

# Medical Management for the Whole Team

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## EPI-NC FEP Symposium 2024



**EPI-NC**  
Early Psychosis Interventions  
of North Carolina



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

# Objectives

1. Review what we do as medical management providers
2. Provide some information for how we think about medications and counsel clients on their options
3. Review the complicated diagnostics for early psychosis
4. Explore the course of recovery as a whole team effort

# We do more than prescribe medication!

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Our aim is to assess and maintain the health of the whole individual. This includes screening for underlying medical concerns, monitoring various health parameters over time, and providing medication treatment for their psychosis and other mental health related concerns.



We use motivational interviewing and similar strategies to help the clients make the best decision for them.



Clients will have varying comfort levels and relationships with their team members, we rely on the whole team for their input and feedback to best serve our clients.

# Medication Prescribing Practices

# Medication Introduction

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How clients and their families view and understand their medications can have a large impact on recovery as medications are often important for reduction/remission of symptoms and sustained recovery.

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There are many antipsychotic medications to choose from. In the early psychosis population, studies have shown little difference in efficacy between the various options, except for clozapine.

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We explore options with clients considering side effect profiles, route of administration, reviewing past medication trials etc.

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Many early psychosis clients will have a good response and require lower doses of medication. Our goal is to always find the lowest effective dose.

# Side Effects

- Side effects can be one of the main reasons clients will stop their medication.
- We try to minimize side effects by starting with low doses, titrating slowly, and choosing medications with preferable side effect profiles.
- If side effects do occur, we try our best to manage them and/or offer alternatives if the side effects are intolerable.
- Some side effects can mimic negative symptoms and cognitive symptoms that are inherent to their psychosis diagnosis.

	Low Motivation	Restlessness	Sedation	Muscle stiffness	Metabolic Syndrome	Sexual side effects	Involuntary Movements	Life threatening reaction
Haldol	++	+++	+	+++	+	+++	+++	+
Abilify	+	++	+	+	+	-	+	+
Risperidone	++	++	++	++	++	+++	++	+
Olanzapine	++	+	+++	+	+++	++	++	+
Clozapine	+	+	+++	+	+++	+	+	++



# Clozapine

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- We generally offer this medication after two failed trials because it can be very effective for clients who have not responded well to other agents.
- It is not a first line medication because of potential rare life-threatening side effects
- Clozapine requires extra monitoring likely weekly lab draws and registration with national monitoring program. (REMS) This allows us to catch the rare side effects early and stop the medication if needed.



# Differential Diagnosis for Psychosis

Psychosis is  
a symptom,  
not a  
diagnosis

- Clients often present with a complicated mix of experiences and potential contributors to their experiences.
  - We consider all the diagnostic possibilities and should not narrow the diagnosis too early.
  - To get the diagnosis right it takes a thorough workup and often time to get to know the client.

# A client presents with psychosis: workup

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Psychiatric and medical history

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Family history and developmental history

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Bloodwork

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Urine drug screen

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Targeted physical or neurologic exam (often refer elsewhere for this)

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When indicated: Head imaging, genetic testing, heavy metal testing, etc

# A client presents with psychosis: 3 broad diagnostic categories



**MEDICAL**



**DRUG INDUCED**



**PSYCHIATRIC**



# Psychiatric Disorders with Psychosis

Transient or attenuated psychosis symptoms that can be triggered in times of stress

- May occur with OCD, anxiety disorders, borderline personality disorder,
- Most will not go on to develop schizophrenia, but they do have a higher risk vs general population

Primary Psychotic Disorders:

- Brief psychotic disorder
- Schizophreniform disorder
- Schizophrenia
- Schizoaffective Disorder

Mood Disorder with Psychosis:

- MDD + Psychosis
- Bipolar Disorder

# Beyond the Psychotic Symptoms:

People with schizophrenia often have other conditions

- anxiety disorders, depression and substance use disorders

Some symptoms are inherent to the psychotic illness and not a separate diagnosis

- sleep disturbance, cognitive changes, low motivation, low interest, social withdrawal

# Course of Recovery



## Recovery is a Team Effort

- It's common for clients to feel ambivalent about continuing their medication when they're feeling well.
- We counsel on the risks of stopping medication
- Ultimately the decision is up to the client. We continue to support them no matter their choice.



# Recovery is a Team Effort

- Adherence is a team effort! It's difficult for young people to come to understand the important role medication can play.
- Highlights the importance of our model – support from peers, therapists, SEES!

