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VANDERBILT UNIVERSITY MEDICAL CENTER

ECHO I/DD

Use of Antipsychotics in Intellectual Disability

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Echo Autism: Adult Healthcare Disclosures

- Target audience: professionals providing care for adults with IDD
- Objective: To improve the knowledge of primary care providers who care for adults with IDD.
- Speaker Disclosure: **Joshua Smith** has no relationship with any commercial firm having products related to topics discussed at this program. Actual disclosure forms are available upon request.

Objectives

- Appreciate the high prevalence of antipsychotic use for intellectually disabled populations
- Discuss how psychiatric conditions may present in intellectual disabled populations
- Understand the different categories of antipsychotics
- Appreciate the benefits and possible side effects of each antipsychotic category

Antipsychotic for intellectual and developmental disability

- Internationally, use rates range from 21% to 45%
- Only two are FDA-approved for irritability in autism
  - These studies included individuals with co-morbid intellectual disability
  - Risperidone and Aripiprazole
- Long-term use can be associated with the following
  - Hypertension, diabetes, extrapyramidal side effects, tardive dyskinesia

Antipsychotic for intellectual and developmental disability

- However, they can be very helpful in treating the following:
  - Psychosis (from any cause)
  - Mood disorder (bipolar disorder, depression)
  - Aggression due to an underlying psychiatric condition
- Psychiatric co-morbidity is common
- There is limited efficacy in the use of antipsychotics to address behavior that is not related to a co-morbid psychiatric condition

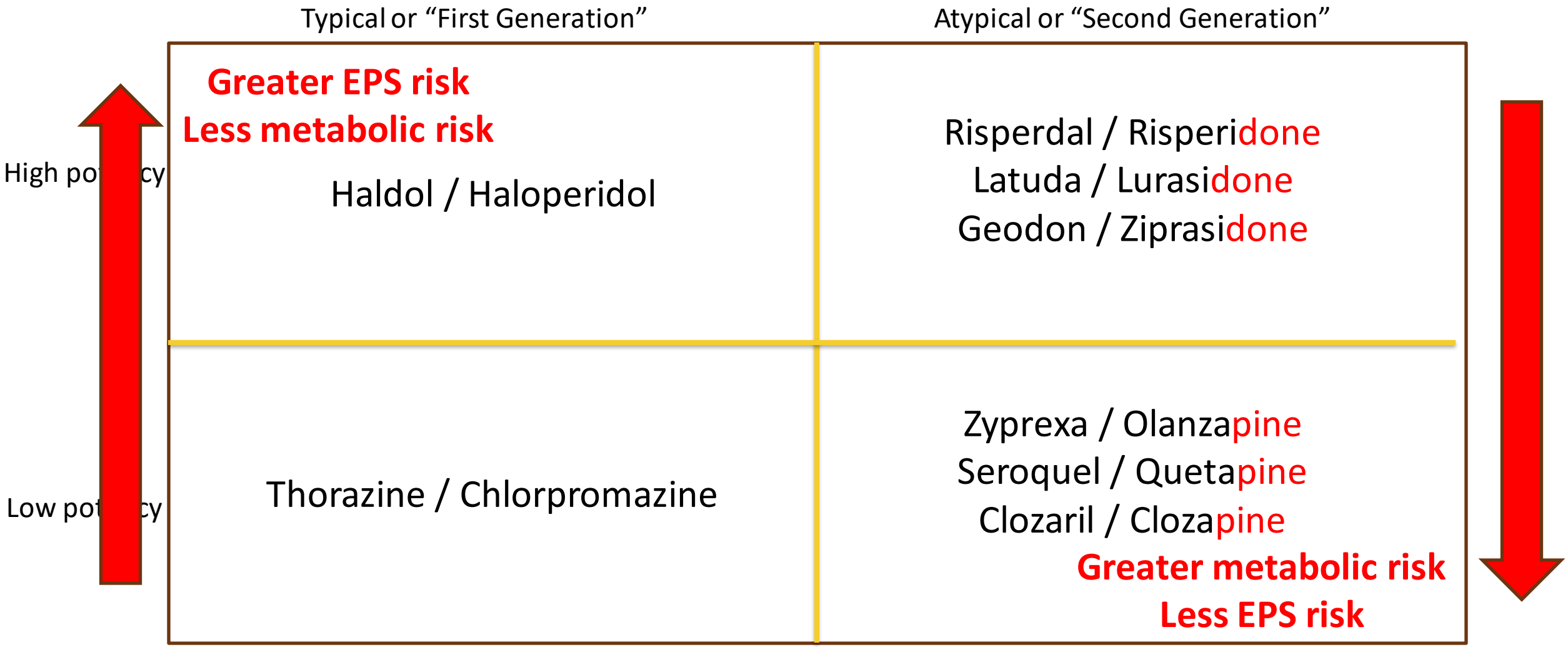
Try to identify what you are treating / Know the normal

- A change in baseline is key, even if occurring over months to years
- Not every hallucination is psychosis
  - The key to identifying psychosis is a lack of reality testing
    - Hard to do in this population
  - Sensory sensitivity may appear psychotic
  - Traumatic experiences may appear psychotic
- Aggression, oppositional behaviors, or irritability can be psychosis / but not always
  - Externalizing behaviors such as aggression may be due to communication challenges or a reduced ability to communicate

Try to identify what you are treating / Know the normal

- A change in baseline is key, even if occurring over months to years
- Depression / Anxiety / Mood disorder / Other psychiatric conditions
  - Evaluate for change in "rhythms"
    - Sleeping, eating, level of activity, ADLs, social engagement
    - Monitor for regressions in other areas
    - Irritability / aggression may also be a symptom

Antipsychotics



Antipsychotics, quick tips

- Atypical antipsychotics have a lower risk of EPS/dystonia/tardive dyskinesia
- Watch the antipsychotic suffix
  - done = high potency atypical antipsychotic (Risperidone)
  - pine = low potency atypical antipsychotic (Quetiapine)
  - azole = partial D2 agonist (Aripiprazole)
    - Effective antidepressant
    - Acts like agonist when dopamine activity is reduced
    - Acts like an agonist when dopamine activity is enhanced

Use them when you need them, but closely monitor

- Broadly, antipsychotics are considered safe in children and adults
- Always monitor for metabolic side effects and conduct an AIMS examination
  - Metabolic monitoring
    - After initiation -> 12 weeks -> 6 months -> annually
    - Waist circumference, triglyceride, blood pressure, HbA1c, fasting glucose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Thank you!