

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

May 1, 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; Pieter Joost Van Wattum M.D. CB; Chris Malinowski DCF CMCU, Curtis Harmon APRN, DCF CMCU; Monica Jensen, RN, DCF.

1. Call to order: Dr. Williams called the meeting to order at 1:00 pm.
2. Set date/time of next meeting: The next meeting is scheduled for June 5, 2009 from 1-3PM; RHCY AB Conference Room.
3. Announcements:
 - The Academy is holding the 34th Annual Review course.
 - In Boston Mass from 4/29 – 5/2.
 - ADHS Collaborative meeting of Psychiatrists and PCP's.
 - Scheduled for June 2nd in Philadelphia.
 - Children's Home of Cromwell: The CMCU is getting an increased volume of requests for approving treatments/therapy such as yoga, guided imagery, raga, and bodywork. The CMCU indicated there is a need for staff to become more familiar with these therapies.
 - After discussion the PMAC suggests that these therapies are useful if the person providing the therapy is proficient.
 - It should be the Social Workers responsibility to coordinate these activities and determine if they are appropriate.
4. Minutes: The minutes of the April 2009 PMAC were reviewed and approved with the following changes: Correct titles of various individuals in the attendance section.
 - Item 9 was discussed but no changes recommended.
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 Planning for the next Conference.
 - Too much information was presented for the time allotted.
 - Suggest having an all day conference or 2 half-day conferences. If 2 half-day conferences then perhaps have 1 each 6months and split the subject matter accordingly.
 - Subject matter/content should consider the needs of PCP's.
 - Recommendation to have a pediatrician on the Sub-Committee. It would be best if the pediatrician was from the community and has a practice that includes a large number of DCF patients. Several names were suggested and Dr. Williams will follow-up with recruiting.

- Planning for the next Psychopharmacology Conference should begin immediately.
 - The PMAC formed a Sub-Committee to begin planning for the next conference.
 - Beth Mueller, APRN – Chair- if willing
 - Chris Malinowski, APRN
 - Amy Veivia, PharmD
 - Brian Keyes, MD
 - Curtis Harmon, APRN
6. Review of Medication Guidelines/Protocols:
- Rapid Cycling Bipolar Disorder; Information was distributed, reviewed and discussed in detail.
 - The definition of Rapid Cycling was discussed.
 - Drugs of choice were discussed: Valproic acid, Tegretol and Topamax should NOT be used. The exception being Valproic acid should a first line medication fail.
 - Age related issues were discussed.
 - Mood disorder diagnosis relating to valproic acid use was discussed.
 - Aripiprazole induced psychosis: information was distributed, reviewed and discussed in detail.
 - The mechanism of action was discussed.
 - The possibility of EPS was discussed.
 - It was agreed that when another antipsychotic is started on a patient currently on aripiprazole the aripiprazole should be discontinued via cross taper. The exception to this would be when the added antipsychotic is prescribed on a PRN basis.
 - The use of risperidone or quetiapine concurrently with aripiprazole was discussed. The PMAC does not endorse this combination therapy (unless as part of a cross taper).
7. DCF Medication Consent vs. Reconciliation:
- When a child moves location there is a requirement for the CMCU to give permission to continue medications.
 - There also needs to be a separate process for medication reconciliation. It was noted that his process is already in place (as a Joint Commission standard) in hospitals.
 - A copy of the form used at RVHCY for medication reconciliation was distributed, reviewed and discussed.
 - PMAC considered using this type of form with modifications for DCF.
 - This would be needed for residential, group homes and shelters.
 - It was noted that a DCF form already exists and should be in use: Transfer Medication Form.
 - Monica will investigate if and how this form is currently utilized. (Nurse to social worker; Nurse to nurse; etc.)
 - It was noted that Detention/Prison facilities do not release medical records so reconciliation would not be possible. Upon release the patient is provided a 2-week supply of medication with a follow-up plan.
8. Obesity, Life Style and Nutrition Sub-Committee:
- Some weight gain experiences were discussed and some data presented and discussed.

- Interventions pathways discussed for significant weight gain (for example >40lbs).
- PMAC needs to consult with CCP leadership to determine if there is interest in pursuing this issue jointly.

9. OTHER:

- An article “Activation Adverse Events Induced by the Selective Serotonin Reuptake Inhibitor Fluvoxamine in Children and Adults” was distributed reviewed and discussed in detail.
 - It was noted that the PMAC guidelines are not specific regarding follow-up.
 - PMAC should suggest at least monthly follow-up.
 - It was noted that there might be a DCF position paper on this issue from about 2 years ago.

- An article “Effectiveness of Mirtazapine in the Treatment of Inappropriate Sexual Behaviors in Individuals with Autistic Disorder” was distributed reviewed and discussed in detail.
 - The potential problem of weight gain was discussed.
 - Naltrexone therapy was discussed as an alternative that seems to be effective at doses of 50-100mg per day.

- An article “Weight Gain and Metabolic Abnormalities During Extended Risperidone Treatment in Children and Adolescents” was distributed, reviewed and discussed in detail.
 - An alternative therapy of 1yr on and 6 months off was discussed as it relates to increased prolactin levels.
 - The option of adding Abilify to reduce prolactin levels was discussed.

- An article “Child and Adolescent Psychiatry Alerts” was distributed.
 - The section of the publication regarding Lithium Level and Response was reviewed and discussed.

- Dr. Siegel led a discussion regarding various issues relating to the CMCU.
 - It was noted that the PMAC supports evidenced based or “rational” prescribing of medications. The CMCU often is confronted with psychopharmacology based on an individual clinician’s experience per case that is not supported by the PMAC drug use guidelines.
 - The stance of the PMAC in these situations was discussed.
 - Some case examples were discussed.
 - The role of the PMAC/CMCU was discussed in the context of “how far should we go” when approving/disapproving (giving not giving “permission”) requests for medication.
 - It was suggested that if DCF is acting as the “Parent” and it may be that a physician is not following PMAC drug use guidelines and has no reasonable rationale then the physician should be changed just as a parent might do. Group Homes should share this responsibility.
 - It was suggested that the CMCU should not approve (give permission) if the Drug Use Guidelines are not reasonably met.
 - PMAC recommends that the CMCU should not be a “second opinion” but should function as a well-informed guardian and make decisions on that basis.

- ❑ It was suggested that a distinction needs to be made between safety and possible efficacy when making these decisions.
- ❑ PMAC noted that it is assumed the prescriber is making a reasonable effort to cooperate in following the drug use guidelines and approved drug list.
- ❑ There was a discussion on the safety and efficacy of Trileptal and a suggestion to add it to the approved drug list. PMAC voted not to add Trileptal to the approved drug list.

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

Respectfully Submitted:

David S. Aresco