

# Challenges in Psychiatric Pharmacy Practice

## The Role of Community and Clinical Pharmacists in Psychoeducation

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### Agenda & Objectives

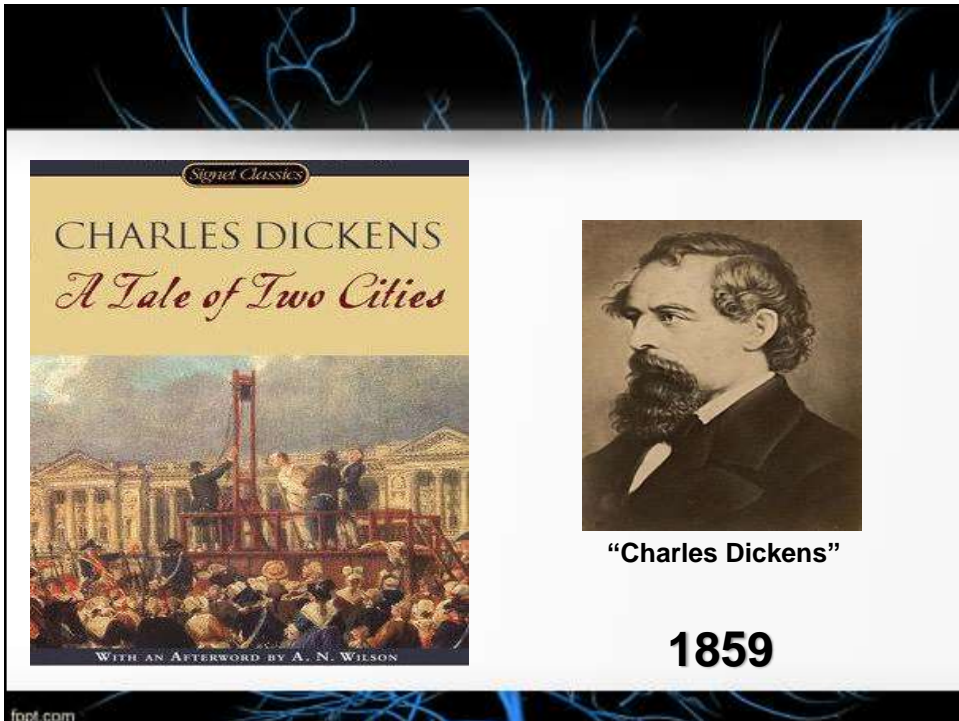
- Challenges in psychiatric pharmacy practice
- Need more collaboration with
  - Community Pharmacists
  - Clinical Ph. In other specialties
- Brief examples on our role as Psychoeducators  
مثقّف صحة نفسية
- Helping patients to be **COMPLIANT** on their medications

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**“Challenges in  
psychiatric pharmacy  
practice”  
WHERE ARE WE  
NOW??**

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*Signet Classics*

CHARLES DICKENS  
*A Tale of Two Cities*

WITH AN AFTERWORD BY A. N. WILSON

**“Charles Dickens”**

**1859**

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It was the best of times

It was the worst of times

It was the age of wisdom

It was the age of foolishness

It was the spring of hope

It was the winter of despair

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### Best of Times

- Clinical pharmacists in  
Oncology / ICU /  
Nephrology / Cardiology
- Academic point of view  
“Pharmacology &  
Therapeutics”
- Some fellow  
Community Pharmacists

### Worst of Times

- Psychiatric pharmacists
- Psychiatrists' &  
Practitioners' perspectives  
(more practice-oriented education)
- Clinical Pharmacists

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# Why is that.....????

## “ Meet The Patient ”

Based on a true case, but the personal data is changed for respect of the patient's confidentiality.

A male patient showed up to a community pharmacy complaining of **feeling down lately** and **having problems going to sleep**. He said that it has been **very stressful lately** at work and at home and came asking for any medication that can help him sleep or feel better.

Unfortunately he was prescribed **two antidepressants and an antipsychotic**.

A few weeks later his wife noticed him being **extremely restless, can't stay at home** for long periods and constantly saying that **life is not worthy living**.

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Current Neuropharmacology, 2017, 15, 789-798

789

### REVIEW ARTICLE

## Revisiting Antipsychotic-induced Akathisia: Current Issues and Prospective Challenges

Haitham Salem<sup>a,b</sup>, Caesa Nagpal<sup>b</sup>, Teresa Pigott<sup>b</sup> and Antonio Lucio Teixeira<sup>a,b,\*</sup>

<sup>a</sup>Neuropsychiatry Program, Department of Psychiatry and Behavioral Sciences, McGovern Medical School, The University of Texas Health Science Center, Houston, Texas, USA; <sup>b</sup>Harris County Psychiatric Center, Department of Psychiatry and Behavioral Sciences, McGovern Medical School, The University of Texas Health Science Center, Houston, Texas, USA

**Abstract: Background:** Akathisia continues to be a significant challenge in current neurological and psychiatric practice. Prompt and accurate detection is often difficult and there is a lack of consensus concerning the neurobiological basis of akathisia. No definitive treatment has been established for

- The first report of drug-related akathisia was in 1960, patient's being described by having **“inner sense of restlessness”** and **“inability to sit”**.
- Predominantly occurs with *Antipsychotics* and may occur with some *Antidepressants*.

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As a result, these symptoms are often misdiagnosed as persistent anxiety and/or agitation, and a subsequent dose increase is not only ineffective but often exacerbates antipsychotic- [5, 6] or selective serotonin reuptake inhibitor (SSRIs)-induced akathisia [7]. Failure to correctly identify akathisia can have catastrophic implications, since increasing severity of akathisia has been linked to the emergence and/or worsening of suicidal ideation, aggression, and violence [8].

Salem, H., Nagpal, C., Pigott, T. & Teixeira, A. L. Revisiting Antipsychotic-induced Akathisia: Current Issues and Prospective Challenges. *Curr. Neuropharmacol.* 15, 789–798 (2017).

fool.com



## Psychoeducation

Psychiatric Pharmacists have more duties towards;

- Patients
- Clinical Pharmacists in other specialties
- Community Pharmacists

By offering **“Practice-based Educational Materials”**

- **NO absolutes in Psychiatry**  
(unexpected responses and side effects)
- **Your patient may NOT fit in guidelines**  
(Late presentation, Non-compliance on meds,  
Addiction problems)

# Psychoeducation

## Cornerstones of treatment in Psychiatry

- 1- Removing Social Stigma
- 2- Pharmacological Treatment
- 3- Psychological interventions  
“Psychotherapy”
- 4- Electroconvulsive therapy “ECT”

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## 1- Social Stigma

The median treatment gap for :

Schizophrenia 32.2%, Depression 56.3%  
Bipolar disorder 50.2%, panic disorder 55.9%  
GAD 57.5% and OCD 57.3%



Bulletin of the World Health Organization

Menu

**The treatment gap in mental health care**

Robert Kohn, Shekhar Saxena, Itzhak Levav, & Benedetto Saraceno

### ABSTRACT

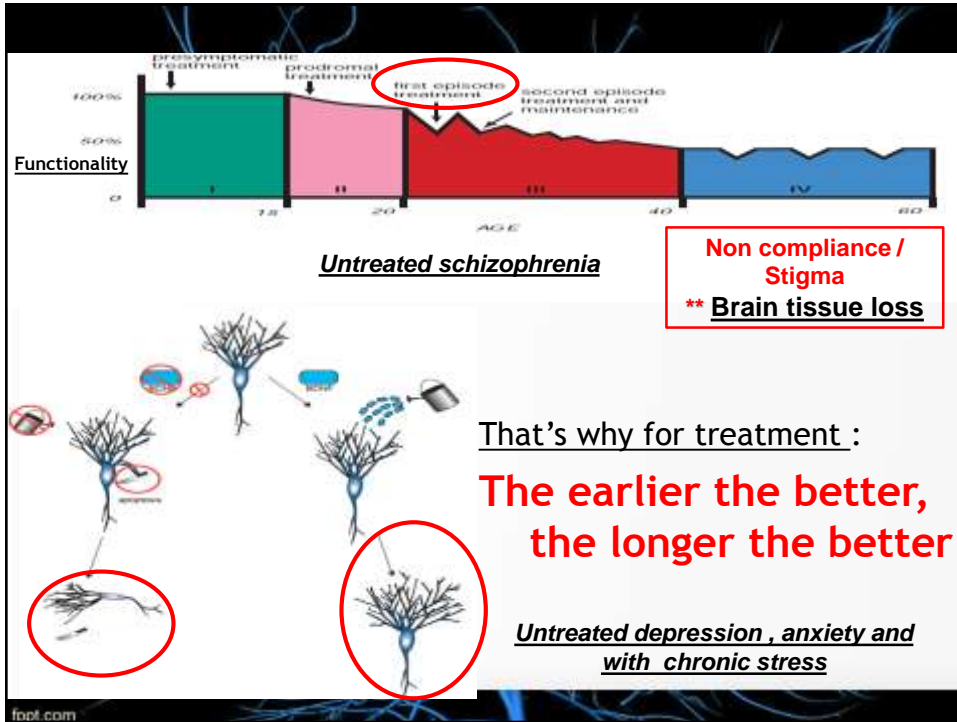
Mental disorders are highly prevalent and cause considerable suffering and disease burden. To compound this public health problem, many individuals with psychiatric disorders remain untreated although effective treatments exist. We examine the extent of

**Cancer  
Vs  
Depression**



It is likely that the gap reported here is underestimated

Bulletin of the World Health Organization | November 2004



## 2- Pharmacological Treatment

- Psychotropic drugs **do not cause dependence or addiction** (except for benzodiazepines only if used in abnormal doses)

Why is that common misconception ??


- Non-compliant → RELAPSE → back to medications
- Certain mental disorders are chronic in their nature  
ex. Schizophrenia & Bipolar disorder  
“ What about Hypertension or Diabetes ??? ”

- Mental disorders are **disturbances in brain chemistry** and malfunctioning neurons and that needs pharmacological treatment

المريض النفسى ليس ضعيف الإيمان ولا ضعيف الإرادة



## 2- Pharmacological treatment

- Those drugs are really **MISNAMED**, since they can be used for treatments of various other disorders
- **Antipsychotics**  Dopamine Antagonists
  - sedation,
  - bipolar disorder
  - treatment-resistant depression
  - “off-label” treatment-resistant anxiety disorders
- **Antidepressants**
  - sedation
  - anxiety disorders
  - neuropathic pain, fibromyalgia and diabetic neuropathy
- **Some Anticonvulsants**
  - Mood stabilizers for bipolar disorder
  - Neuropathic pain

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## 2- Pharmacological treatment

- Some Psychotropics are considered.....
  - (ex. Quetiapine, Venlafaxine)
  - Different drugs**
  - At different doses**
  - Working on different receptors**
- For most Psychotropics
  - Onset of action 2-3 weeks**

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## 3- Psychotherapy

### “Problem-based therapy”

Psychotherapy done by a professional clinical psychologist has been proven to have effects equivalent to drugs .

- Ex. OCD  
Social phobia



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## 4- Electroconvulsive Therapy

- Previously known as **“SHOCK THERAPY”**
- The concept (in the 1940's)  
For patients who had **co-morbid Epilepsy + Schizophrenia** after epileptic fits symptoms of schizophrenia resolved
- An electrical current was passed through the brain to produce an epileptic fit – hence the name, **electro-convulsive**.



fool.com

# 4- ECT

- The misconception

Electricity damages your brain



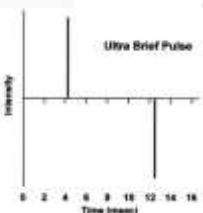
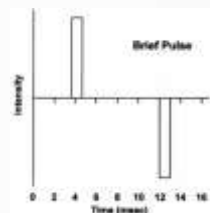
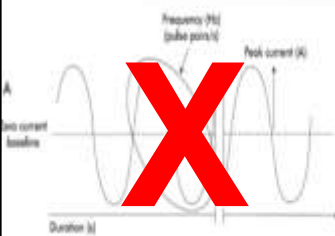
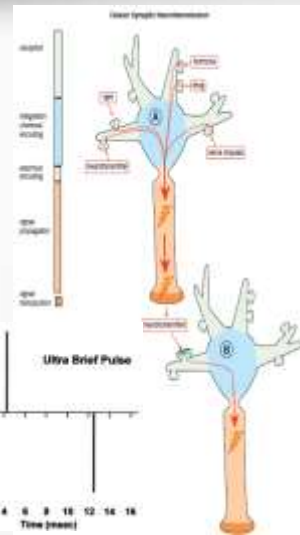
As Cardiac defibrillators are used to restore the heart rhythm ECT machines are also used to restore brain rhythm

fact.com

# 4- ECT

## Natural Brain Neurotransmission

Communication within a neuron is electrical, while communication between neurons is chemical.



fact.com

الجريدة الرسمية - العدد ٢٠ (تابع) في ١٤ مايو سنة ٢٠٠٩ ٣

**قانون رقم ٧١ لسنة ٢٠٠٩**  
**بإصدار قانون رعاية المريض النفسي**

وتعديل بعض أحكام قانون العقوبات الصادر بالقانون رقم ٥٨ لسنة ١٩٣٧  
 وقانون الإجراءات الجنائية الصادر بالقانون رقم ١٥٠ لسنة ١٩٥٠

باسم الشعب  
 رئيس الجمهورية  
 قرر مجلس الشعب القانون الآتي نصه ، وقد أصدرناه :

**مادة (٣٠) :**

لا يجوز إجراء العلاج الكهربائي اللازم لحالة المريض النفسي إلا تحت تأثير مخدر عام وبإسبغ للعضلات ، ويتعين الحصول على موافقته على ذلك ككتابة بناه على إرادة حرة مستنيرة وبعد إحاطته علمًا بطبيعة هذا العلاج والغرض منه ، والآثار الجانبية التي قد تنجم عنه ، والبدائل العلاجية له ، فإذا رفض المريض المتضاع لإجراءات الدخول والعلاج الإلزامي هذا النوع من العلاج وكان لازمًا لحالته فُرض عليه بعد إجراء تقييم طبي مستقل .

fbpl.com

## 4- ECT

### The Procedure

- Electrical Stimulation 2-8 seconds (calculated dose)
- Seizure 30-60 seconds
- Effect immediate and lasts for days

**No medication can do so**

### Used for

- Medication-resistant patients
- When rapid response is needed (suicidal, homicidal)
- Pregnant patients
- Patients who prefer this form of treatment

### ECT adverse effects

**"Autobiographical memory"** is affected in some patients (progressively improves over time) but FDA believes that the potential benefits of ECT outweigh the risks.

