Best Practices for Obtaining Psychiatric Medication History in Collaborative Care

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It’s good to be back!

Obtaining psychiatric medication history can be mind-numbing, frustrating, and boring detective work. It's worth it!

- This is an intensive, laborious process – there's no way around that
- This is a strange and new skill that needs to be developed over time
- Knowledge of failed trials (adequate dose for long enough time) can save months of time
- Knowledge of incomplete trials keeps some possibly useful medications as an option
- Family history of response can be quite helpful

Taking a structured approach helps.

- Before the visit, review the EMR
  - From the Med Section, you can usually find…
    - Start date and dose
    - Dose increases and dates
    - Stop date and dose
  - Once you have those dates, look for the encounters written on/around those dates. The PCP may have given information about…
    - Whether the medication seemed to be working
    - Any side effects
    - Reason for starting/stopping

There are some best practices to help you develop this skill.

But wait – there's more!

- During the visit, get curious
  - Ask the patient what they can remember (go though generic and brand names)
  - Consider asking the patient to bring their bottles to visit
  - Ask about supplements, OTC meds, and meds from family and friends
  - If something doesn't make sense, ask!
- If there are still gaps, consider other sources of information
  - Pharmacy records
  - Old treatment records
- Keep in mind…
  - EMR records aren't always accurate
    - Try seeing how many scripts were written, and for how much, and how often
  - Patient memory isn't always accurate
  - Picture the questions your psychiatrist will ask you – and ask your patient
  - This is frustrating but necessary

Psychiatric Medication History Template

Med Name	Reason for Taking	Max Dose + How Long	Start Date	Stop Date	Benefits	Side Effects
Zoloft	irritability, anxiety	100mg for 3 months	January 2020	May 2020	"took the edge off"	Nausea, headache

Previous BH Medications:

- Paxil 20mg from 2 to 3/2012
  - "Most recent medication, didn't notice any improvements."
- Seroquel 25mg in from 2/2012 to 9/2015 and in June 2018
  - "Did nothing."
- Prozac 10-20mg from 4/2019 to 7/2020
  - "Didn't notice any difference."
  - Klonopin 0.5mg PRN in March 2019
  - "Noticed improvement with preventing panic attack. Decided with history of drinking not best fit."
- Xanax 0.5mg PRN from 7/2017 to 4/2019
  - Same as Klonopin.
- Wellbutrin XL 150mg In 6/2018
  - "One of the few I noticed improvement, may have been paired with Celexa. Felt that mood was stable. With only Wellbutrin, had increased anxiety."
- Buspar 7.5mg BID from 3/2016 to 6/2017
  - "Don't remember."
- Celexa 40mg from 2/2016 to 6/2017 and 20mg from 3/2012 to 9/2015
  - "May have been paired with Wellbutrin, think I did respond postiively. Took this one the longest amount of time."
- Lexapro 20mg from 6/2017 to 6/2018
  - "Don't remember."
- Hydroxyzine 10mg from 6 to 7/2017
  - "Don't Remember."
- Remeron 15mg from 6/2018 to 4/2019
  - "Did nothing. Only sleep med that was effective was Trazodone during time in Brighton Hospital."
- Effexor ER 37.5mg from 6/2018 to 4/2019
  - "Seemed like it was working for a while. Stopped taking it due to drinking - caused vomiting."
- Trintellix 10mg in June 2018
  - "Took for 2 weeks."
- Trazodone dose unknown in 2012
  - Helped with sleep. Took while at Brighton Hospital.

Current BH Medication Regimen:

- None.

So, you have your medication recommendation. What's next?

Discussing a medication recommendation with a patient taps into a variety of BHS skills.

- Reducing stigma around psychiatric medications
- Offering clear, scientific information to patients
- Adressing common misconceptions
- Enhancing motivation to engage in treatment
- Laying the groundwork for a positive experience

- What do you know about medication?
  - *This is a great opportunity for Elicit-Provide-Elicit!*
- How might trialing a medication help you?
- You say you want to feel better. How would you know you were there?

- How likely are you to take this medication?
- What might get in the way of you taking this medication?
- Who can support you during this time?
- How will you remember to take your new medication?
- What questions can I answer for you?

We can enhance patients' motivation via thoughtful open-ended questions.

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It’s our job to address common misconceptions around medications. How do you handle these?

- “Medications are addictive. I don’t want to become dependent on this.”
- “I’m not taking anything that’s a mind-altering substance.”
- “That’s a happy pill. I don’t want to rely on a pill to make me happy.”
- “Those pills just make you feel numb. I don’t want to be a zombie.”
- “I’m feeling better, so I’m going to stop taking this now.”
- “I only take my Zoloft on days when I don’t feel good.”

If we discuss possible side effects ahead of time, we can increase our credibility and the likelihood that they'll stick with the plan because they know what to expect.

- Use your general knowledge, but stay within your scope of practice
  - Don't rely on memory (especially with COVID-brain overload!), and instead have them written somewhere
  - Always ask psychiatrist or PCP if you're unsure, or if it's not a typical side effect
- Typical side effects: nausea, headache, jitteriness
- Sexual dysfunction is a major reason why patients stop a medication, but they rarely share this information without being prompted

- Get curious!
  - What kind of side effects are you experiencing?
  - When did those start?
    - *A symptom that started before they started the med is not a side effect of that med*
  - Are they getting better or worse, or staying the same?
  - How much are they interfering with your day?
- Reassure patients – if they have a side effect, the team will work together to find an appropriate solution

Side effects are an important part of the discussion.

We can set our patients up for success as they begin a medication trial.

- When starting a new medication…
  - Give verbal and written instructions, and ask them to repeat back to you
  - Ask what concerns they have about starting a medication
  - Help them to set realistic expectations. “Often, but not always, you may see small blips of improvement after taking the medication for a few weeks. It can take 6-8 weeks to see more consistent effects and sort out dosing. It can sometimes take a few tries to find the right medicine for you.”
- Troubleshoot typical adherence challenges
  - Money
  - Prior authorization/insurance issues
  - Side effects
  - Family/friends disapprove

Save some time for a medication check during subsequent sessions.

- Checking in frequently, especially in the beginning of treatment, has shown to be helpful in getting patients better faster
- Ask open-ended questions
  - “How are you taking this med?” vs “Are you taking it every day?”
  - “Most people miss doses, especially in the beginning. How many have you missed over the last week?”
- Be prepared for little-to-no improvement in the beginning
  - If a patient gets discouraged, remind them: “This is ordinary, and not a sign that the medication won’t help. We’re here for you and will continue to help you through this.”
- Get curious! When asking “how is the med working for you,” consider…
  - What’s better?
  - What’s worse?
  - The more specific, the better
  - How is it helping you reach your goals?
- Discuss improvements you’ve noticed, and/or PHQ and GAD
- Reasons you might switch include…
  - Intolerable side effects
  - Not improving after max dose for 4-8 weeks
  - Negative interactions with other meds

Once a patient starts a med, keep checking in on them!

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If a patient isn’t responding to an adequate trial, ask yourself the following questions…

- Do I have the diagnosis right (i.e., PTSD, bipolar disorder, personality disorder)?
- Is the patient taking the med as prescribed?
- Is the dose too small?
- Have they been taking it for long enough to see a difference?
- Is this first choice of medication simply not effective?
- Are there psychosocial stressors that need to be addressed?
- Are there other barriers to treatment I haven’t thought of?
- Is another medical issue the problem (i.e., OSA, thyroid issues, anemia)?
- Is another medication causing the problem?
- Is substance use/abuse getting in the way?

Patients have their own ideas of how long they want to stay on meds – and it's their decision! Our job is to give them all the information they need to do what is right for them.

- For many people, mood stability and decreased anxiety is precious. It can't always be switched on and off
- It's harmful to your brain and body to have untreated clinical depression and anxiety
- Reinforce benefits they've seen since starting the medication (review initial symptoms, and discuss improvement)
- Discuss relapse rates for that particular patient's situation
- If they decide to stop…
  - Review warning signs to watch for
  - Make a plan for who can be supportive
  - Remind them they can always return to the med again

What happens next? Relapse prevention planning!

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What did we miss?