

DCF Psychotropic Medication Advisory Committee
Meeting Minutes
May 4, 2018, 1:00 PM

Present: See attendance sheet

1. Dr. Rao called the meeting to order at 1:10 PM.
1. The date/time of the next meeting is scheduled for June 1, 2018 from 1pm – 2:30pm at Albert J. Solnit Children’s Center 915 River Rd Middletown CT, A Building, Conference Rm A.
2. The minutes of the April 2018 meeting were reviewed and approved.
3. Announcements: Data was presented on the trends in DCF-committed youth prescribed 5 or more psychotropic medications from 2011 until 2017. Dramatic reductions have been seen, thanks to the efforts of PMAC and the CMCU; the number declined from 98 distinct youth in 2011 to a low of 8 distinct youth in 2016, with 13 youth in 2017.
4. Medication Therapeutic Class Review: Lithium
 - A change in max dosing was recommended to read as follows: Maximum dose should be guided by serum levels and clinical response.

There was a discussion regarding the relationship between serum drug concentrations and the emergence of adverse effects, particularly on the thyroid and kidneys. In addition, there was a question regarding the long-term effects of subclinical hypothyroidism. These issues will be researched, and any relevant information will be shared with the committee at the next meeting.

5. Old Business:
 - Continuing education outreach to primary care providers: This was discussed at the CCCAP executive meeting. It is unclear if this outreach would add value to the existing consultation to pediatricians provided by Access Mental Health.

A recommendation was made to consider developing educational outreach for the parents of non-committed youth. This will be discussed further at a future meeting.

6. New Business:
 - Dr. Rao asked the members to consider what the focus of the PMAC Committee should be moving forward. Much discussion followed.

Moving forward, any youth for whom a 5th psychotropic medication is requested will require review by a CMCU child psychiatrist, and an in-

person consultation may be arranged. The names of youth taking 5 or more psychotropic medications, 2 or more concurrent antipsychotics, youth ages 5 and under prescribed any psychotropic medications, and youth age 5 and under prescribed antipsychotics, will be forwarded to the area office clinical consultants and regional administrators for internal review to optimize care and case planning.

- There was a suggestion to review aggregate data for prescribing trends. Challenges with data collection were discussed. It was noted that an update to the Link system is in development. A. Veivia will follow up with Dr. Narad to see if Beacon can provide reports of aggregate data for our review and consideration. Manual data collection may be possible if the necessary approvals can be obtained.
- The committee agreed that the following areas would be valuable for PMAC to consider moving forward:
 - i. Polypharmacy reduction
 - ii. Identifying system-wide factors as well as youth-specific factors that contribute to inappropriate polypharmacy

7. Dr. Rao adjourned the meeting at 2:30PM.

Respectfully submitted by: Amy Veivia, PharmD