

A Population Health Approach to Management of Psychosis in Primary Care

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Sciences

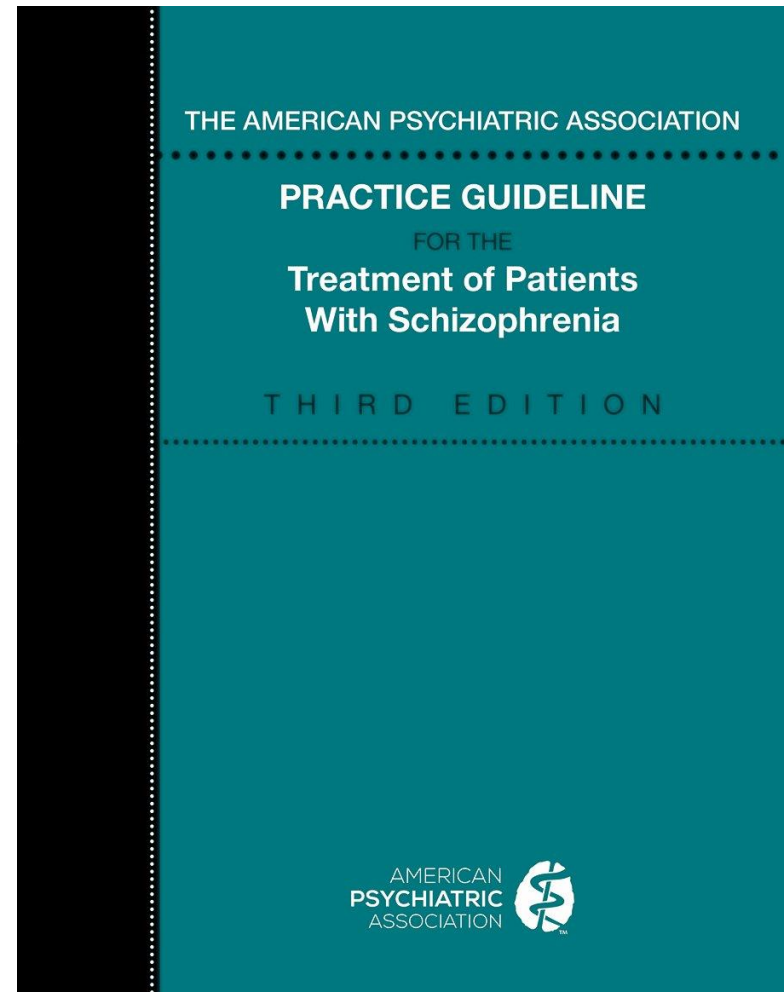
Speaker Disclosures

- Nothing to disclose

Overview

- Introductions
- Guidelines
- Special considerations in primary care

<https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841>



Learning Objectives

By the end of this session, participants will

- Understand how population-based care can be applied to manage psychosis in primary care;
- Learn 5 practical tips to guide primary care providers in evidence-based safe prescribing of antipsychotic medication;
- Identify two changes they can make in current practice to improve monitoring of patients receiving antipsychotic medications.

Collaborative Care Core Principles



Person-Centered Team-Based Care



Population-Based Care



Evidence-Based Care



Measurement-Based Care
Treatment to Target

What is Population Health Management?

System of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant



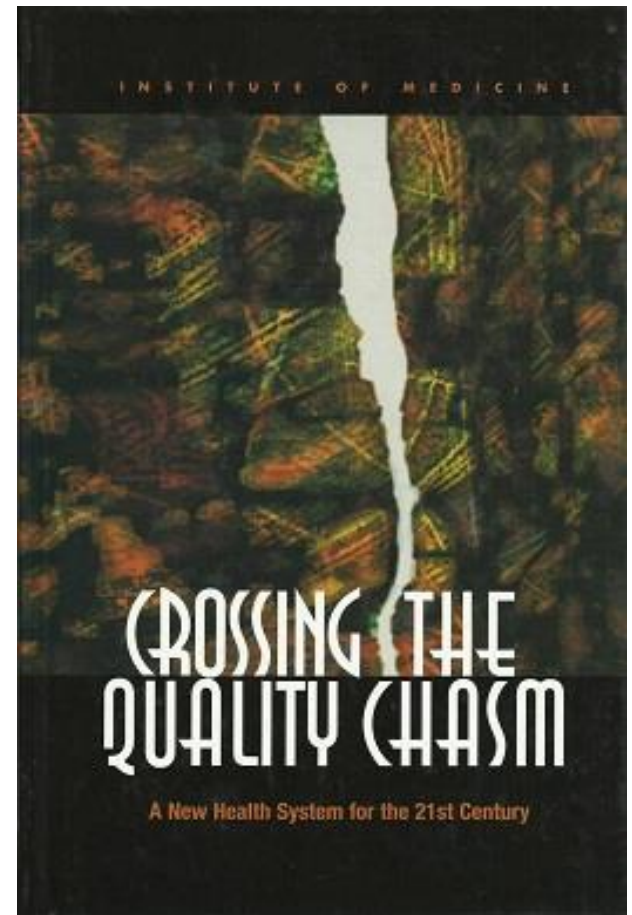
Who is Treating Psychosis?

- 1.6% of US adults received prescription for antipsychotic medication in 2013-2018;¹
- 3.1 million people; \$18 B
- More than 30% were by nonpsychiatric prescribers²



¹Dennis JA, *BMC Psychiatry* 2020; 20:483; ²Olfson M et al, *J Clin Psychiatry*. 2015; Oct;76(10):1346-53

Think about the last referral
you saw who was treated
with antipsychotic
medication....



Choosing Wisely[®]

An initiative of the ABIM Foundation

<https://www.choosingwisely.org>

1

Don't routinely prescribe antipsychotic medications as a first-line intervention for insomnia in adults.

2

Don't routinely use antipsychotics as first choice to treat behavioral symptoms of dementia.

3

Don't routinely prescribe to treat behavioral symptoms of childhood mental disorders in the absence of approved or evidence supported indications

4

Don't routinely prescribe two or more antipsychotic medications concurrently

5

Don't prescribe antipsychotic medications for any indication without initial evaluation and ongoing monitoring.

AP 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

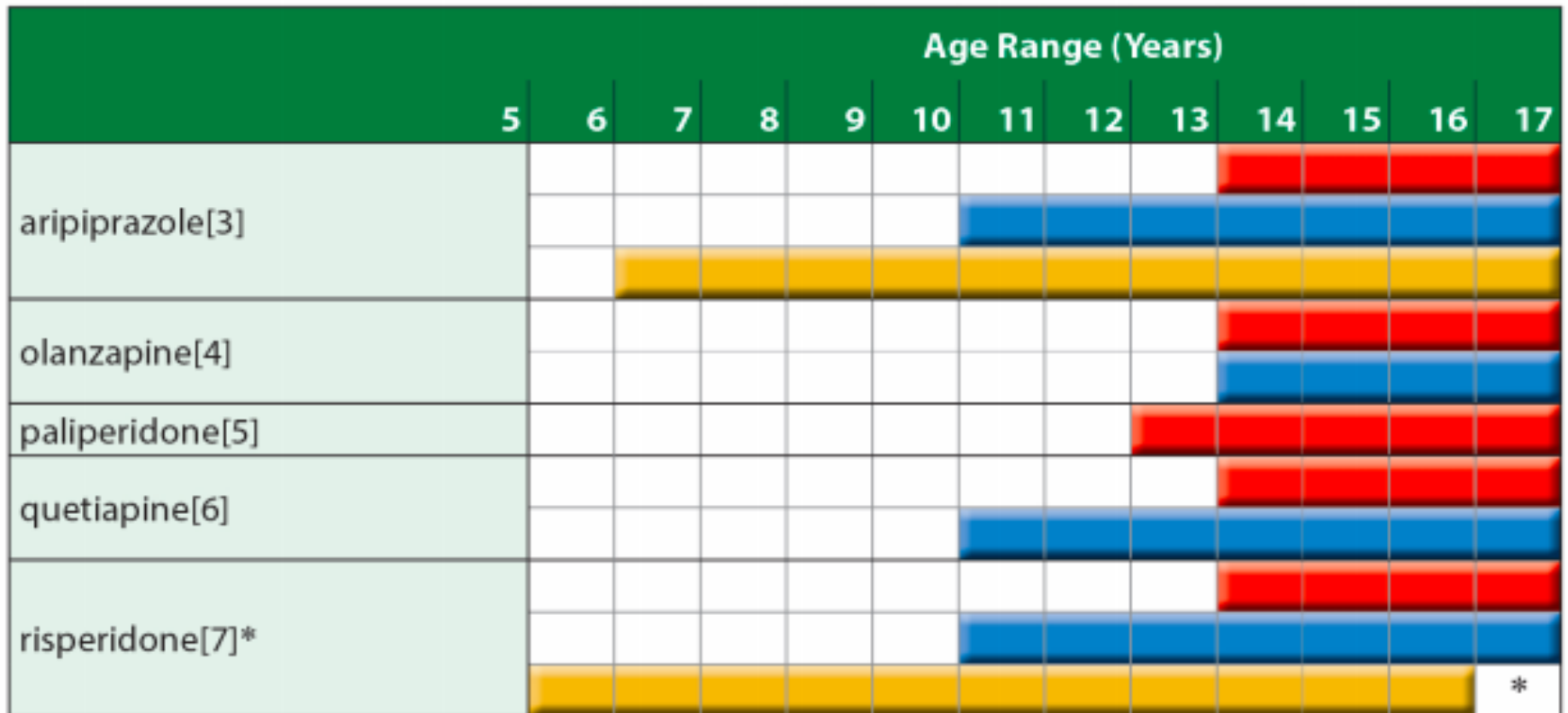
- APA practice guidelines

<https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890426807>

Garen P et al; Clin Interv Aging 2014; 9: 1363-1373

Antipsychotic medications in children

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



■ schizophrenia
 ■ bipolar I disorder: manic or mixed
 ■ irritability with autistic disorder

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

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.](#)

CHECKPOINT



Think about the last prescription you wrote for an antipsychotic medication...

- What was the indication for the medication you selected?
- Is the patient part of a population that is at increased risk from antipsychotic medications?
- What did you do to monitor the treatment?

Initial (Medical) evaluation



- 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

Esque J et al Jour Acad Consult Liaison Psych 2022; 63: 32-25

Indication	Age	Medications
Schizophrenia, acute	Adults	ARI, ASE, BRE, CAR, ILO, LUR, OLZ, PAL, QUE, RIS, ZIP
Schizophrenia, maintenance	13-17	ARI, ASE, BRE ILO, OLZ, PAL, QUE, RIS, ZIP
Schizoaffective	Adults	PAL
Treatment-resistant schizophrenia	Adults	CLZ
Reduce suicide in schizophrenia	Adults	CLZ
Bipolar disorder	Adults	ARI, ASE, ILO, OLZ, QUE, RIS, ZIP
Bipolar disorder	13-17	ILO, OLZ (10-17: ARI, QUE, RIS)
Bipolar depression	Adults	LUR, QUE
Treatment-resistant depression	Adults	OLZ
Adjunctive MDD	Adults	ARI, BRE, QUE
Irritability in autism	6-17	ARI, RIS

https://www.bluecrossmn.com/sites/default/files/DAM/2018-12/P11GA_13569827_1.pdf

First-line Treatment for early psychosis

NEW JOURNEYS

- Risperidone (Risperdal) 3-4 mg (max 8 mg)
- Aripiprazole (Abilify) 10-30 mg (max 30 mg)
- Ziprasidone (Geodon) 80-120 mg (max 160 mg)



My health. My choices. My future.

<https://www.ontrackny.org>

AP Medications during Pregnancy

- 1.3% of pregnancies exposed to AP meds
- Quetiapine and aripiprazole most prescribed
- Discontinuation: 53% increased risk of relapse (compared to 16%)
- Low reproductive risk
- Gestational diabetes RR = 1.28
- Breastfeeding not contraindicated (CLZ?)

Betcher HK et al. *Curr Treat Options Psychiatry*. 2019 Mar; 6(1): 17–31.

Problem	Are you experiencing this problem?		Questions for your psychiatrist
	Yes	No	
Daytime sedation/drowsiness/sleeping too much			
Problems with memory or concentration			
Changes in appetite or weight			
Muscles being too tense or stiff, or muscles trembling or shaking			
Feeling restless, jittery, or the need to move around and pace			
Blurry vision, dry mouth, constipation, or urinary retention or hesitancy			
Changes in sexual function			
[In women only], menstrual or breast problems			
Feeling unlike my usual self			
Other concerns			
	Yes	No	Questions for your Psychiatrist
I think the pros of using medication outweigh the cons of using medication			

Metabolic Monitoring Guidelines

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

	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

What about LAI?

- **Benefits**
 - Reduce relapse (5% vs 33%)
 - Reduce hospitalizations
 - Reduce mortality?
- **Factors to consider**
 - Patient preference
 - Tolerability
 - Individualized risk (of relapse)
 - Level of support



Kishimoto T, et al. Lancet Psychiatry 2021; 8(5): 387-404; Pacchiarotti, I et al Eur Neuropsychopharmacol. 2019 Apr;29(4):457-470.

LAI: Which?

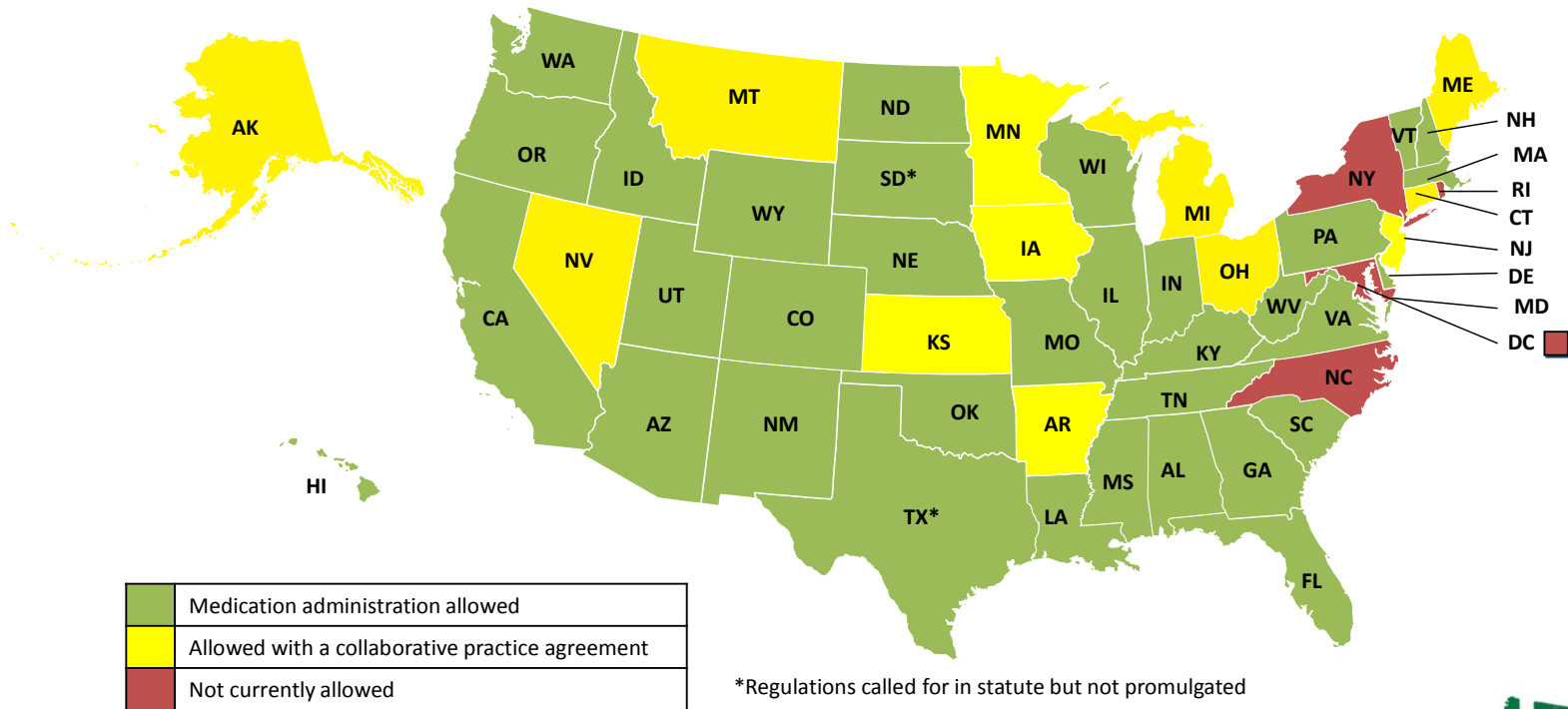
Aripiprazole (Maintena)	400 mg once a month
Aripiprazole (Aristada)	441-882 monthly; 882 mg q 6wks
Olanzapine (Zyprexa Relprevv)	150-300 mg q 2 w; 300-405 q m
Paliperidone (Invega Sustenna)	39-117 mg once monthly
Paliperidone (Invega Trinza)	410 mg q 3 months (273-819 mg)
Risperidone (Consta)	25-50 mg q 2 weeks

<https://www.thenationalcouncil.org/topics/long-acting-medications/>

LAI: How?

Pharmacist Authority to Administer Long-Acting Antipsychotics

Based on data collected by NASPA (updated Nov 2019)



Takeaways

- More than 1/3 of AP meds are prescribed by PCPs. Support improved care by
 - Clarifying indication, avoiding polypharmacy, recognizing special population
- Given superiority of LAI, these medications should be considered earlier. Guide to support shared decision making
- Tools are available to support monitoring

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- [UW Traumatic Brain Injury](#) – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO [UW PACC](#)
- UW TelePain series [About TelePain \(washington.edu\)](#)
- TeleBehavioral Health 101-201-301-401 [Telehealth Training & Support - Harborview Behavioral Health Institute \(uw.edu\)](#) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline [Consultation \(washington.edu\)](#) – 844-520-PAIN 7246)
- [Psychiatry Consultation Line](#) - (877) 927-7924
- [Partnership Access Line \(PAL\)](#) (pediatric psychiatry) - (866) 599-7257
- [PAL for Moms](#) (perinatal psychiatry) - (877) 725-4666

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link