

A.M.B.E.R. clinic
Albuquerque
Multidisciplinary
Behavioral Evaluation for
Recovery and Resiliency

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**“Psychopharmacology
– Mitigating Dyscontrol
in TBI and I/DD”**

Why “dyscontrol”?

- **Some patients meet diagnostic criteria, e.g.:**
 - **Bipolar**
 - **Impulse Control disorder**
 - **Intermittent Explosive disorder**
 - **REM sleep disorder**
- **Lack of inhibition leads to action before assessment**
- **Helps to determine endpoint of Rx**

Effects of BI, Development

- **Frontal damage**
- **DAI**
- **Impaired sleep/wake cycles**
- **Problems in sensory processing**
- **Concomitant substance abuse**
- **Hyper-arousal +/- PTSD**
- **Developmental anomalies**
- **Sensory sensitivities**
- **Frontal damage**
- **Poor integration of cortical areas**
- **Decreased attention, concentration, integration**
- **Known syndromes, e.g.**
 - **Prader Willi Syndrome**

Clinical strategy

- **Careful history**
 - **antecedents**
 - **speed, duration of dyscontrol**
 - **evidence of remorse**
- **For whom is this a problem?**
- **What executive functioning does patient bring to the situation?**

Sleep/wake

- Assure regularization of rest/wake cycle**
- Assess for sedatives, benzodiazepines, alcohol, other drugs**
- How long able to stay alert?**
- What is functioning when alert?**

Drug strategies

- **Decrease arousal:**
 - **beta/alpha blockers**
 - **anxiolytics**
 - **antipsychotics**
 - **THC used by patients**

Drug strategies

- **Decrease speed of thinking**
 - antipsychotics
 - anticonvulsants
 - THC often used by patients
- **Modulate affective state**
 - mood stabilizers: Li, AEDs
 - anxiolytics: SSRI, TCA

Issues of monitoring

- Patient report of cognitive choices
- Reliability of ingestion, schedule of administration
- Second reporter on interpersonal results
- Adaptation, dependence, and lack of insight

Monitoring

- **Laboratory investigations**
- **Need for stimulant?**
- **Ongoing use/misuse of medications**
- **Ancillary treatment to support pharmacologic therapy**
 - **exercise**
 - **sleep**
 - **social interactions**
 - **spiritual framework**
 - **safety (!)**

Summary

- People with TBI or I/DD often sensitive to hyperarousal and s/e of standard Rx's.
- The secondary effects of brain injury frequently result in poor self-monitoring
- Multiple classes of medications made be needed.
- Expect patient to have changing needs over the years, as new challenges emerge.



Catch & release,
NM April 2012

Next presentation:

10-22-2012

**“Behavior Therapy and
Psychotherapy...”**

resources and back issues can be found at Continuum
of Care website:

<http://som.unm.edu/coc/Training/powerpointnew.html>