From Dr. Escudé...

Key Considerations when Prescribing Psychotropic Drugs to People with Intellectual and Developmental Disabilities (IDD)

Before prescribing

**Determine that the prescription is warranted based on:**
- confirmed diagnosis of mental illness, to the highest degree possible, for which psychotropics are indicated
- challenging behavior that is severe and non-responsive to maximal cognitive or behavioral therapy
- potential benefits that outweigh the harm
- discussion with caregiver

**Develop a treatment plan detailing:**
- the person’s communication needs
- targeted behavior/symptom, frequency and intensity
- method of measurement of impact of drugs on these behaviors/symptoms including how effects and adverse effects will be assessed
- all previous assessments of medical, psychiatric and functional causes of the behavior or symptom
- past response to treatment including adverse effects
- a treatment timeline and contingency plan if ineffective

**Obtain consent from the individual or appointed decision maker.**

**Drug choice**

Consider medical comorbidities and potential drug interactions including:
- syndromes that have an increased frequency of cardiometabolic, respiratory disorders or dementia – avoid drugs that will worsen these
- epilepsy – additional epilepsy monitoring may be required when prescribing psychotropics that lower the seizure threshold. Consider also the potential for some anticonvulsants to induce metabolic
clearance of co-administered drugs. Doses may need to be adjusted accordingly

**Consider:**
- expressed wishes of the person and primary caregiver
- monitoring requirements of the drug (e.g. blood tests) and whether the person will realistically be able to meet them
- swallowing or absorption impairments
- past response to treatment including adverse effects
- reviewing co-prescribed drugs and taking steps to reduce polypharmacy
- the cardiometabolic ‘liability’ of the psychotropic drug

**During treatment**

**Commencing treatment:**
- educate the person and their support people about the psychotropic indications for treatment and adverse effects. Communication with formal and informal caregiver is essential given the central role they often play in monitoring and communicating drug-associated behavior changes to medical practitioners
- obtain baseline cardiometabolic data
- commence on a low dose and increase gradually.

**Monitoring treatment:**
- engage the person and their support people in the monitoring process
- set regular review times and a time frame for treatment
- be aware of adverse effects that may be difficult to recognize and report
- watch for behavioral changes after starting treatment or a dose increase as this may indicate adverse effects
- monitor adverse effects on medical comorbidities

**Discontinuing treatment:**
- consider discontinuation if treatment is ineffective, there are unacceptable adverse effects, discontinuation is requested, symptoms have resolved, or the drug is no longer required
- taper slowly
- avoid simultaneous withdrawal of anticholinergic drugs or multiple psychotropic drugs
Reference:
*Prescribing psychotropic drugs to adults with an intellectual disability*

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

Craig Escudé, MD, FAAFP
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HRS, Inc.

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.