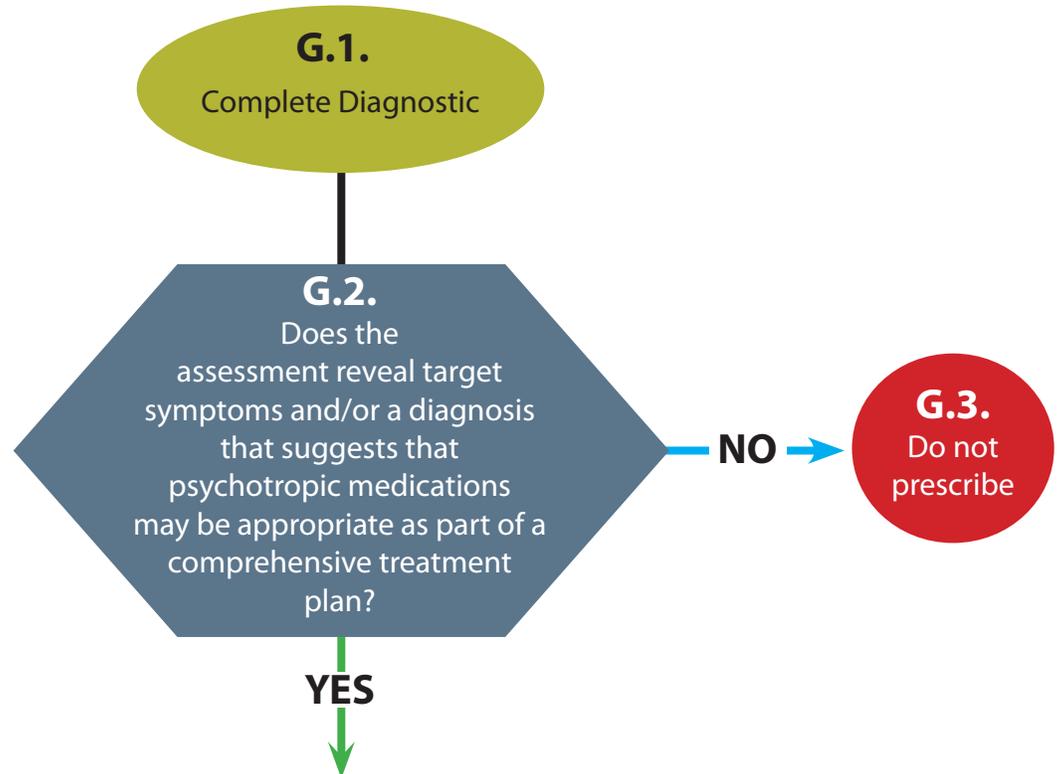


Prescribing Guidelines for Psychotropic Medications



G.4. SAFETY GUIDELINES

- ✓ Caution is recommended in prescribing psychotropic medications to children and adolescents given that their long term consequences are poorly understood.
 - Consider other, less risky psychosocial treatments available in the community.
 - The potential benefits and risks of psychoactive medication use must be weighed against the risks of untreated illness.
- ✓ Multiple psychotropic medications or polypharmacy should be avoided whenever possible because it increases difficulty to assess and manage drug efficacy, safety and tolerability.
- ✓ Prescribing more than one psychotropic medication in the same class is not recommended because there is little to no evidence that it is advantageous in children and adolescents and it increases the risk of side effects and drug interactions.
- ✓ An optimal medication regimen might involve multiple medications from different classes, such as in the following circumstances:
 - Multiple diagnoses or target symptoms
 - As augmentation in the instance of inadequate or partial response to a single medication
 - When that single medication has been used at optimized dose and duration
 - When trials of other single medications have also failed to adequately manage symptoms
 - Management of unavoidable side effects

G.5.

AIM 1: Atypical Antipsychotic (AAP) is being considered or currently prescribed to patient **under 6 years of age.**

G.6.

AIM 2: Patient is currently prescribed **two or more AAP** medications.

G.7.

AIM 3: Patient is currently prescribed **four or more psychotropic** medications.

G.8.

POTENTIAL APPROPRIATE USES OF AAPs

- ✓ With significant risk of harm to self or others:
 - Aggression
 - Severe Disruptive Behaviors
- ✓ Aggression and/or self-injury associated with Autistic/Intellectual Disability (ID)
- ✓ Psychosis
- ✓ Severe, refractory tics

G.9.

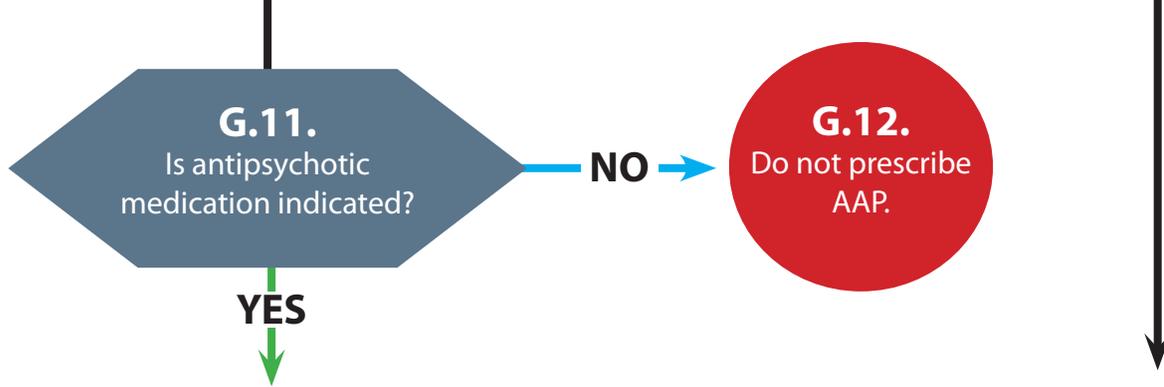
DISCOURAGED USES OF AAPs

For symptoms associated with the following conditions unless associated with indications described in column G.8.

- ✓ Anxiety
- ✓ Sleep aid
- ✓ ADHD
- ✓ Chronic mood dysregulation/irritability

G.10. RE-EVALUATE

- ✓ Reconsider original diagnosis and target symptoms.
- ✓ Reevaluate existing treatment plan.
- ✓ Evaluate medication dosages.
- ✓ Evaluate patient adherence to prescribed medications.
- ✓ Evaluate drug-drug interactions.
- ✓ Evaluate for substance use disorder.
- ✓ Evaluate comorbid medical conditions that might impact care.



G.13. BEFORE PRESCRIBING or CHANGING MEDICATION REGIMEN

- ✓ Consider drug interactions and effect of current medical conditions.
- ✓ Check height, weight, and BMI.
- ✓ Check pulse and blood pressure.
- ✓ When prescribing antipsychotic medications:
 - Draw fasting blood sugar and lipid profile.
 - Assess for abnormal and involuntary movement.

G.14. CONSUMER/PARENT ENGAGEMENT AND CONSENT

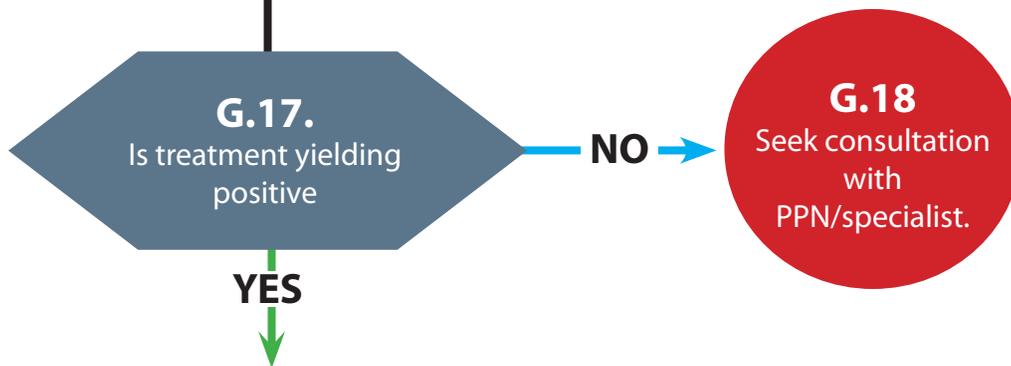
- ✓ Engage and educate patients and family/caregivers using interactive strategies such as motivational interviewing.
 - See [Shared Decision-Making](#).
- ✓ Partner with patient and family/caregiver to develop a mutually agreeable treatment plan.
 - See Minds Matter Treatment Guidelines for evidence-based medication(s) and/or psychosocial intervention(s).

G.15. PRESCRIBE AND/OR CONSOLIDATE MEDICATION(s)

- ✓ Refer to Minds Matter Treatment Guidelines to prescribe, change or adjust medication(s) and/or psychosocial intervention(s).
 - Utilize weaning or cross-tapering process to discontinue the unnecessary medication(s).
 - See Tapering Guidelines (pending development)
- ✓ Review safety guidelines (See G.4).
- ✓ Review treatment regimen and medication dosing schedule with patient and family/caregiver and address questions.

G.16. MONITORING PLAN

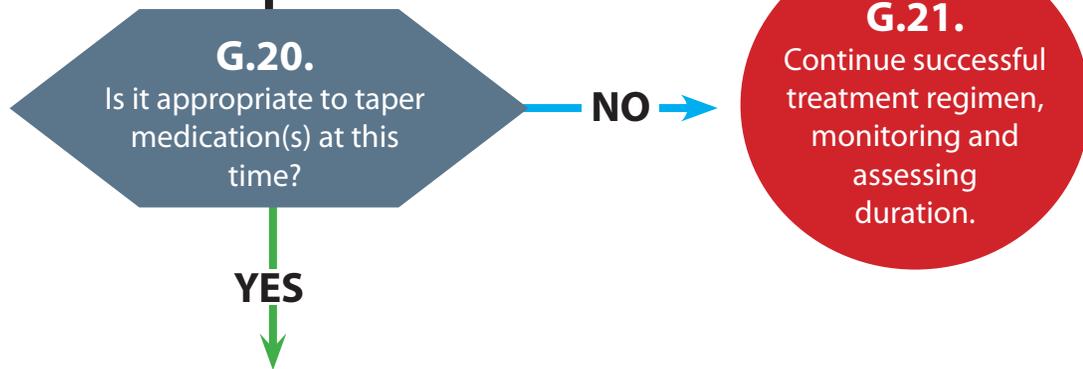
- ✓ Using Minds Matter Monitoring Tool, monitor patient:
 - Phone check-up after one week and at least monthly visits for new patients or when medication changes are made
 - Office visit at least every 3 months once effective, stable and tolerated medication regimen is established
 - Every year, conduct full diagnostic assessment
- ✓ Evaluate patient for adverse effects:
 - Check height, weight, and BMI at each visit.
 - Check pulse and blood pressure at each visit.
 - Check patient/family perception of medication efficacy and side effects
 - Check fasting blood levels every six months for first year, and then annually
- ✓ Evaluate ongoing efficacy and course of illness:
 - Assess overall functioning to determine impact of medication(s) and/or psychosocial/therapeutic intervention(s).
- ✓ If patient is under 6, see [Algorithm A](#).
- ✓ If patient is on more than one AAP, see [Algorithm B](#).
- ✓ If patient is on more than one psychotropic, see [Algorithm C](#).



G.19. REASSESS TREATMENT PLAN/DURATION OF TREATMENT

Review factors that influence whether to continue or modify treatment with patient and family/caregiver, such as:

- ✓ Course of disorder (chronic, unrelenting versus episodic or time-limited)
- ✓ Degree of impairment and symptom control
- ✓ Access to and effectiveness of psychosocial/therapeutic interventions
- ✓ Side effects of medication versus therapeutic benefits
- ✓ Patient/family adherence and engagement
- ✓ Patient/family preference



G.21.
Continue successful treatment regimen, monitoring and assessing duration.

G.22. TAPERING PROCESS

- ✓ Utilize weaning process to taper or discontinue potentially unnecessary medication(s).
 - See Tapering Guidelines (pending development)

G.23. ONGOING MONITORING

- ✓ Schedule follow-up visits after successful discontinuation of medication.
- ✓ Educate caregivers to monitor risk factors or reemerging behaviors.

