

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

January 9, 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 Western Regional Medical Director; Chris Malinowski DCF CMCU, Amy J. Veivia Pharm.D. Pharmacist Consultant; Pieter Joost Van Wattum M.D. CB; Joan Narad M.D. DCF CO; Carlos A. Gonzalez M.D. IPP; Blyse Soby, DCF CQI; Lesley Siegel M.D., DCF Regional Medical Director; Tina Spokes RN, DCF Hartford; Mary Ann D'Addario RN, DCF CO; Kris Ridyard DCF; Aurele Kamm APRN, DCF CMCU; Brian Keyes M.D., NAFI; David Muniz Pharm.D. Candidate, UConn (guest).

1. Call to order: Dr. Williams called the meeting to order at 1:10 pm.
2. Set date/time of next meeting: The next meeting is scheduled for February 6, 2009 from 1-3PM; RHCY AB Conference Room and will be attended only by the conference planning committee members.
 - There was some discussion regarding a conflict with a meeting sponsored by the Pequots and Clifford Beers that is to be held on 2/5/09 and 2/6/09. Dr's Siegel and Van Wattum gave some additional information including a rundown of speakers and topics.
3. Announcements: Introductions were done. There will be an AACAP psychopharmacology seminar in late Jan (possibly the 21st) in NYC. Dr. Van Wattum shared an article discussing 2 case studies of differing therapies for bipolar disorder in children. Dr. Siegel will put up a link on the DCF Internet site.
4. Minutes: The minutes of the December 2008 PMAC were reviewed. The title of the Drug Protocol is still unclear. Dr. Williams will verify if the correct title is appendix I or appendix II.
5. Feedback from Psychopharmacology Conference Committee:
 - Once CME credit is approved the registration form will be completed.
 - This program needs to be promoted by the PMAC members.
 - A suggestion was made and endorsed to send out a "save the date" communication via email and/or list serve.
 - Dr's Van Wattum and Keyes will coordinate this for pediatrics and child psychiatry.
 - DPH will be contacted to get information regarding sending the "save the date" notice to APRNs.
 - Should also include General Psychiatrists
 - Language such as "Space is limited" should be included as the venue accommodates only about 100 attendees.
 - Dr. Williams will arrange for mailing labels to be printed.
 - The general information flyer should include directions to the venue site.
 - Food: suggest having a "coffee and" cart and cost should be included in the fee for the seminar.
 - The speakers and topics were discussed and reviewed.
 - Brian Keyes, M.D.

- Pieter Joost Van Wattum, M.D.
- Patricia Leebens, M.D.
- Lisa Honigfeld
- A suggestion was made to send an open letter to the Council and the Pediatric Society.
- Possible venues that hold >100 were discussed as an option if more than 100 register for the conference. It was decided to limit attendance to 100.
- Pharmacy & Therapeutics Consulting will set up a checking account for the conference.
- At this time Dr. Siegel brought up the Home Care Program, a program that prescribes medications for adolescents in the criminal system who have no other follow-up.
 - A policy and referral form that could be used as a tool to help resolve this issue was distributed, read and discussed.
 - The logistics of how this process would actually work was discussed.

6. Review of Medication Guidelines/Protocols:

- The protocol with proposed changes was distributed and discussed at length.
 - Cost benefit and other issues regarding EKG's were discussed at length.
 - The protocol currently requires EKG's for Tricyclic antidepressants and lithium and this seems appropriate to the PMAC.
 - Dr. Williams will investigate to determine if there is data available to support EKG's from a cost benefit perspective.
 - The committee discussed the option of changing the suicide warning to a general warning covering the entire protocol or to just add it to the anticonvulsant class. The PMAC decided to make this a general warning as a header on the top of the first page of the protocol.
 - All Brand Names of medications listed in the protocol will be changed to generic names.
 - An article was discussed that supported some changes to the atypical antipsychotic drug class. The validity of the article was discussed.
 - Cost benefit of getting prolactin levels was discussed as well as the frequency of prolactin levels.
 - Ht/Wt vs. BMI was discussed and it was thought "at each visit" was not specific enough language. Suggest changing to monthly x 6months then every 3 months. This should also be required for Clozapine.
 - Requesting free T4 levels with the atypical class of antipsychotic medications was discussed. It was suggested that this should only be required for Quetiapine (Seroquel). Amy Veivia will investigate and report back.
 - In the follow-up section of the atypical class of antipsychotic medications the word "or" will be deleted from the phrase "EKG annually or if clinically indicated."
- Updated recommended maximum dosing guidelines were distributed and discussed at length.
 - Some process issues were discussed including how PMAC defines child vs. adolescent. It was noted that differing definitions can be found in the literature.
 1. Child = pre-pubertal or <12yrs old.
 2. Adolescent = pubertal or >12yrs old

- ❑ A typo was noted so the max dose for perphenazine will be changed from 22mg to 32mg.
 - ❑ The max dose of Fluvoxamine will be increased to 300mg.
 - ❑ Change all areas that have “Not approved for children under X yrs of age” to “No data available for children under X yrs of age”.
 - ❑ The PMAC recommends that the dosing guidelines are consistent with AACAP practice parameters for Bipolar and Depression.
7. Prazosin (Minipres) in PTSD.
- ❑ The only literature available is for veterans.
 - ❑ The data does show some efficacy for helping with nightmares and/or sleep disturbances in adults.
 - ❑ One case report for a 15yo female found. A 4mg dose was used with good results.
 - ❑ A comparison of prazosin and clonidine was discussed.
 - ❑ CMCU will approve prazosin use with caution up to 4mg.
8. Review of Averse Drug Reaction (ADR) reporting policy and procedure.
- ❑ The current proposed ADR reporting Policy/procedure was distributed and discussed. It was generally agreed that all DCF facilities should be involved in the ADR reporting system.
 - ❑ It was noted that Riverview Hospital for Children and Youth (RVHCY) is currently reviewing their internal ADR reporting policy and that there is a very low reporting rate. The ADR reporting data for PMAC and the facilities needs to be combined into one reporting system. Amy Veivia will attend the RVHCY Therapeutics Committee meeting and help coordinate consolidation of reporting procedures.
9. OTHER: Obesity, Life Style and Nutrition Sub-Committee:
- ❑ Blyse Soby led a discussion: participation is needed from non-PMAC individuals and organizations.
 - ❑ It was suggested that at the start of this initiative the focus should be on DCF facilities only.
 - ❑ High Meadows is very interested in this issue and is starting a Diabetes Subcommittee. PMAC suggests this could be combined into a joint effort.
 - ❑ CCP problems such as weight gain were discussed.
10. Adjournment: Dr. Williams adjourned the Committee at 3:00PM.

Respectfully Submitted:

David S. Aresco