

DCF Psychotropic Medication Advisory Committee
Monthly Meeting Notes
November 4, 2011 1:00PM

Riverview Hospital for Children and Youth
Middletown, CT.

PRESENT: David Aresco, Pharmacist; Patricia Cables, APRN; Carlos Gonzalez M.D.; Jacqueline Harris, M.D.; Irving Jennings, M.D.; Brian Keyes, M.D.; Lesley Siegel, M.D.; Amy Veivia, Pharmacist; Chris Malinowski, APRN; Beth Muller, APRN; Joan Narad, M.D.; Margaret Rudin, APRN, Ph.D.

1. Call to order: Dr. Siegel called the meeting to order at 1:13pm.
2. Set date/time of next meeting: The next meeting is scheduled for December 2, 2011 from 12:30pm – 200pm; RHCY AB conference room. PLEASE NOTE EARLY START TIME.
3. Minutes: Review and approve minutes of the October 2011 meeting: Approved with no changes.
4. Announcements: CMCU currently has an APRN position open. This is a 34hr/week position that may be increased to full time. The position requires child psychiatry experience.

There ensued a discussion regarding the difference between certification and experience and what may be outside an APRN's scope of practice. It was noted that an APRN may practice within a scope defined by federal and state certification. APRN's may also enter into collaborative practice agreements within their scope of practice. It was also noted that after 2015 there will no longer be an exam for clinical nurse specialists.

A recommendation was made to move the PMAC monthly meeting to a more convenient location. Suggestions included the DCF Central office in Hartford or the Behavioral Health Partnership on Enterprise Drive in Rocky Hill. Pros and cons of each location were discussed. The availability of meeting rooms especially at the Rocky Hill location was a concern. No decision made on this recommendation.

5. AACAP Toronto Update: Dr. Siegel: This agenda item was deferred.
6. New ADHD Guidelines: discussion and recommendations: The guidelines were distributed, reviewed and discussed. Utilizing other than stimulant therapy was discussed. Support from school systems regarding incentive and structure was discussed. No actions recommended on this agenda item.
7. Drug Information Inquiries (October 2011)
 - Follow-up from previous overview.
 - o Melatonin use.
 - Results of research: European literature review regarding safety and efficacy: Dr. Veivia presented information on this subject. The consistency of various manufacturers' formulations was discussed. Current use and

experience suggests some success with this medication especially when used in lieu of quetiapine (Seroquel).

- Review of current DCF PMAC position statement(s) on Vitamin and Herbal use (includes melatonin): the current statement draft was distributed, reviewed and discussed. It was suggested that vitamin and herbal supplements should not fall under the responsibility of the CMCU. It was noted that neither AACAP nor the Pediatric Association have an official position statement on this issue. A statement from the American Academy of Pediatrics relating to this issue was read to the committee. A member moved to table this issue until the next meeting. The move was seconded and approved.
 - Report on inquiries received October 2011: A drug information inquiry regarding clozapine cost was described. While clozapine itself is inexpensive, issues relating to the difficulty in finding providers as well as the cost of monitoring was discussed. No further action taken.
8. Results of research: Use of lithium carbonate for WBC and granulocyte maintenance prior to or during clozapine therapy.
Dr. Veivia reported on an NIH study specific to this issue, consisting of 12 children, seven of whom completed the study. Results showed lithium did sustain or increase WBC in 6 of 7 subjects. It was noted that a decreased ANC may not be clinically relevant as it related to infection rates.
WBC and ethnicity was discussed. The articles relating to this issue will be posted on the DCF CMCU website.
Possible underutilization of clozapine was discussed. It was also noted that metabolic syndrome (weight gain) with clozapine is equivalent to olanzapine.
9. Results of research: Use of naltrexone in combination with Wellbutrin to treat obesity (uncontrolled cravings etc): A controlled study (adults) with positive results was presented and discussed. It was noted that a combination product (Contrave) is now I phase III trials and should be available in about 2yrs. No action taken.
10. SSRI's: general information on withdrawal issues with this class of medication: It was noted that there are only general guidelines available. These recommend a taper of 10-25% every 2 weeks. It was noted that paroxetine requires the longest taper and fluoxetine the shortest or perhaps none at all.
It was also noted that (except in neonates) withdrawal symptoms are uncomfortable but not medically dangerous.
There was a general discussion regarding the dosing of SSRI's and

comparative dosing was discussed as well.
No actions taken.

11. Psychotropic Medication Guideline 6 Month Review: Research was completed for new information that would result in a recommendation for change(s) to the guidelines.

Several articles of interest were presented, reviewed and discussed. Adding new warnings for Celexa and requiring baseline EKG's for SSRI's was discussed.

Utilizing the University of Illinois protocol as a resource for making changes to the DCF Guidelines was suggested.

No changes recommended at this time pending Illinois protocol review at next month's meeting.

The guidelines will be updated to include date of last review and distributed with meeting minutes.

12. Adjournment: Dr. Siegel adjourned the meeting at 2:45pm.

Respectfully Submitted;

David S. Aresco, RPh, FASCP