



# Foster Care Quality Improvement Project



## Appendix C

### Challenges in Diagnosis and Prescribing of Psychotropic Medications

#### Introduction

This appendix describes common challenges that occur in psychiatric diagnosis and prescribing for foster youth. The intended audience is JV-220 reviewers, clinicians who conduct peer reviews for quality management purposes, and quality management staff. It can also be a guide for prescribing clinicians who are requesting JV-220 authorization. Additionally, clinicians can use this as a reminder of what practices should be avoided and when consultation or additional support should be requested. Recommendations are provided to assist in responding to the identified challenges.

#### Common Challenges and Recommendations in Psychotropic Medication Use

Category	Challenge	Recommendation
Diagnostic clarity	<p>Ongoing use of rule out diagnoses</p> <p>This is the situation where there is a list of possible diagnoses which are never ruled out or ruled in. Clarification of diagnosis is expected to occur over time.</p> <p>Example: Rule out Psychosis NOS</p>	<p>There should documented evidence that an ongoing assessment is occurring and the diagnostic formulation is being completed according to the DSM.</p>
Diagnostic clarity	<p>Multiple diagnoses from several DSM categories.</p> <p>Diagnoses may be proposed from several DSM categories. Each diagnosis may individually be supported by the evaluation and the proposed medication regimen may make sense for each single diagnosis, however, taken together the medications seem to be at cross purposes of each other.</p> <p>Example: Bipolar I Disorder, Attention Deficit Hyperactivity Disorder; Obsessive Compulsive Disorder with a medication regimen of risperidone, methylphenidate, and sertraline.</p>	<p>The diagnostic formulation should attempt to address all symptoms with the least number of diagnoses and medications.</p> <p>Medications which exacerbate concurrent illnesses should be avoided.</p>

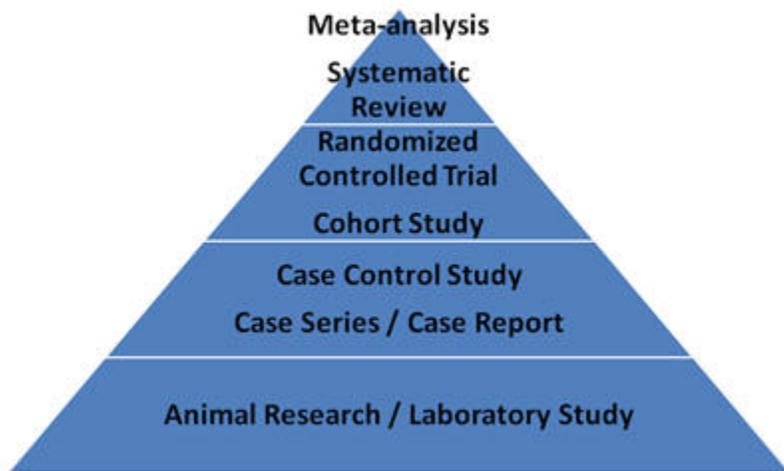
Category	Challenge	Recommendation
Diagnosis substantiation	<p>Usage of psychiatric terminology over specific description.</p> <p>A psychiatric assessment may heavily rely on impersonal psychological/ medical descriptions of youth, which may or may not support a diagnosis. The use of non-specific symptom terminology does not allow other practitioners to understand the nature or extent of observed symptoms.</p> <p>Example: mood instability</p>	<p>The assessment and diagnostic formulation should employ clear descriptions of behaviors and thoughts rather than non-specific symptom labels.</p>
New medication trials	<p>Initiation of treatment with more than one medication.</p> <p>It can be challenging to determine tolerability or efficacy when multiple medications are started at the same time. This often leads to a scenario where it is unknown why improvement was or was not seen.</p> <p>Example: new start of citalopram <b>and</b> bupropion</p>	<p>Start with one medication and add or switch only after a target dose and duration has been achieved.</p>
Polypharmacy	<p>Medications which are ineffective or partially effective are not discontinued.</p> <p>The result of this practice is often an ever increasing number of psychiatric medications with unknown benefits.</p>	<p>The effectiveness of medications should be reviewed on an ongoing basis. Ineffective or partially effective medications should be discontinued in preference of monotherapy whenever possible.</p>
Polypharmacy	<p>Adding or changing two or more medications simultaneously.</p> <p>Similar to starting more than one medication at a time, making multiple medication changes concurrently makes it difficult to determine cause and effect.</p>	<p>Only one substitution, addition, or dose change should occur at a time. This may be permissible in unusual circumstances with adequate justification.</p>

<b>Category</b>	<b>Challenge</b>	<b>Recommendation</b>
Polypharmacy	<p>Indefinite cross titration.</p> <p>This situation occurs when one medication is being changed to another via cross titration. However the patients symptoms appear to stabilize during the cross titration and both medications are continued indefinitely.</p>	A full cross over to the new medication should be completed. This should generally be accomplished within 2-3 months.
(stealth polypharmacy)	<p>Over-utilization of as needed medications.</p> <p>Medications are initiated as “as needed basis”, but end up being used daily (scheduled medications).</p>	Consistent daily use of “as needed” medications needs to be transferred to a maintenance schedule if appropriate, or a changed to a medication targeting the underlying disorder.
Indications for the prescription	<p>Medications prescribed for agitation.</p> <p>Agitation is a vague, non-specific descriptor and is not informative in medication selection. Was the child yelling because they were angry? Throwing chairs? It is far too broad of an indication for medication.</p>	Any use of the term “agitation” should require description of specific behaviors and a review of the diagnostic formulation. The underlying disorder should be the primary target for any intervention. If an underlying disorder is absent then psychosocial stressors must be addressed.
Indications for the prescription	<p>Medications are employed in situations not supported by the literature.</p> <p>In some situations, medications are used for symptoms of lower severity and in the absence of a diagnosed disorder. In these cases the efficacy often has not been established and there exists the possibility of over-pathologizing patients and discounting the psychosocial stressors that they are experiencing.</p> <p>Example: Use of risperidone or aripiprazole for ANY signs of irritability in the absence of Autism.</p>	The treatment plan should attempt to alleviate symptoms/behaviors using behavioral interventions first and foremost. Medications should be reserved for the treatment of disorders and not individual symptoms.

Category	Challenge	Recommendation
Indications for the prescription	<p>Off-label use of medication</p> <p>Roughly 21% of medications across all specialties of medicine are used off-label.[1] However, in some situations, medications are proposed for unorthodox uses or primarily for their side effects, without more conventional medications being utilized first. Alternatively, medications may be used off-label with very little evidence available to support their use.</p>	<p>Any off-label use of medication should have some evidence available to support its use published in peer reviewed literature (see Figure 1). In addition, deviations from general practice guidelines should be adequately supported/justified.</p>

1. Radley, D.C., S.N. Finkelstein, and R.S. Stafford, *Off-label prescribing among office-based physicians*. Arch Intern Med, 2006. **166**(9): p. 1021-6.

**Figure 1.**



[Evidence Hierarchy](#) courtesy of UNC Health Sciences Library