

Avoiding Polypharmacy

C.1. PRESCRIBING SAFETY GUIDELINES

- Multiple psychoactive medications or polypharmacy should be avoided whenever possible.
- For some specific circumstances, an optimal medication regimen might involve multiple medications. For example, in a young person with multiple diagnoses or with “treatment-resistant” conditions.
- Anytime you are considering prescribing more than three psychotropic medications, consult PPN/specialist.
- The potential benefits and risks of psychoactive medication use must be weighed against the risks of untreated illness.
- Caution is recommended in prescribing psychoactive medications to children and adolescents given that their long term consequences are poorly understood.

C.2.

Steps for avoiding polypharmacy.

C.3.

Is medication(s) relevant to the diagnosis and target symptoms?

NO

C.4.
Taper and/or discontinue inappropriate medication(s).

YES

C.5.

Is patient adherent with potentially indicated medication(s)?

NO

C.6.
Assess reasons for non-adherence in order to improve adherence, change, or taper off medication (if necessary).

YES

C.7.

Are the target symptoms effectively managed?

YES

NO

C.9.
Utilize tapering process to discontinue unnecessary medication(s).

C.8. REEVALUATE ASSESSMENT AND MANAGEMENT

- Reconsider original diagnosis and target symptoms.
- Consider comorbid medical conditions that might impact care.
- Reevaluate existing treatment plan.
- Evaluate medication dosages for optimization.
- Consider drug-drug interactions that might be interfering with efficacy.
- Consider initiating or intensifying non-pharmacological treatments (e.g., psychosocial, exercise, nutrition or environmental adjustments).

C.10.

Does the reevaluation suggest psychotropic medication is appropriate?

NO

YES

C.11.

Consolidate medication regimen (See Algorithm B for cross-tapering process).

C.12.

Is there a single medication that can adequately treat target symptoms currently addressed by multiple medications?

YES

NO

C.13.

Optimize dosage and duration of original medication and utilize tapering process to discontinue unnecessary medication(s).

C.14.

Was the trial of original medication inadequate with regard to dose and duration? (Check therapeutic blood levels when applicable.)

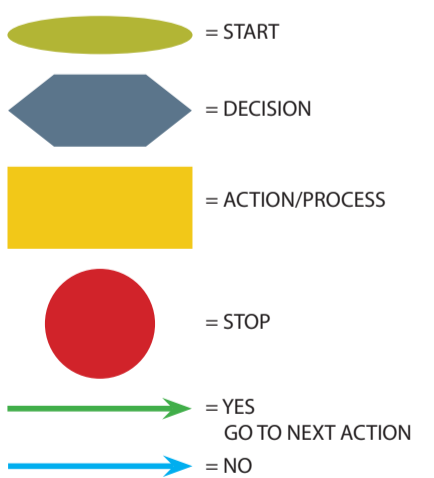
NO

YES

C.15.

- Use a computer-based interaction program or the [Drug Contraindications & Interaction Tables](#) to:
 - Identify dangerous combinations.
 - Identify counter-productive combinations.
- Use tapering process to eliminate unnecessary or high-risk pharmacological combinations.
- Refer to [Medication List](#) and [Evidence-based Treatments Guide](#).
- Consult PPN/specialist.

LEGEND



New Patients on Multiple Medications

- Implement Algorithm C.
- Prioritize target symptoms: treat psychosis and mood disorders before considering pharmacological intervention for other symptoms such as inattention.
- Exercise patience by recognizing that all symptoms may not be able to be addressed at once but rather over the course of time.
- Children who have been prescribed multiple psychotropic medications often present complex and unique symptoms that need to be fully considered on a case-by-case basis.
- See Minds Matter Case Studies for guidance on how to manage patients on multiple psychotropic medications.
- Consider consulting PPN/specialist.

Questions to Consider

- Is it clear what the target symptoms are?
- Are any of the medications added to augment another?
- Are there any medications that are being used to treat side effects?
- Are any of the medications redundant? If yes, can one be used in place of two?
- What are the expectations for the medication?
- Is there one medication that can treat more than one target symptom or a cluster of symptoms where two or more medications are currently used?