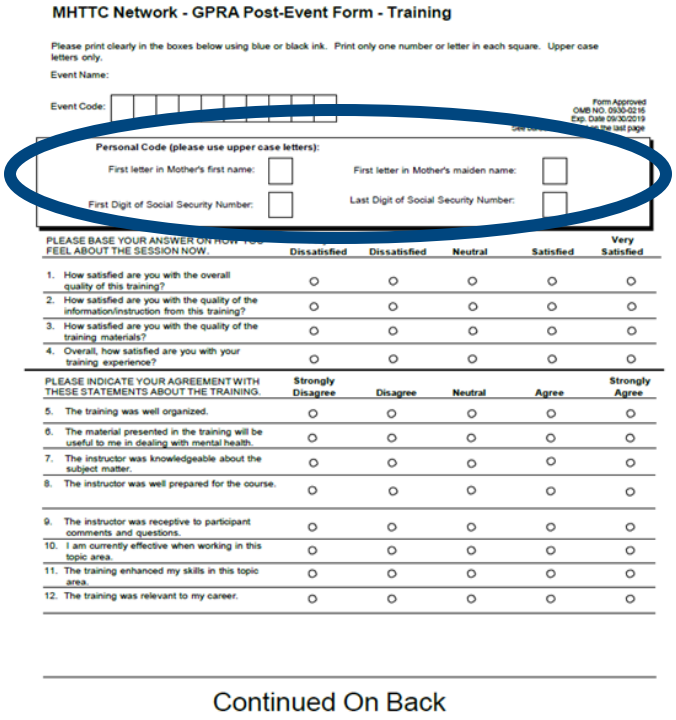
LET US KNOW WHAT YOU THINK!

Post-event surveys are *critical* to our work!

- Survey will be **emailed** to you
- Your **personal code** allows us to link your responses with follow-ups without knowing your identity
- You will be invited to participate in a follow-up survey in **30 days**
- Respondents will receive a **$5 gift card** for filling out the follow-up survey!



MHTTC Network - GPRA Post-Event Form - Training

Please print clearly in the boxes below using blue or black ink. Print only one number or letter in each square. Upper case letters only.

Event Name:

Event Code:

Form Approved OMB NO. 0930-0216 Exp. Date 09/30/2019

Personal Code (please use upper case letters):

First letter in Mother's first name: | First letter in Mother's maiden name:

First Digit of Social Security Number: | Last Digit of Social Security Number:

PLEASE BASE YOUR ANSWER ON HOW YOU FEEL ABOUT THE SESSION NOW.	Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1. How satisfied are you with the overall quality of this training?	○	○	○	○	○
2. How satisfied are you with the quality of the information/instruction from this training?	○	○	○	○	○
3. How satisfied are you with the quality of the training materials?	○	○	○	○	○
4. Overall, how satisfied are you with your training experience?	○	○	○	○	○

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5. The training was well organized.	○	○	○	○	○
6. The material presented in the training will be useful to me in dealing with mental health.	○	○	○	○	○
7. The instructor was knowledgeable about the subject matter.	○	○	○	○	○
8. The instructor was well prepared for the course.	○	○	○	○	○
9. The instructor was receptive to participant comments and questions.	○	○	○	○	○
10. I am currently effective when working in this topic area.	○	○	○	○	○
11. The training enhanced my skills in this topic area.	○	○	○	○	○
12. The training was relevant to my career.	○	○	○	○	○

Continued On Back

Every survey we receive helps us to improve and develop our programing.

We greatly appreciate your feedback!

LONG ACTING INJECTABLE AP MEDICATIONS

Available LAI

- Haloperidol (Haldol decanoate),
- Fluphenazine (prolixin IM),
- Risperidone (Consta),
- Palperidone (Invega Sustenna, Invega Trinza),
- Aripiprazole (Maintena, Aristada),
- Olanzapine (ZypAdhera)

First-Line for FEP

- Palperidone Sustenna 39-117 mg q 4 weeks
- Risperidone Consta 25 mg q 2 weeks
- Aripiprazole IM (no dosing studies)

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