DCF Psychotropic Medication Advisory Committee
Monthly Meeting Notes
June 5, 2009, 1:00PM
Riverview Hospital for Children and Youth
Middletown, CT.

PRESENT: Janet Williams M.D., DCF Medical Director; David S. Aresco, Pharmacist Consultant; Amy J. Veivia Pharm.D. Pharmacist Consultant; Joan Narad M.D. DCF CO; Carlos A. Gonzalez M.D. IPP; Lesley Siegel M.D., DCF Regional Medical Director; Tina Spokes RN, DCF Hartford; Beth Muller APRN, UConn; Aurele Kamm APRN, DCF CMCU; Brian Keyes M.D., NAFI; Chris Malinowski DCF CMCU, Curtis Harmon APRN, DCF CMCU; Monica Jensen, RN, DCF Nurse Educator; Alton Allen M.D. RVH and HM; Jacqueline Harris MD, DCF Western Regional Medical Director; Kris Ridyard DCF; Waqar Azeem M.D. Medical Director of RVHCY; Patty Cables APRN, Wheeler Clinic; Jane MacFarlane, DCF CO Nurse Educator; Christopher McGer, Riverview.

1. Call to order: Dr. Williams called the meeting to order at 1:15 pm. Introductions were done.

2. Set date/time of next meeting: The next meeting is scheduled for July 24, 2009 from 1-3PM; RHCY AB Conference Room. As this meeting is scheduled late in July there will be no August 2009 meeting scheduled. The meeting for September is tentatively scheduled for 9/4/2009.

3. Announcements:
   - There will be a Psychopharmacology Conference in NYC on 9/11/09.

4. Minutes: The minutes of the May 2009 PMAC meeting were reviewed and approved.

5. Discussion with Dr. Robert Sahl regarding Prazosin.
   - Dr. Sahl joined the meeting via teleconference.
   - Dr. Williams updated Dr. Sahl regarding the PMAC's activities to date relating to Prazosin use in DCF children and youth.
   - Dr. Saul provided a detailed verbal report regarding his experience with prazosin. He noted that he will be discussing/describing and open label study for children on inpatient units and there has been a very limited number of patients participating to date. The PMAC was particularly interested in how many children have been prescribed prazosin under his care, for what symptoms, and what outcomes were seen. Synopsis of verbal report and discussion:
     - Prazosin was started on children in an inpatient setting.
     - The main noted side effect was sedation
     - Prazosin use is part of a study that is comparing SSRI's, clonazepam and prazosin. This study (so far) has been limited to a handful of children between the ages of 13 and 18yrs.

- Dosing started at 2mg po QHS and was titrated up to between 6 and 8mg as a maximum dose. There is no official guidance regarding what the maximum dose should be.
- Some results include improved sleep with elimination of traumatic dreams in 2 patients.
- Changes in sleep architecture (ie sleep walking, etc.) are unknown although sleep walking has not been seen so far in the study patients.
- There seems to be no characteristics in the children that may be used as a predictor for a successful outcome.
- No orthostasis was noted.
- The effects of each dose lasts less than 24hrs.
- There has been only 1 DCF child in the study to date and this was an older adolescent.
- There is no restriction as to other medications the children may be on other that the usual screening for drug interaction etc.
- There was one ADR reported in a 21yr old who reported the prazosin "makes me feel weird". The medication was stopped.
- All other patients tolerated the medication well.

- There was some discussion noting that CMCU is getting requests for prazosin use in younger children with doses over 4mg. PMAC is attempting to weight the risks vs benefits on prazosin use (especially at higher doses) in children. Dr. Sahl reported that he has no experience with prazosin use in children.
- Dr. Sahl reported that he is unsure as to when the official results of his study will be ready as the number of patients enrolled so far is very low.
- Dr. Sahl concurs with the PMAC recommendation that consent for prazosin use by the CMCU should be restricted to adolescents.
- Several specific cases based on PMAC members experience with prazosin use were discussed in detail.
- PMAC noted that there is no data regarding the efficacy of this medication's use in children.
- Maximum dosing was discussed as to whether it should be 8mg or 9.5mg.
- The PMAC discussed the ramifications of a research study vs IRB vs off label use in the regular course of practice.
- **PMAC RECOMMENDATION: Prazosin will not be added to the approved drug list. The CMCU will consider prazosin a restricted medication in children and may approve prazosin use with caution in adolescents up to a maximum dose of 4mg/day**.

6. Review of DCF Monitoring Protocol:
   - DEFER to next meeting: concerns regarding guidelines and/or maximum dosing should be emailed to Amy Veivia (aveivia@pandt.org).

7. Child and Adolescent Psychiatric Alerts: The following alerts were reviewed and discussed in detail.

- Zolpidem for insomnia in ADHD: it was noted that utilization is very low for this medication. Also noted that what usage exists is prescribed for adolescents not children.
- Divalproex ER in Bipolar disorder: DSMV progress and other issues regarding diagnosis discussed especially in children.

8. <u>DCF Medication Consent vs. Reconciliation:</u>
   - The current CMCU process was presented to the nursing meeting.
   - Many issues and scenarios were discussed in detail:
     - Some nurses were not familiar with the term medication reconciliation.
     - Noted that obtaining a W10 from the hospital is not sufficient to be considered medication reconciliation.
     - Nurses feedback indicated that the use of the transfer form as a record of medications the child is on along with a copy of current orders/prescriptions provided enough information for medication reconciliation.
   - It was noted that medication reconciliation is a Joint Commission standard in the hospital setting.
   - The discharge process for RVHCY including medication reconciliation was discussed.
     - It was noted that often at admission the medication record is not provided with the child being admitted.
   - Noted that patients entering facilities (especially shelters) arrive with medications but no orders. This seems to be less of a problem when patients go from a shelter to a group home.
   - Several other possible scenarios were discussed.
   - PMAC concurs that CMCU is not the best method of obtaining information regarding medication use information to be used in a medication reconciliation process. Ideally this should be provided by the sending facility. It was noted that this might not be possible when a patient is coming from home or a detention facility. PMAC agreed that an attempt should be made to have a liaison from detention (York and Manson) attend a meeting in the near future.
   - PMAC agreed that training social workers regarding medication reconciliation requirements may be helpful. Jane will speak to Tracey regarding this suggestion.
   - The Medical Transport Form (passport folder) was discussed as a possible tool for medication reconciliation.
     - It was noted that this document has fallen out of use but has worked well in the past. Noted that a condensed form was also developed and in use at one time.
     - The purpose and current status of this form will be researched.

9. <u>Obesity, Life Style and Nutrition Sub-Committee:</u>
   - Blyse the Chair has resigned.
   - Dr. Seigel agreed to chair the sub-committee.

- The purpose of the sub-committee will be restricted to developing protocols/guidelines only as it relates to patients on psychotropic medications.

10. OTHER: Medicaid Pharmacy Data Report
    - Dr. Williams announced that the report is ready to be evaluated.
        - A sub-committee was formed consisted of the 3 CMCU APRNS, the 2 pharmacist consultants and Dr. Brian Keyes.
        - The sub-committee will evaluate the report and make regular reports to the PMAC.

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

Respectfully Submitted:

David S. Aresco