

Clinical Pearls



Clinical Pearl 07/06/22

Each week we will aim to bring out a concise email that provides 4-5 key pieces of information addressing a specific issue in clinical therapeutics.

This week: Medications and the Psychotropic Register: To Record or Not To Record?

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The Psychotropic Register (PTR) tool has been offered for recording and monitoring consumers receiving psychotropic medications, and possible opportunities to reduce or remove these medications when appropriate.

- **Why monitor psychotropics?**

Psychotropic medications are often associated with potentially harmful and distressing adverse effects.

- **When is a psychotropic medication considered a chemical restraint?**

The answer is in the **rationale (purpose or reason)** for use of the medication.

A medication can be used to treat a medical condition or mental illness, but can also be used as a chemical restraint if it has also been prescribed with the intention of managing behaviour e.g. limit a person's wandering, agitation or calling out.*

- **Is consent only required for chemical restraints?**

No. Any significant medical treatment, including prescription of medication, requires informed consent.

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FAQs: To record or not to record?

Medication	Suggestion to record in PTR	Rationale for monitoring
Antidepressants e.g. SSRIs, SNRIs, TCA	YES	<ul style="list-style-type: none"> Are high-risk medications often associated with potentially harmful and distressing side effects
Antipsychotics e.g. haloperidol, olanzapine, quetiapine, risperidone	YES	<ul style="list-style-type: none"> Can cause excessive sedation, movement disorders such as tremor, constipation, dry mouth, falls, and infections such as pneumonia Use in people with dementia increases the risk of stroke and death
Anxiolytics/Hypnotics e.g. Benzodiazepines, the newer 'Z-drugs'	YES	<ul style="list-style-type: none"> Can result in excessive sedation during the day and an increased risk of falls Tolerance may also develop
Opioids e.g. buprenorphine, oxycodone, tapentadol	YES	<ul style="list-style-type: none"> May be associated with tolerance and dependence and oversedation No strong evidence in managing chronic non-cancer pain
Anticonvulsants and stimulants e.g. pregabalin, sodium valproate, lamotrigine, phenytoin	YES	<ul style="list-style-type: none"> Little evidence in behavioural and psychological symptoms with dementia May be of use if seizure develops
Lithium	YES	<ul style="list-style-type: none"> Due to potential toxicity, regular blood tests are important during treatment
Anti-dementia medications e.g. Cholinesterase inhibitors (donepezil, galantamine, rivastigmine) and memantine	YES	<ul style="list-style-type: none"> Can cause nausea, vomiting, diarrhea, slowed heart rate, fainting, sleep disturbance and dizziness

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Psychotropics prescribed as PRN	YES	<ul style="list-style-type: none"> • A high-risk sub-group where there is staff discretion about timing and frequency of use • Prescription of PRN should be ceased if no longer used or required
Metoclopramide (Maxolon) and prochlorperazine (Stemetil)	Refer to facility's policy	<ul style="list-style-type: none"> • Although classified as psychotropics, however their effects on the brain are limited so some providers choose not to include them in the tool whereas others wish to • Monitor for sedation, drowsiness and possible EPSE
Melatonin	YES	<ul style="list-style-type: none"> • A weak psychotropic • In vulnerable people melatonin can worsen the sedative effects of other psychotropic medications • Current recommendation for dose duration is up to 13 weeks
Medicinal cannabis	YES	<ul style="list-style-type: none"> • Can enhance the sedative and other side effects of other psychotropics
Levodopa Used in treatment of Parkinson's disease	NOT NECESSARY	

Please let your WardMM pharmacist know if you have questions reviewing your PTR

***Refer to our WardMM Chemical Restraint guide provided to our clients**

Note this list is not exhaustive

References:

1. <https://www.agedcarequality.gov.au/sites/default/files/media/frequently-asked-questions-psychoactive-self-assessment-tool.pdf>
2. https://www.agedcarequality.gov.au/sites/default/files/media/acqsc_psychotropic_medications_v11.pdf

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