

Use, Misuse and Abuse of Prescription Medication

Lawyers are people too...

Definitions

- **Use** – Taking medications as prescribed for a condition. Even when carefully compliant, side effects can occur some of which might affect mental and physical functioning
- **Misuse** – Either attempting to comply, but failing, (often due to confusion), or 'playing' with the dosing to get a better treatment effect or minimize side effects. The latter is intentional, the former is unintentional
- **Abuse** – Misusing medication, usually intentionally, often to get an effect from the drug that was not the intended reason for its prescription.

Which medications are problematic?

- Any prescribed medication could have physical and/or mental side effects even when taken as prescribed, but the focus today will be primarily on psychotropic drugs which by definition affect the mind in some way.
- However, many non-psychiatric drugs can have cognitive effects (i.e. effects on the brain). This is related in part to how easily a drug can cross the "blood-brain barrier".
 - E.g. some drugs which treat incontinence can cause significant impairments in cognition and memory, especially in older individuals

Types of Medication-Induced Impairments

- Excess sedation
- Impaired focus and concentration
- Impaired memory
- Impaired judgment
- Delirium

Non-compliance can be a problem too...

- While the focus is on the use and misuse of medications, note that non-compliance with medications designed to treat various mental disorders can have serious consequences for the practicing professional.
- *Untreated depression* can lead to poor job performance, absenteeism, poor judgments, severe, low energy and concentration, insomnia and even suicide
- *Untreated panic/anxiety* can lead to poor job performance, avoidance, poor concentration and focus
- *Untreated mania or psychosis* can lead to embarrassing, disinhibited behavior, inappropriate interactions with others (including judges), very poor judgement

Medication Classes

- Antidepressants (Prozac, Zoloft, Cymbalta, etc.)
- Anti-anxiety/ sedatives (Xanax, Valium, etc.)
- Antipsychotics (Zyprexa, Haldol, Seroquel, Thorazine, e.g.)
- Mood stabilizer (lithium, Depakote, Lamictal)
- Stimulants (Ritalin, Adderall)
- Anticholinergics* (Cogentin, Artane)
- Narcotics – (Percocet, Vicodin, Oxycontin, etc.)

*many meds in most of these classes may have anticholinergic properties as can many non-psychotropic drugs

Antidepressants

- Examples – Prozac, Paxil, Zoloft, Cymbalta, Effexor, Tricyclics, Remeron
- **USE:** For depression, anxiety disorder, panic, PTSD, OCD. These drugs work slowly to 'nudge' the brain back to normal functioning
- Side effects vary by drug but functionally impairing ones include memory impairment, arrhythmias, sedation, orthostatic hypotension, nausea, sexual dysfunction.
- Misuse and abuse are not common: The most frequent type of misuse is failing to understand that these drugs work by being continuously present and are no help with PRN use.

Anti-anxiety/Sedative Medications

(examples include Xanax, Klonopin, Valium)

- **USE:** Short-term control of anxiety, panic, PTSD. Can be used situationally in high stress/crisis situations. Also some have anti-manic properties. Can be used to detox patients from alcohol.
- Side effects: Sedation, impaired memory, balance problems
- Misuse – People taking it upon themselves to decide the dosage they need
- Abuse – Common. Higher doses are similar to getting drunk on alcohol (another sedative) which is a feeling craved by some. People can become physically addicted and *sudden withdrawal can lead to seizures and death.*

Mood Stabilizers

(examples include lithium Depakote, Tegretol, Lamictal)

- **USE:** For mood stabilization in bipolar disorder. These drugs can have anti-manic effects and can be used to augment antidepressants in depression.
- Lithium – Gold standard agent. Blood levels are followed. Interactions with certain meds can raise levels. High blood levels lead to toxicity which looks like being drunk and can lead to death. However the drug has anti-suicide properties as well.
- Depakote and Tegretol are anti-seizure drugs which are followed by blood levels as well. Side effects may include sedation, tremor, hair loss, nausea
- Misuse is fairly common but abuse is uncommon.

Antipsychotics

(examples: Haldol, Zyprexa, Geodon, Abilify, Thorazine, Risperdal)

- USE: These drugs are primarily used for psychotic disorders (schizophrenia, psychotic depression, delirium) or mania. Some are used as antidepressant augmenters (Abilify e.g.). They are also anti-agitation agents.
- Side effects: Many are anticholinergic -> dry mouth, constipation, memory impairment. Sedation is common with some. Weight gain with push toward diabetes, lipid dyscontrol with long-term use. Orthostasis. EPS -> tremor, restlessness, etc.
- Misuse and non-compliance -> common. Abuse: uncommon.

Narcotics

(Morphine, Oxycontin, Percocet, Vicodin, etc.)

- USE: Pain control but tolerance is problematic (i.e. need more and more for effect). Highly addictive (note physical dependence vs addiction)
- Side Effects: Sedation, constipation. Illicit IV use: Hepatitis B & C, HIV
- Misuse/Abuse common – these drugs are frequently abused to get “high”. However in many chronic users the need for the drug is not so much to get high but to avoid withdrawal.
- Overdose danger is exacerbated greatly by tolerance -> when resuming the medication after a break, the dose must be reduced dramatically.
- FDA is clamping down on prescription amounts to address ‘epidemic’. This may lead to more illicit use of drugs such as heroin.

Stimulants

(Examples: Ritalin, Adderall, Concerta)

- USE: ADD/ADHD, antidepressant augmentation, apathy treatment in dementia
- Side effects: Anxiety, insomnia, loss of appetite, increased pulse and pressure. Psychosis with heavy abuse.
- Misuse/abuse: Common this (along with illicit drugs like cocaine) are drugs of abuse. Schedule II due to abuse potential. Heavy use may lead to manic-like behavior/psychosis. Sudden cessation after long use may lead to severe depression.

Anticholinergics

(many antipsychotics, antidepressants, incontinence meds and some anti-Parkinson's meds)

- Use: Primarily to control incontinence or treat Parkinson's symptoms (especially though caused by antipsychotics).
- Side effect vs treatment effect: dry mouth, constipation, rapid heart beat, urinary retention, memory impairment. Toxicity can lead to Delirium.
- Misuse – uncommon. Abuse- rare.
- These drugs work exactly the opposite (to block neurotransmitter acetylcholine) as do anti-dementia drugs, like Aricept, which increase acetylcholine in the brain).

Drug Interactions

- Prescription Drugs can interact with each other to enhance treatment effects, enhance side effects or both. Can see additive and potentiating effects.
 - For example: antihistamines can potentiate some sedatives, sedating meds can add together
- Over-the-counter meds/supplements can interact with prescription drugs
 - OTC antihistamines such as diphenhydramine (Benadryl) can add to antihistaminic effects of drugs like mirtazapine (Remeron). Decongestants can enhance stimulant actions.
- Psychoactive substances (legal and otherwise) can interact with prescribed meds
 - For example: Alcohol is a sedative and enhances sedating effects of narcotics, antidepressants and other sedatives such as benzodiazepines)

Summary

- Not using prescribed drugs for a psychiatric condition can lead to significant functional impairment as can the side effects of some of these drugs, so it is a balancing act. **Most of the time, the use of a medication as prescribed will not lead to significant functional impairments except in more vulnerable populations.** Untreated conditions are more likely to lead to impairment.
- Non-compliance and misuse of prescription drugs is common in all populations, even educated ones
- Abuse is usually related to sought after effects different than what originally prescribed for.
- Tolerance to some addictive meds can lead to unintentional overdoses.
