From Dr. Escudé...

Medications Side Effects Interfering with Eating or Causing Adverse Behaviors in People with Intellectual and Developmental Disabilities (IDD)

In people who communicate in ways other than with words, behaviors are often used to communicate information to others. It is important to rule out underlying medication side effects for adverse behaviors or as a cause for a person not wanting to eat before initiating medications, dietary changes, restraints or other behavior modification initiatives. Below is a list of common medication side effects to consider when adverse behaviors or changes in oral intake are noted in people with intellectual and developmental disabilities and other venerable populations. A careful review of all medications, their side effects, and drug-drug interactions is often helpful in alleviating suffering.

Nausea
Any medication that causes nausea may cause someone to not eat, refuse to eat, or to become aggressive, especially around mealtimes, and consideration should be given to an alternative medication or discontinuing the medication altogether, if appropriate.

Anticholinergic effects
There is an extensive list of side effects and medications that can cause them in relation to anticholinergic effects. Some side effects include poor coordination, decreased mucus production in the nose and throat causing a dry, sore throat, dry-mouth that can cause difficulty swallowing and possible acceleration of dental caries, decreased sweating with consequent decreased epidermal thermal dissipation leading to warm, blotchy, or red skin, increased body temperature, pupil dilation resulting in sensitivity to bright light (photophobia), loss of accommodation (loss of focusing ability, blurred vision – cycloplegia), double-vision, increased heart rate, urinary retention, urinary incontinence while sleeping, constipation and sometimes ileus (decreases motility via the vagus nerve), increased intraocular pressure which is particularly dangerous for people with narrow-angle glaucoma, confusion, disorientation, agitation and a number of other adverse
conditions. The need for any drug with anticholinergic effects should be carefully considered and avoided when possible.

**Tardive Dyskinesia (TD)**

Many antipsychotics and a number of other drugs can cause TD which results in involuntary, repetitive body movements which may include lip smacking, tongue thrusting, facial grimacing, and other movements that can affect the entire body. The facial and oral features can interfere with a person’s ability to eat. This condition is often irreversible, even after discontinuation of the causative medication. Extreme attention should be given to using any medication that can cause this condition.

**Extra-Pyramidal Symptoms (EPS)**

EPS are drug-induced movement disorders that include dystonia (continuous spasms and muscle contractions), akathisia (motor restlessness), Parkinsonism (characteristic symptoms such as rigidity), bradykinesia (slowness of movement), and tremor. Antipsychotic drugs, antidepressants, gastrointestinal motility drugs and other medications can cause these symptoms. Carefully consider the need for these drugs and discontinue them whenever possible.

Careful and regular review of the medications a person is taking for efficacy and side effects is warranted to minimize complications of medications, especially in people where the ability to communicate symptoms may be limited.

Thanks for your careful attention to helping improve the lives of people we support.

---

Dr. Escudé has dedicated his career to providing healthcare for people with IDD and other vulnerable populations and teaches on the subject throughout the country.