

DCF Psychotropic Medication Advisory Committee
Meeting Minutes
October 5, 2018, 1:00 PM

Present: Present: Amy Veivia, Pharm. D.; David S. Aresco, Pharmacist; Paul Rao, M.D.; Carlos Gonzalez, M.D.; Beth Muller, APRN; Brian Keyes, M.D.

1. Dr. Rao called the meeting to order at 1:04 PM.
1. The date/time of the next meeting is scheduled for November 2, 2018 from 1pm – 2:30pm at Albert J. Solnit Children’s Center 915 River Rd Middletown CT, A Building, Conference Rm A.
2. The minutes of the May 2018 meeting were reviewed and approved.
3. Announcements: None
4. Medication Therapeutic Class Review:
 - Antidepressants: This class was reviewed and there were no recommendations for revision at this time. Guidelines for Adolescent Depression in Primary Care (GLAD-PC) were discussed and these guidelines published by the American Academy of Pediatrics will be forwarded to the members.

A Power Point showing antidepressant use was presented by Dr. Rao and discussed.

Summary: from 2012 – 2018 the number of youth prescribed an antidepressant has declined consistently. Most are on monotherapy. Most are females or older children. No trend noted when sorted by race.

Recommend no changes to the current guidelines for Antidepressants

- Anticonvulsants: This class was reviewed and there no recommendations for revisions at this time.

Gabapentin was briefly discussed. Noted there is no evidence for use in bipolar patients; potential for abuse; risk for withdrawal. There is evidence for safety and efficacy to treat anxiety associated with alcohol withdrawal but in adults only.

Various dosage forms of CBD oil (gummies, etc.) were discussed. Noted CBD oil is approved for the treatment of 2 types of rare seizure disorders but comes under the heading of a Medical vs. Psychotropic medication.

Recommend no changes to the current guidelines for Anticonvulsants.

5. Old Business:

- Updates on the current active number of youth prescribed 5 or more meds, as well as youth 5 and under prescribed medications.

A Power Point showing this data was presented by Dr. Rao and discussed. Summary: From 2010 to 2017 the number of youth prescribed 5 or more meds decreased from 38 to 13. The number of youth 5 and under prescribed medications declines from highs of 10 and 9 in 2012 and 2-14 to 4 in 2017.

- Combination use of prazosin and guanfacine (PTSD): There is no data available regarding the use of this combination in children and youth. Noted there is also very little data showing evidence of safe and effective use for each individual medication.
- Pregnancy tests for adolescents prior to initiation of SSRIs: Noted that the current PMAC guidelines recommend a pregnancy test for many classes of medications. Recommendation made to make no changes to the pregnancy test recommendations.

6. New Business:

- OIG Report: The report from the Department of Health and Human Services Office of the Inspector General regarding use of psychotropic medications in children and youth in 5 states (CT. not one of the states) was distributed, reviewed and discussed. Noted that Federal funding goes through ACS to the States. Noted that CT. is “ahead of the curve” as we are already doing what this report recommends. No further action recommended.

7. Other as time allows:

- Several PMAC members expressed concerns regarding a lack of communication surrounding the “hand-off” of a DCF committed child from one level of care to the next (e.g. from hospital inpatient to the next level of care). Key pieces of information are often lacking such as a medication profile and information regarding an appointment with providers. PMAC members are urged to send case specific information to Dr. Rao for evaluation.
- PMAC Meeting Attendance: Concern was expressed regarding the low attendance at recent PMAC meetings. Several suggestions were made to possibly increase interest and attendance; have quarterly vs. monthly meetings; change to a more convenient location; offer PMAC membership to the members of the CT Council of Child & Adolescent Psychiatry; advertise the work on PMAC; expand the role of PMAC to include all

classes of medication; send a survey asking for input on how best to increase attendance and expand the role of PMAC.

- All ideas were discussed. PMAC decided to send a survey to the CT Council of Child & Adolescent Psychiatry and PMAC members asking for input on how best to increase attendance and expand the role of PMAC.

- Volume of CMCU requests: Dr. Rao (using a Power Point Presentation) noted that from 2010 to 2017 25% - 30% of the youth in DCF care have had a request via CMCU for psychotropic medication. Noteworthy that this is lower than the 5 states in the OIG report. Also noted that the med approvals that were granted without a change has consistently trended downward from 2010 to 2017.

Request volume by setting: Hospital – no change; foster homes – increased; sub-acute – increased; residential – decreased.

Also noted that the number of children/youth on 2 or more antipsychotics concurrently (2012 – 2107) decreased from 31 to 3.

8. Dr. Rao adjourned the meeting at 2:25PM.

Respectfully submitted by: David S. Aresco, Pharmacist