The Use of Educational Tools to Help Guide Client’s Choice of Medications

Dri Wang, PharmD, BCPP
Clinical Psychiatric Pharmacist
Alameda County Behavioral Health Services (ACBHCS)
March 2nd, 2015
Learning Objectives

1. Briefly state the idea behind Shared Decision Making
2. State the possible advantages of using decision aids to guide client’s choice of medications
3. Effectively demonstrate the use of the TAY antipsychotic cards to educate and promote dialogue with clients
4. Effectively demonstrate the use of the side effects flyer
Unexpected Side Effects

• “It felt like my brain was disconnected from my body. Everything felt like a mental exercise” (Rochelle Trochtenberg)

• “I experienced massive weight gain… It attacked my self esteem and my self worth” (Sade Daniels)

• “When I was on the medication I just didn’t act like Joy” (Joymara Coleman)
Experiencing Unexpected Side Effects

Inadequate dialogue + lack of therapeutic alliance

- Health (ex diabetes)
- QoL
- Other consequences

Anger, resentment, lack of trust in future providers and/or meds
<table>
<thead>
<tr>
<th>Role of the doctor</th>
<th>Traditional Medical Model (paternalistic model)</th>
<th>Shared Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active</strong></td>
<td>Active: reports only selected information to the patient, chooses therapy he (she) considers best for the patient</td>
<td>Active: reports all info and treatment possibilities to patient. Can recommend an option. Decides on the therapy together with the patient</td>
</tr>
<tr>
<td><strong>Passive</strong></td>
<td>Passive: accepts the proposal of the doctor. Is obliged to cooperate in his recovery</td>
<td></td>
</tr>
<tr>
<td>Role of the patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Active</strong></td>
<td>Active: receives all information. Forms his own judgment on harms/benefits of treatment options.</td>
<td></td>
</tr>
<tr>
<td><strong>Passive</strong></td>
<td>Passive: accepts the proposal of the doctor. Is obliged to cooperate in his recovery</td>
<td></td>
</tr>
<tr>
<td>Information flow</td>
<td>One way: physician patient</td>
<td>Bi-directional</td>
</tr>
<tr>
<td><strong>Responsibility for</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>the decision</strong></td>
<td>Lies with the doctor. High risk of being sued for wrong decisions</td>
<td>Lies with the doctor and the patient</td>
</tr>
</tbody>
</table>
Your Own Communication Style

• Director—telling people what to do
• Follower—listen and refrain from inserting own material
• Guide—listen and offer expertise when elicited
Scenario

- Scenario: med clinic visit
- Client: I smoke pot with my friends, but it’s the only thing that helps with my anxiety. I’m not that worried about using it with my psych meds.
- Psychiatrist/Prescriber: ....
Erosion of the “authority” figure
- Especially in the millenial generation and younger

Abundance of information available via the web

Pharma Direct to Consumer advertising

Patients rights groups
- Web sites: Patients Like Me—Aetna collaboration
- Pilot program-patients giving other pts advice on managing illness

Motivational Interviewing

• From the perspective of the patient
  – Ex. Fluoroscopy

• Contrary to identify a problem and then fix it
  – Instead of persuade, manipulate--- respect and understand patient has a right to choose treatment
  – Resistance is information instead of resistance is bad
  – Respect is earned vs expected
Personal Reasons for Treatment Non Adherence

• Can be fear of “package-insert” side effects information

• Can be street myths
  – Seroquel causing blindness
  – Antipsychotic agents causing infertility for the rest of their lives
  – Antidepressants causing permanent sexual problems

• Outcome tracking
  – Track refills from their pharmacy
Motivational Interviewing
Techniques Used in Sales

Listening to "change talk"
Shared Decision Making to Improve Care and Reduce Costs

Emily Oshima Lee, M.A., and Ezekiel J. Emanuel, M.D., Ph.D.

A sleeper provision of the Affordable Care Act (ACA) encourages greater use of shared decision making in health care. For many health situations in which there's not one clearly superior course of treatment, shared decision making can ensure that medical care better aligns with patients' preferences and values. One way to implement this approach is by using patient decision aids — written materials, videos, or interactive electronic presentations designed to inform patients and their families about care options; each option's outcomes, including benefits and possible side effects; the health care team's skills; and costs. Shared decision making has the potential to provide numerous benefits for patients, clinicians, and the health care system, including increased patient knowledge, less anxiety over the care process, improved health outcomes, reductions in unwarranted variation in care and costs, and greater alignment of care with patients' values.
Shared Decision Making

• Incorporated as provision into ACA
  – ACA promotes the creation of patient centered medical homes
  – Providers will be paid based on how well they deliver care
• Institute for Healthcare Improvement
• Motivational interviewing and patient care centered model requirement at schools
• 2001 IOM report has 10 items on shared decision making
Mayo Clinic shared decision diabetes cards

http://shareddecisions.mayoclinic.org/

**Side Effect**

**Metformin**
In the first few weeks after starting Metformin, patients may have some nausea, indigestion or diarrhea.

**Insulin**
There are no other side effects associated with Insulin.

**Pioglitazone**
Over time, 10 in 100 people may have fluid retention (edema) while taking the drug. For some it may be as little as ankle swelling. For others, fluid may build up in the lungs making it difficult to breathe. This may resolve after you stop taking the drug. 10 in 100 people at risk of bone fractures who use this drug will have a bone fracture in the next 10 years. There appears to be a slight increase in the risk of bladder cancer with this drug.

**Liraglutide/Exenatide**
Some patients may have nausea or diarrhea. In some cases, the nausea may be severe enough that a patient has to stop taking the drug. There are reports of pain in the abdomen that may be caused by inflammation of the pancreas with these agents.

**Sulfonylureas**
Some patients get nausea, rash and/or diarrhea when they first start taking Sulfonylureas. This type of reaction may force them to stop taking the drug.

**Gliptins**
A few patients may get nose and sinus congestion and headaches.
Use of Decision Aids cards by Mayo Clinic

- Outcome study
- Osteoporosis and bisphosphonates
- 100 patients randomized to usual care vs decision aid
  - DA group: 1.8 times more likely to identify their 10-yr fracture risk
  - 2.7x more likely to identify estimated risk reduction on bisphosphonates
  - Patient involvement improve by 23%
  - Bisphosphonates started 44% in DA group vs usual care
  - Adherence similarly high across group at 6 mos, but proportion of ppl with >80% adherence higher in DA group (n=23 [100%] vs n=14 [74%]; p=0.009)

Volume 13 Supplement 2

The International Patient Decision Aid Standards (IPDAS) Collaboration’s Quality Dimensions: Theoretical Rationales, Current Evidence, and Emerging Issues

Reviews
The International Patient Decision Aid Standards (IPDAS) Collaboration’s Quality Dimensions: Theoretical Rationales, Current Evidence and Emerging Issues
Edited by Robert Volk, Hilary Llewellyn-Thomas, Dawn Stacey and Glyn Elwyn

Publication of this supplement was partially funded by an unrestricted grant from the Informed Medical Decisions Foundation. Details of the remaining publication funding can be found in the individual articles. The articles have undergone the journal’s standard peer review process for supplement articles. The Supplement Editors declare that they have no competing interests.

Introduction
Ten years of the International Patient Decision Aid Standards Collaboration: evolution of the core dimensions for assessing the quality of patient decision aids
Robert J Volk, Hilary Llewellyn-Thomas, Dawn Stacey, Glyn Elwyn
BMC Medical Informatics and Decision Making 2013, 13(Suppl 2):S1 (29 November 2013)
Abstract | Full text | PDF | ePUB | PubMed

Review
A systematic development process for patient decision aids
Angela Coulter, Diana Stilwell, Jennifer Kryworuchko, Patricia Mullen, Chrik Ng, Trudy van der Weijden
BMC Medical Informatics and Decision Making 2013, 13(Suppl 2):S2 (29 November 2013)
Abstract | Full text | PDF | ePUB | PubMed

Review
Disclosure of conflicts of interest in patient decision aids
Michael J Barry, Evelyn Chan, Benjamin Moulton, Sunila Sah, Magenta B Simmons, Clarence Braddock
BMC Medical Informatics and Decision Making 2013, 13(Suppl 2):S3 (29 November 2013)
Abstract | Full text | PDF | ePUB | PubMed

Review
Providing information about options in patient decision aids
Deb Feldman-Stewart, Mary Ann O’Brien, Marla L Clayman, B Davison, Masahito Jimbo, Michel Labrecque, Richard W Martin,
http://www.biomedcentral.com/bmcmedinformdecismak/supplements/13/S2
TAY Cards

• Easy to read cards that are also accurate, factual, summarizes important facts about each medication
  – Simplicity does not sacrifice informative content
• Appealing visuals for ease of understanding
• Wide applicability
• Use in a variety of settings
• Developed with input of youths (Focus Group)
• Can be used as information “brochure” or tool or can take apart and use individual card
• Empower clients to share in the decision making
• “We want a summary card for each of the antipsychotic medication & their symptom risk so we know what to pay attention to”

• Include percentages of occurrence
Starting medications

What are some common symptoms that medications for thought disorder help with?
- Seeing & hearing something that is not there
- Fearful feelings and confusion
- Paranoia or suspiciousness
- Agitation, aggression, or hostility
- Rapid thoughts
- Pacing and restlessness
- Fluctuations in mood
- Insomnia

What can I expect when starting the medication?
- It can help calm & clear confusion in a person who is hearing or seeing things that are not there.
- It can take up to 4-6 weeks to reach their full effect.
- Helps to control symptoms, but does not cure them.

⇒ When taken long term, prevents the same symptoms from returning.
⇒ When combined with family therapy, peer support, and housing & employment supports, can be very helpful in managing symptoms.

Include a when starting out card & what to watch out for when stopping a medication.

How long should I take the medication for?
- Take the medication until the symptoms are relieved, then talk to your prescriber about whether or not to continue.
- You may need to continue taking it to prevent symptoms from occurring.
- If starting for long-term treatment, take it for at least a month before deciding whether or not it is working for you.

How do I cut down or stop taking the medication?
- Do it slowly! A sudden change in your dose increases the risk of your symptoms returning or becoming more intense.
- Stopping can cause withdrawal effects, such as:
  * Nausea
  * Stomach pain
  * Vomiting
  * Dizziness
  * Diarrhea
  * Shakiness

⇒ Talk to your prescriber about decreasing or stopping your medication. They may have you decrease the dose a little at a time (for example, 1-3 weeks between each dose reduction).
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Risk for</td>
<td>Muscle Stiffness, Spasms, Shakiness, Abnormal Movements</td>
<td>TD (Permanent Movement Disorder)</td>
<td>Restlessness, Anxiety, &amp; Agitation</td>
<td>Sleepiness</td>
<td>Dry Mouth, blurry Vision, Constipation</td>
<td>Dizziness</td>
<td>Negative Sexual Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Generation Antipsychotics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>aripiprazole (Abilify®)</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>clozapine (Clozaril®)</td>
<td>☼</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lioperidone (Fanapt®)</td>
<td>☻</td>
<td>☼</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lurasidone (Latuda®)</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td>☻</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>olanzapine (Zyprexa®)</td>
<td>☼</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>quetiapine (Seroquel®)</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>risperidone (Risperdal®)</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ziprasidone (Geodon®)</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Generation Antipsychotics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>haloperidol (Haldol®)</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluphenazine (Prolixin®)</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td>☾</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Questions

http://www.acbhcs.org/MedDir/decision_tools.htm
dwang@acbhcs.org