

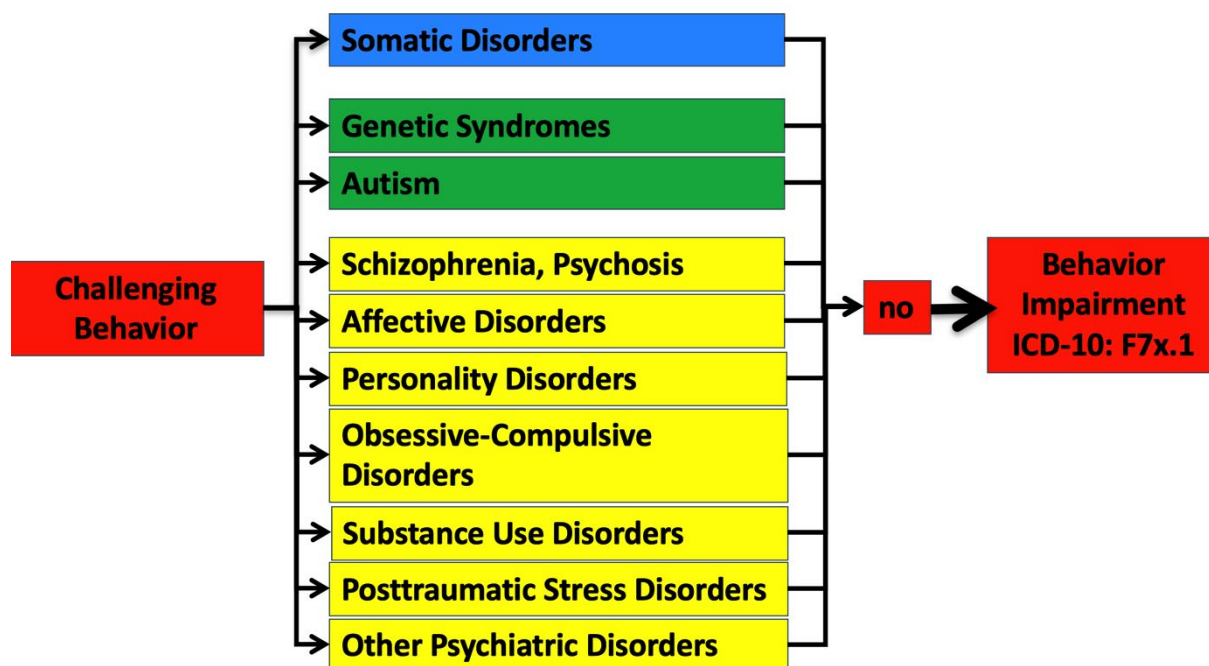
Psychiatric Medication and Well-Being in Persons with IDD

When is it reasonable, when not?

Good Clinical Practice

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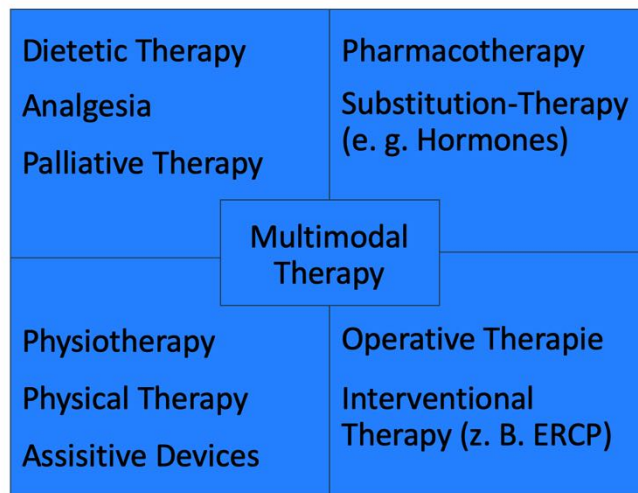
**Somatic
Disorders**

**Genetic
Syndromes**

Autism

**Psychiatric
Disorders**

**Behavior
Impairment**



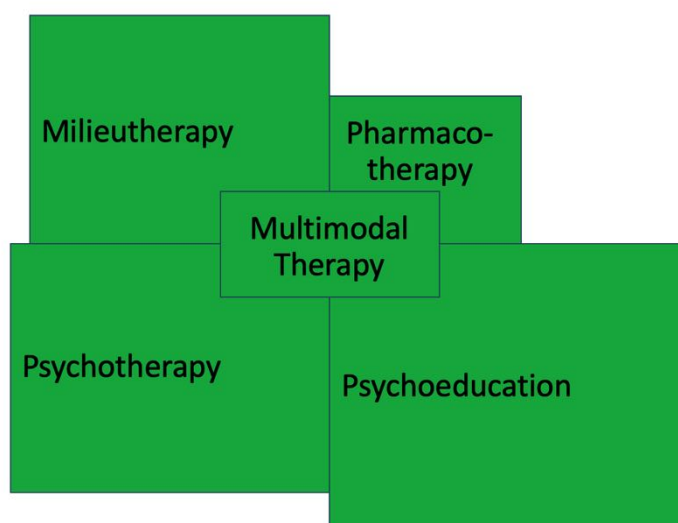
**Somatic
Disorders**

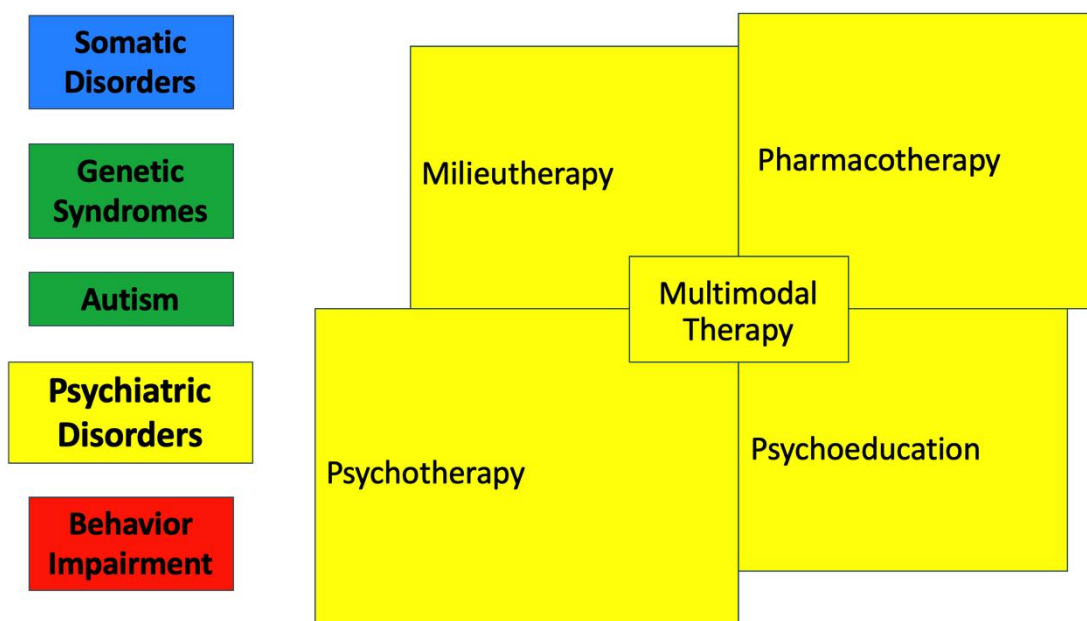
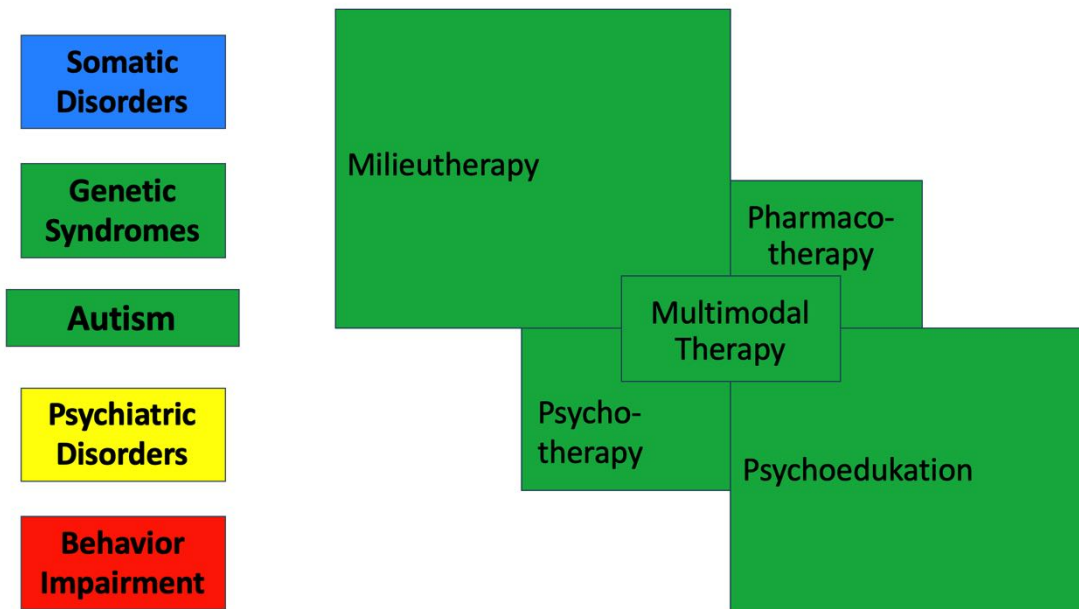
**Genetic
Syndromes**

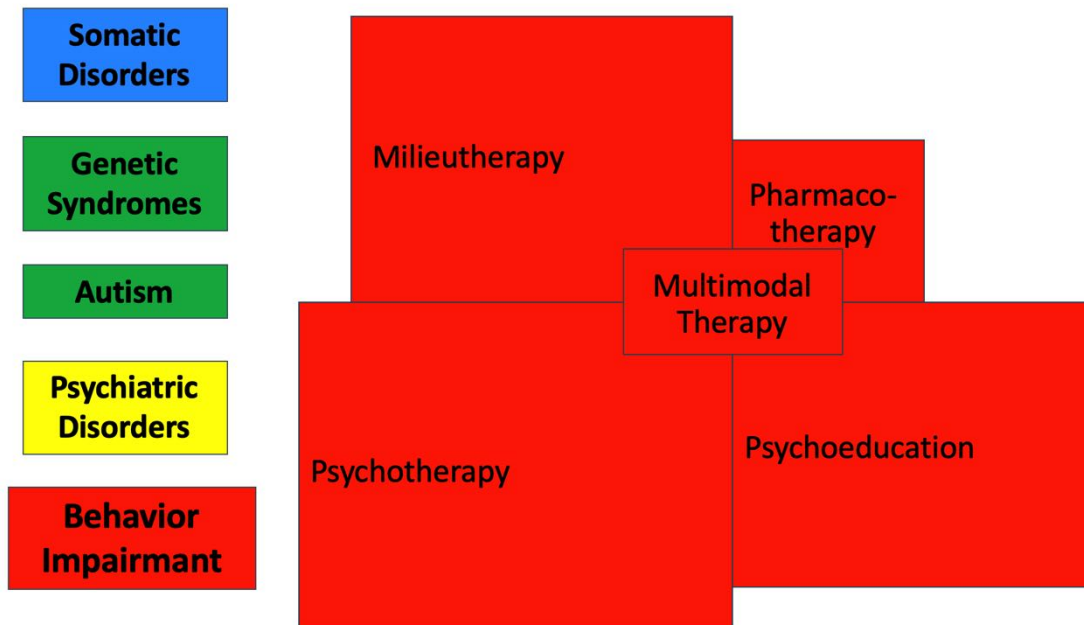
Autism

**Psychiatric
Disorders**

**Behavior
Impairment**







In 1958, just a few years after the introduction of the first neuroleptic drug Chlorpromazin, the American Psychiatrist Dr. Theodore Greiner predicted:

“In the years to come, the retarded may claim an all-time record of having the greatest variety and largest tonnage of chemical agents shoveled into them”

**Pharmaco-
therapy**

Milieutherapy

**Psycho-
education**

**Psycho-
therapy**

Less is more!

**Pharmaco-
therapy**

Milieutherapy

**Psycho-
education**

**Psycho-
therapy**

- Less High-Dose-Neuroleptics
- Less High-Potency-Neuroleptics
- Less Polypharmacy
- „Start low, go slow“
- Reduced maximum dose
- Intensive monitoring for ADR
- Use of interaction-databases (e. g. drugs.com)

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education**

**Psycho-
therapy**

Impulsivity und Impaired Behavior

- Risperidone up to 1,5mg (licensed for CAP)
- Adults: Risperidone up to 2mg, max. 3mg (Off-Label)
- Quetiapine up to 300mg, max. 400mg (Off-Label)
 - Combination of immediate and time released
- Zuclopenthixole up to 50mg (licensed for adults)
 - Frequent ADR
- Alternatives to Neuroleptics
 - Emotion- und Impulseregulation: VPA, Lithium
 - Frontal-Lobe-Syndrome: SSRI
 - Gabaergic: Pregabalin

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therapy**

Psychotic Disorders, Schizophrenia

- High-potency-neuroleptics
 - Risperidone up to 3mg, max. 4mg
 - Quetiapine up to 400mg, max. 600mg
 - Clozapine problematic
 - Anticholinergic ADR (Delirium among others)
 - Deterioration of cognition
 - Aripiprazol
 - May improve negative symptoms
 - Asenapin
 - Administration can be difficult

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therapy**

Epilepsy

- Levetiracetam
 - Dose >1500mg/d may contribute to aggression
 - Alternative: Brivaracetam
- Barbiturates
 - Deterioration of cognition
- Forced normalization
 - May increase psychotic symptoms/behavior problems
- Neuroleptics
 - Possible provocation of seizures (esp. Clozapine)
 - Exception: Melperone (low-potency)

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therapy**

Autism

- Rituals are frequently mistaken for OCD!
 - High-dose SSRI/TCA often contribute to hyperarousal
- Hyperarousal: Short-term Benzodiazepines
- In Patients prone to sensory overload
 - Low-Dose Neuroleptics
 - Low-Dose-VPA
- Oxytocin may improve social interaction
- SSRI and CBD may improve anxiety and irritability
- Sleep-disorders: Melantonin

**Pharmaco-
therapy**

Treatment and Education of Autistic and related
Communication handicapped **CH**ildren

Milieutherapy

**Psycho-
education**

**Psycho-
therapy**

**Pharmaco-
therapy**

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education**

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therapy**



TEACCH

- Visualising of daily routine
- Initializing using pictograms
- Positive reinforcement

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therapy**

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**Psycho-
education**

**Psycho-
therapy**

TEACCH

- Visualising of daily routine
- Initializing using pictograms
- Positive reinforcement
- Take off pictogram („finished“)
- Work through and end the day

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**Psycho-
education**

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therapy**

SEO

- Realizing emotional needs
- Conceptualized approach to use teamwide
- Concrete recommendations for milieutherapy
- Helps to adapt care structures
- Improves quality of life
- Helps to lower the drug load

**Pharmaco-
therapy**

SEO helps to lower the drug load

Total number of different *psychotropic medication*

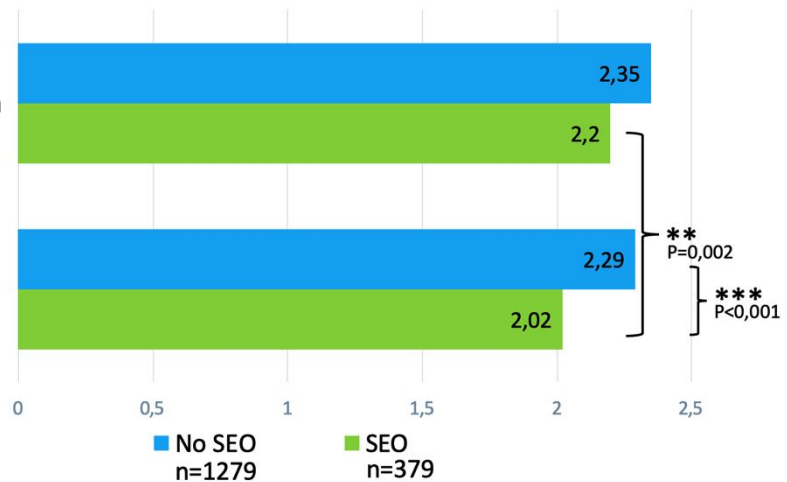
Milieutherapy

**Psycho-
education**

**Psycho-
therapy**

Admission

Discharge



**Pharmaco-
therapy**

SEO helps to lower the drug load

Total number of different *neuroleptic medication*

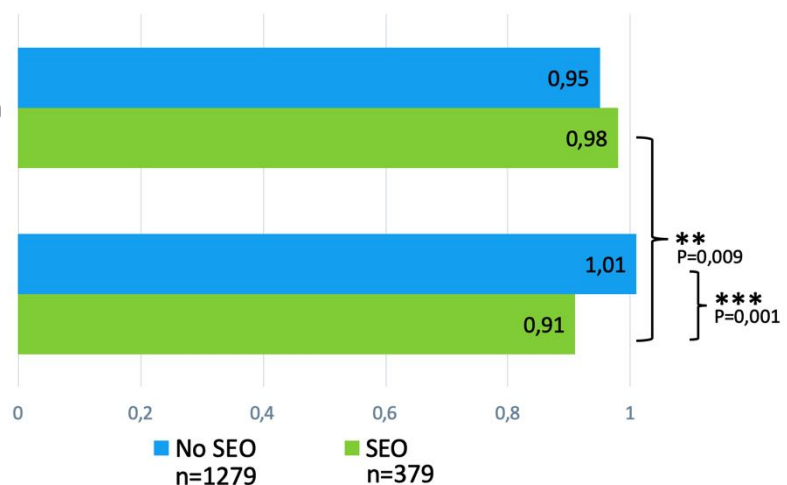
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**Psycho-
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**Psycho-
therapy**

Admission

Discharge



**Pharmaco-
therapy**

SEO helps to lower the drug load

Neuroleptic Load in mg of Haloperidol-Equivalents

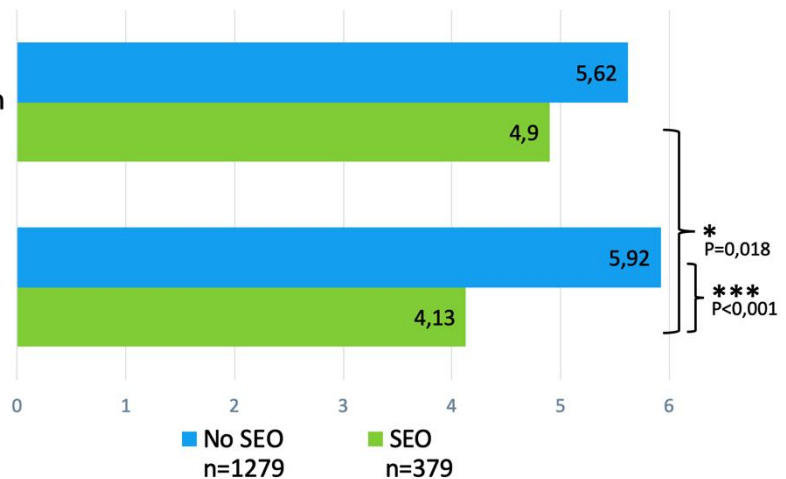
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**Psycho-
education**

**Psycho-
therapy**

Admission

Discharge



p: Mann-Whitney-U/Wilcoxon

**Pharmaco-
therapy**

SEO Diagnostics

■ SEO-LUKAS

Milieutherapy

■ NEED

**Psycho-
education**

■ SED-S

**Psycho-
therapy**



Scale of emotional development - Short

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**Pharmaco-
therapy**

- Client *and* social surroundings
- Cognitive *and* emotional development

Milieutherapy

- Dissociated development

**Psycho-
education**

- Phenotype
- Multifactorial etiology and therapy

**Psycho-
therapy**

- Diathesis–Stress Model
- Functionality

**Pharmaco-
therapy**

- Psychoanalytic Therapy
 - Intrapsychic conflicts
 - Familially conflicts
 - Psychodynamic processes

Milieutherapy

**Psycho-
education**

- Behavioral Therapy (BT)
 - Closer to the client
 - Easier to adapt to IDD
 - More promising results

**Psycho-
therapy**

**Pharmaco-
therapy**

Necessary adaptations to BT for IDD

- Visualizations
- Shorter but more frequent sessions
- More structure
- Simple language
- Playful elements
- As concrete as possible without abstractions

Milieutherapy

**Psycho-
education**

**Behavioral
Therapy**

**Pharmaco-
therapy**

Available adaptations of BT for IDD

- Interpersonal Psychotherapy (IPT)
- Motivational Interviewing
- Emotion- and Impulseregulation (DBT-ID)
- Social Skill Training
- Operant conditioning (Token Economies)

Milieutherapy

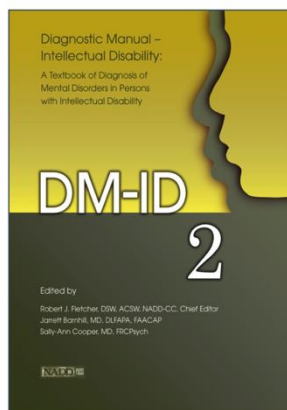
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**Behavioral
Therapy**

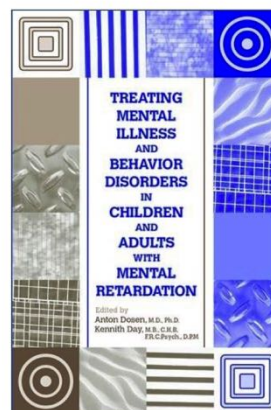


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