

**Psychiatric Treatment
Challenges for Consumers
with Developmental
Disabilities**

**Jeff Marcus, M.D.
Central Wisconsin Center
Madison**

October 5, 2006

Dual Diagnosis:

**Mental Illness
+
Mental Retardation**

Dual Diagnosis = Comorbidity

“Behavior” itself is
relatively non-specific.

Example: “Agitation”

Can be related to:

- ↗Pain
- ↗Task avoidance
- ↗Mood/anxiety/psychotic disorders
- ↗Medical problems
- ↗Environmental distress
- ↗Etc

**The
Multidisciplinary
Team**

Benefits of Team Approach

- Information Gathering
- Information Exchange
- Effective Communication
- Treatment Planning
- Division of Labor
- System of “Checks and Balances”
- System Efficiency

Team Members:

Client
Parent/Guardian/Family
Case Manager
Physician(s)
Nurse
Psychologist
Clinical Pharmacist
Therapist
Direct Care Staff

Rationale

There should be a clear rationale for the use of a psychotropic medication

When in doubt,

Do No Harm!

Hippocrates said:

"Declare the past, diagnose the present, foretell the future; practice these acts. As to diseases, make a habit of two things—to help, or at least to do no harm."

From: *Epidemics, bk 1*

Principles of effective psychiatric treatment:

- Limit the number of simultaneous changes.
- Go **SLOW** with medication reduction!
- Try to avoid polypharmacy
- Document the rationale for the medication

When deciding on a particular treatment, one must weigh the risks, benefits and alternatives to the treatment.

Common Problems with Psychiatric Treatment

- Insufficient Clinical Information
- Incorrect Clinical Information
- Insufficient Assessment Time
- Poor Communication
- Too Quick to Prescribe
- Absence of Thoughtful Prescribing.....

Prescribing Pitfalls:

- Too Many Simultaneous Changes!
- Too Much Medication
 - Side Effects
 - Drug Interactions
 - Additive Sedation
- Insufficient Dosage
- Insufficient Time for Response
- Absence of a Treatment Plan



Toilet That Uses 50 Percent Less Water Must Be Flushed Six Times

see PRODUCTS page 3E



Be clear on whom you're treating

Definitions:

- **Sign:** objective finding by a clinician
- **Symptom:** subjective complaint of patient
- **Syndrome:** group of signs and symptoms which occur together in a recognizable condition

Definition:

Mental Disorder:

- clinicians typically use DSM-IV criteria
- the signs and symptoms are descriptive
- most psychiatric problems are syndromes

When is a mental problem a Mental Problem?

- When there is impairment in **functioning**
 - social
 - academic
 - occupational
 - legal
- When there is **distress/suffering**

Mental Disorder Classification

- **Mood Disorder**
- **Anxiety Disorders**
- **Personality Disorders**
- **Schizophrenia/Psychotic Disorders**
 - **Eating Disorders**
- **Substance-related Disorders**
 - **Cognitive Disorders**
 - **Sleep Disorders**
 - etc

Major Depressive Episode

- **Depressed Mood**
- **Loss of Interest**
- Decreased Appetite/Weight Loss
- Sleep Disturbance
- Psychomotor Agitation or Slowing
- Low Energy
- Impairment of Concentration/Focus
- Feelings of Guilt/Worthlessness
- Thoughts of Death/Suicidal Ideation

Major Depressive Episode

- S - Sleep
- I - Interest
- G - Guilt/Worthlessness

- E - Energy

- C - Concentration
- A - Appetite
- P - Psychomotor Agitation
- S - Suicide/Thoughts of Death

Major Depressive Episode

- 5 or more symptoms over a 2-week period
- Not due to a known medical problem
- Distress and/or functional impairment

Behavioral Manifestations:

- Appetite or sleep disturbance
- Self-injurious behavior
- Irritability or aggression
- Isolation/withdrawal
- Low motivation or interest
- Tantrums, diminished frustration tolerance
- Impairment in daily functioning
- Somatic Complaints

Manic Episode

- Distinct period of **elevated, expansive or irritable mood**
- Grandiosity
- Decreased need for sleep
- More talkative, pressured speech
- Flight of ideas or racing thoughts
- Risk-taking behavior which is out of character
- Severe agitation or other increased goal-directed activity
- Episode lasts at least 1 week (or less if pt. hospitalized)

Bipolar Disorder

- Episodes of mania and (usually) depression
- Can have “mixed” episodes (combined depression and mania)
- **Cyclical** nature of the disease
- Often hard to distinguish from certain Personality DO.
- Carries a significant suicide risk
- About 1% lifetime prevalence in general population

Mania: Key Points...

- Manic episode is distinct from the usual mood of the individual
- There almost always is a cyclical component present.
- Objective measures of mood rating very helpful!

Behavioral Manifestations:

- **Sleep disturbance!!!**
- **Mood lability**
- **Significant agitation +/- aggression**
- **Pressured speech/vocalizations**
- **Racing thoughts**
- **Disorganized thoughts or behavior**

Criteria For Schizophrenia

- Delusions
- Hallucinations
- Disorganized Speech/Behavior
- “Negative Symptoms”
- Social/Occupational Dysfunction
- Continuous S/S of illness for at least 6 mo
- Exclusion of other psych/medical problems

Negative Symptoms:

- Flat affect
- Poor motivation and volition
- Indecisiveness
- Impairment of grooming and hygiene
- Impairment of executive functioning
- Can be very disabling
- Less amenable to medication than “+” sx

Schizophrenia:

- Usually emerges in late adolescence or early adulthood.
- Equally affects men and women.
- Cuts across social and cultural boundaries.
- Men typically symptomatic earlier in life.
- 1% lifetime prevalence in general pop.
- Disease is a chronic, debilitating illness
- Spectrum of severity

Schizophrenia Diagnosis...

- Often difficult to make dx in DD population
- Requires specific set of symptoms
- Non-specific psychotic symptoms **do not** equate to schizophrenia!!
- Psychotic symptoms often present in many other disorders

Psychosis seen in:

- Mood disorders
- Dementia
- Delirium
- Substance intoxication or withdrawal
- PTSD
- OCD
- Eating Disorders
- Etc...

Schizoaffective Disorder:

Schizophrenia + Mood Disorder

Anxiety Disorders:

- Panic Disorder
- Generalized Anxiety Disorder
- Post-traumatic Stress Disorder
- OCD
- Social Anxiety Disorder
- Simple Phobias

Obsessive Compulsive Disorder

- Obsessions and/or Compulsions
- **Obsessions** = Recurrent, intrusive **thoughts or impulses** with person tries to suppress
- Obsessions cause marked anxiety/distress!
- **Compulsions** = repetitive **behavior** aimed at reducing this distress
- Person driven to engage in this behavior

OCD Diagnosis:

- Many OCD symptoms seen in Autism
- “OCD” often misdiagnosed
- Ritualistic, perseverative, self-stimulatory behaviors are not necessarily OCD
- OCD is an anxiety disorder. Anxiety (or its prevention) needs to be part of the presentation

Autism:

- Pervasive Developmental Disorder
- Impairment of Social Interaction
- Impairment of language/communication
- Repetitive and stereotypic behavior
- Restricted interests and activities
- Asperger’s Disorder = preserved language