

**DCF Psychotropic Medication Advisory Committee  
Monthly Meeting Notes**

April 3, 2009, 1:00PM

Riverview Hospital for Children and Youth  
Middletown, CT.

PRESENT: Janet Williams M.D., DCF Medical Director; David S. Aresco, Pharmacist Consultant; Jacqueline Harris MD, DCF CO; Amy J. Veivia Pharm.D. Pharmacist Consultant; Joan Narad M.D. DCF CO; Carlos A. Gonzalez M.D. IPP; Lesley Siegel M.D., DCF CO; Tina Spokes RN, DCF Hartford; Shannon Dugan, Pharm.D. Candidate, UConn (guest); Naveen Hassam APRN DCF Waterbury; Beth Muller APRN, UConn; M. Waqar Azeem M.D. Medical Director RVHCY; Alton Allen M.D. RVH and HM; Irv Jennings M.D., FCA; Barbara Kimble-Goodman DCF; Darlene Kirychuk, RVHCY.

1. Call to order: Dr. Williams called the meeting to order at 1:06 pm.
2. Set date/time of next meeting: The next meeting is scheduled for May 1, 2009 from 1-3PM; RHCY AB Conference Room.
3. Announcements: Introductions were done.
  - CMCU data was distributed reviewed and discussed.
    - This initial report should be considered a rough draft and is still under development.
    - Approximately 1/3<sup>rd</sup> of the data is not included in this report.
    - The next report will be psychotropics only and will pool drugs of similar type i.e., Lithobid and Eskalith
    - Recommend Hispanic be added as a category.
    - Recommend indicating if the child is in a DCF facility or not.
    - Medicaid data is now being analyzed that may help augment this report.
  - The Use of PRN medications in Foster Care:
    - Development of a procedure to have “professional foster care parents” administer PRN medications was discussed.
      - This would be equivalent to a parent giving a PRN.
      - It was felt that delegation of PRN administration to a professional foster care parent would be aligned with what most natural parents do.
      - DCF will send comments in support of the protocol
4. Minutes: The minutes of the January 2009 PMAC were reviewed and approved.
  - Research will be done regarding any new information that may be available regarding Prazocin use in children. Results will be reported at the next PMAC meeting.
    - Assigned to the Pharmacist Consultants
    - Invite Dr Sahl (IOL) to future meeting
5. Psychopharmacology Conference – Report on Evaluations and PMAC Response:
  - Evaluations are still in the process of being tabulated and reported. There were over 60 attendees.
  - PMAC Feedback on conference and recommendations for any future conference.

- The ½ day format was good.
- Too much information was presented for the time allotted.
- Recommendation for the next Conference: decrease the amount of information or increase the time allotted to each subject.
- Changing the meeting to a non-work day was discussed.
- Notices and announcements should be sent out sooner. Some flyers arrived the week of the conference. This may have affected attendance.
- More advertising is needed. Multiple flyers/announcements should be sent. This could include emails, save the date flyers, etc.
- Venue: look into using the old Pfizer site as the “West Campus” is now run by Yale. The process for obtaining CME accreditation needs to be taken into account when considering this as a possible venue.
- The information presented was too “dense” for primary care practitioners. Consider adding more process information in any future conference. Recommend adding Beth Muller to any future conference work group.
- Suggest doing a videoconference and/or simul-cast of any future conference.
- Planning for the next Psychopharmacology Conference should begin immediately.

6. Review of Medication Guidelines/Protocols:

- The protocol with proposed changes was distributed and discussed at length.
  - The need for free T4/TSH levels with the atypical class of antipsychotic medications or only being required for Quetiapine (Seroquel) was researched and reported and discussed in detail.
    1. Based on the current literature PMAC recommends that free T4 levels be required only for quetiapine. If the level is abnormal then follow-up as clinically indicated.
  - The need for free T4/TSH baseline levels with antidepressants and mood disorder medications was discussed at length. This discussion will be continued at the next PMAC meeting.
    1. There was also discussion regarding the role of the pediatrician. There was concern regarding how much PMAC should dictate via guidelines.
    2. Guidelines should include recommending a physical prior to initiating medications providing coordination with the concerns of the pediatrician.

7. ADR Reporting – Montana procedure; Riverview Hospital.

- Darlene led a discussion regarding ADR reporting at RVHCY.
- The procedure and form currently being utilized by Montana State Hospital was reviewed and discussed.
- Other items discussed included the definition of a reportable ADR, the problem and reasons for under-reporting, possible utilization of pharmacists to assist in identifying suspected ADR's and the perceived difficulty in filling out the paperwork when reporting a suspected ADR.
- PMAC endorsed the idea of having the consultant pharmacists review DCF 465 forms to see if this might be a good tool in identifying and reporting suspected ADR's. Efforts should be focused on targeting under-reporting

8. Obesity, Life Style and Nutrition Sub-Committee:

- Defer

9. OTHER:

- An article “Pharmacologic Treatment of Pediatric Bipolar Disorder” was distributed, reviewed and discussed in detail.
  - Points discussed included: the article seems to promote combination therapy, diagnosis of bipolar in children, divalproex seems to be equivalent to placebo, risperidone seems most effective in lower doses
  - Therapy for Bipolar (rapid cycling) was discussed.
  - Lithium is not contraindicated but Depakote or Tegretol are preferable.
  - Mis-diagnosis of rapid cycling was discussed.
  - The consultant pharmacist will research these issues and report back to PMAC.
- Noted that an article suggests that adding aripiprazole to another atypical antipsychotic may increase psychosis. A question was raised as too much time is needed after discontinuing aripiprazole before starting a different atypical antipsychotic.

10. Adjournment: Dr. Williams adjourned the Committee at 2:55PM.

Respectfully Submitted:

David S. Aresco