DEPARTMENT OF CHILDREN & FAMILIES (DCF)
CENTRALIZED PSYCHOTROPIC MEDICATION CONSENT UNIT (CMCU)
PROVIDER QUARTERLY NEWSLETTER

Adverse Drug Reaction (ADR) Reporting Program: PART II:

In the last newsletter we discussed the purpose and benefits of an ADR reporting program and also defined a reportable ADR. Now we would like to share some key information from a recent report that aggregated ADR data and looked for trends and opportunities for improving care through education. The report includes ADR's submitted from September 2007 through October 2009.

Who is reporting ADR's? According to the report 67% are reported by nurses, 21% by physicians and 16% by "other" such as patient self-report.

What drugs caused the reported ADR's and at what percent of total reported ADR's?

-Ziprazidone (Geodon) – 12%.
-Aripiprazole (Abilify) – 12%.
- Risperidone (Risperdal) – 12%.
-Stimulants (Concerta, Metadate, Focalin XR) – 12%.
-Lithium – 8%.
-Fluoxetine (Prozac) – 8%.
-Other (such as Straterra, Wellbutrin XL, Trazodone, Remeron, Zyprexa, Diamox, Benadryl) -36% of reported ADR's'.

What did we learn? According to the report two of the ADR's may have been preventable: In the first case Geodon was ordered 40mg at HS but the first dose was given at 8am. The patient experienced vertigo and subsequently refused to take additional doses. This may have been prevented had the medication been given at bedtime as ordered.

In the second case Abilify was started in a patient and ordered as 5mg QDay x 3 days and 10mg QDay thereafter. The patient experienced nausea and vomiting during the first few days of therapy. Had the current guidelines been followed for initiating Abilify therapy (2mg/day on day 1, 5mg/day on days 2 and 3, 10mg/day thereafter) this ADR may have been prevented.

Hopefully this will serve as a reminder to be extremely careful with dosing regimens especially at the initiation of therapy. Any questions regarding appropriate dosing in children and/or adolescents should be directed to the CMCU or the Drug Information Service.

Drug Information (DI) Service:

Whether you have a relatively simple question such as the usual dosing of a medication or a more complicated issue such as managing multiple drug therapies for a patient with psychiatric and medical problems, help is available from the DCF Drug Information Service. Clinical pharmacists are standing by to answer your questions.

Please call 203-294-4441 Mon-Fri 830am to 5pm. Questions are usually handled immediately otherwise leave a detailed message and a pharmacist will return your call.

DI Question of the Quarter:

A patient has been prescribed Abilify and Zoloft concurrently. The family was concerned that this might be a duplication of therapy and wanted to know why both medications are needed.

RESPONSE: These medications are compatible. Zoloft is an antidepressant while Abilify is an atypical antipsychotic. Abilify has an FDA approved indication as adjunctive therapy to antidepressants in the treatment of major depressive disorder so these drugs work well together. Although these medications work well together, Abilify is typically added only if needed to augment antidepressant therapy.

Approved Drug List Update:

You can access this list via the DCF Web Site or this link: www.ct.gov/dcf/lib/dcf/behavorial_health_medicine/pdf/dcf_approved_medication_list_appendix_iii_(2).pdf

At the May 7, 2010 meeting of the DCF Psychotropic Medication Advisory Committee (PMAC) two medications were considered for addition to the approved drug list. When evaluating medications for approved drug list status the PMAC carefully considers many factors including but not limited to evidence showing the safety and efficacy of use of the medication in children and adolescents. Below is a synopsis of the review:

Cymbalta (Duloxetine): Not approved. Noted issues; Only one Lilly sponsored study completed with several still in the pipeline. Deny approval until efficacy data is available.

Trileptal (Oxcarbazepine): Not approved. Noted issues: No new data showing safety and efficacy since the last review of this medication.

2nd Annual Psychopharmacology Conference:

SUCCESS!

Over 50 health care professionals attended the conference held on June 4th, 2010 at the Riverview Hospital.

The conference provided 5 CME's and included a Keynote address and presentations on the treatment of Autism, ADHD, Depression, and Anxiety.

We appreciate all the feedback we have received and look forward to an even bigger and better conference next year.

SUNSCREEN! (Photosensitivity Reactions): With the summer in full swing please remember to use sunscreen liberally for children/adolescents using any psychotropic medications. Here is a partial list of medications and/or classes of medications that may cause photosensitivity reactions:

phenothizines, alprazolam, chlordiazepoxide, tricyclics, carbamazepine, antihistamines, and anticholinergics.