

Medications

Many people with intellectual and developmental disabilities (IDD) are prescribed medication to help treat the higher rates of mental or physical health concerns. As more medications are prescribed, the risk of side effects or interactions also increases. To treat these effects, new medications may be further prescribed (sometimes this is referred to as the 'prescribing cascade').

As direct support professionals (DSPs), you may be very familiar with supporting people to take their medication, as prescribed. One thing that can be hard is to help the people you support to monitor side effects and to determine if a medication is having the intended effect, as the person themselves may have difficulty reflecting on, or reporting this.

In this tool, we will review some statistics around medication use, some information on commonly prescribed medications and their side effects. We encourage you to always speak with a doctor, nurse or pharmacist about any questions you may have.

Research from H-CARDD has looked at medication use among people with IDD in Ontario. They found:

- Nearly **one in two** adults with IDD take **two** or more medications.
- **One in five** receive **five** or more medications at the same time.
- **Antipsychotics** were the **most commonly** dispensed class of medications.
- More than **half** of the most commonly prescribed medications were **medications for psychiatric concerns** (i.e., psychotropics). This includes antipsychotics, anxiolytics, antidepressants, anticonvulsants, and mood stabilizers.
- The remaining five most commonly dispensed medication classes are indicated for the treatment of **gastric acid reflux, high cholesterol, hypothyroidism, high blood pressure and constipation.**



Does this list resemble what you see among the people you support?

Terminology

Abbreviations and acronyms can often be helpful, but when it comes to medications, it's best to be specific and spell things out to avoid confusion and error, as these have serious implications. Medication errors have serious consequences when communication is poor.

The following are some acronyms you may come across. Again, it is always helpful to write things out specifically and avoid these terms!

What you might see // What it means:

- **AM** = morning
- **BID** = twice a day
- **ER or XR** = extended release
- **EC** = enteric-coated
- **HS** = bedtime
- **IM** = intramuscular
- **IU** = international unit
- **IV** = intravenous
- **NSAID** = nonsteroidal anti-inflammatory drug
- **PM** = evening
- **PO** = by mouth
- **PRN** = as needed
- **Q** = every
- **QID** = four times a day
- **SC** = subcutaneous
- **TID** = three times a day

When giving someone their medication, there are a number of things to make sure you get right. Here are the six Rights of Medication Administration:

1 Right person. **3** Right dose. **5** Right time.


2 Right drug. **4** Right route.
(pill, under the tongue etc.) **6** Right response.
(looking to see—did this help? Or has it caused side effects?)



Improving medication success

- Consider the use of dosettes or blister packs, to help keep medicines organized.
- Request a yearly medication review/reconciliation with a pharmacist. This is a chance to review all of the medicines a person takes—prescribed, over-the counter, vitamins, supplements, etc. This can help you to look at any interactions between medicines, discuss side effects, and review back with the doctor if there are any suggestions on adding, changing or reducing medications. This is an especially good idea if the person has multiple doctors who prescribe medications.
- Use the Tools for Health Care Visits (*About My Health* and *My Healthcare Visit*) to review medication side effects to bring forward to the doctor, and to also record any advice from the doctor about monitoring for side effects.
- Help people you support to learn about their medications, and the common side effects. [Easyhealth.org.uk](http://easyhealth.org.uk) includes examples of visual aids of commonly reported side effects. To locate these go to the Health Leaflets page, then Medications. You will see handouts of numerous specific medications. [http://easyhealth.org.uk/listing/side-effects-\(leaflets\)](http://easyhealth.org.uk/listing/side-effects-(leaflets))


Examples of clear language handouts about medication side effects from www.easyhealth.org.uk:


Northamptonshire Healthcare 
NHS Trust

My Doctor is:


The doctor wants you to take these tablets because you have mental illness.


You may feel funny when you take your tablets. Tell your family, your carer or your doctor if you feel like this.


 • you wet the bed


 • you can't do a poo

 • you feel bunged up inside

 • you feel sleepy

 • you feel ill

 • you have a sore throat

 • your body feels hot

What I should do if my medication makes me feel ill

I am taking Atypical Antipsychotics



Use of antipsychotics

Also known as neuroleptics, antipsychotics are prescribed to help manage psychosis, which include symptoms like hallucinations, delusions and paranoia. Psychosis is commonly described as a break from reality, and is a common feature of schizophrenia, and bipolar disorder.

As we have seen, the rates of antipsychotic use are high among people with IDD. For some people, this is necessary – they may have a psychiatric disorder and this helps to decrease upsetting symptoms and keep them safe. Other times though, it seems as though antipsychotics are used to manage behavioural issues—sometimes in the absence of any psychiatric disorder, and people can keep taking them longer than is needed. This is an area of growing concern. In fact, the most recent version of the Canadian consensus guidelines, [Primary care of adults with intellectual and developmental disabilities](#) (Sullivan et al 2018) flags this issue, and suggests that people who are prescribed antipsychotics should review their medications with their doctor regularly (e.g. every three months), particularly when they are being prescribed in the absence of a psychiatric disorder.

In England, the health care system has produced guidelines called [STOMP—Stopping Over Medication of People with Disabilities](#), recognizing the extent of the issue. See: <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/> for more information. As you know well, behaviour concerns are a form of communication. If a person has been sedated or medicated with an antipsychotic, their symptoms may be masked and we may not know why they were acting this way. This may result in needless suffering. There is also a specific primary care guideline reminding us that antipsychotics are a last resort for behaviours that challenge.

Side effects

There are many side effects to antipsychotic medications. Typically, these depend on **#1**) the type of medication, which is frequently broken down into older medications (“typical antipsychotics”) and newer medications (“atypical antipsychotics”), **#2**) the person’s health status, and **#3**) the other medicines they take. Both the older and newer drugs can cause a cluster of side effects, though in general, the **older medications have more MOVEMENT side effects**, and the **newer medications have more METABOLIC concerns, leading to higher rates of diabetes, weight gain**, and for some people, cardiac consequences or even stroke and death. For this reason, a doctor might suggest monitoring metabolic symptoms when someone is prescribed antipsychotics.

Older (movement problems)	Newer (metabolic problems)
<ul style="list-style-type: none">• Haldol• Loxapine• Fluphenazine• Chlorpromazine	<ul style="list-style-type: none">• Abilify (aripiprazole)• Clozapine• Risperidone• Seroquel (quetiapine)• Zyprexa (olanzapine)



Side effect severity for people with IDD: When thinking about side effects, try to keep in mind how the people you support may already have higher health vulnerabilities. If the person has decreased muscle tone or poor balance, a motor side effect is likely to be even more serious for that person. Similarly, if a person is already at a high risk for obesity, taking a medication that increases that risk is even more concerning for that person.