MEDICATION MANAGEMENT and SCHOOL ISSUES

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Medication Types

• Mood Stabilizers
  - Lithium and anticonvulsants

• Antipsychotics
  - Second generation (atypical)

• Antidepressants
  - SSRI’s

• Stimulants & others
  - Amantadine
Medication issues
(Kowatch, A.R. et al., Eds., 2009)

• Medications take time to reach full efficacy
  - Until child is “med stable”, teachers need to lighten up

• Medication side effects
  - Fatigue, dry mouth, dizziness, poor bladder control, constipation, weight gain, tremor, diarrhea, drooling, itching, sweating, sedation, poor executive cognition.

• Absences
  - Medication changes may lead to absences from school and difficulty catching up later.
Medication Issues

• Accommodation for Side Effects
  - Permanent bathroom pass
    • Thirst issues, gastrointestinal distress
  - Expect less until RTC kid is “med stable”
    • May take 3 or 4 weeks of medication
  - Reduce written assignments
    • Fatigue, hand tremor, and drowsiness issues
  - Seat near door for access to nurse
    Dizziness, blurring, nausea, rash issues
Neuropsychiatry Protocol

- Medications for mood disorders and pathological aggression
- Pros and Cons of antipsychotics
- Neuropsychiatry protocol
  - Limbic (emotion brain) system
    - Bottom up medication
  - Frontal lobe (control) system
    - Top down medication
Bipolar Academic Problems?
(Kowatch, A.R. et al., Eds., 2009)

• Bipolar kids show neurocognitive issues, LD, ADHD
  • Neurocognitive deficits
    - Memory problems
    - Lower verbal reasoning
    - Poor attention span
    - Slower processing speed
    - Decreased cognitive flexibility
  • Neurocognitive deficits may persist even after “recovery” from mania and depression.
School Impairment

- Bipolar kids show high prevalence of academic dysfunction:
  - Reading/Writing
    - 42% (Wozniak, 1955)
    - 46% (Pavuluri, 2006)
  - Math
    - 30% (Wozniak, 1955)
    - 29% (Pavuluri, 2006)

- Also, Behavior Problems in school:
  - 79% (Geller, 2002)
Classroom Suggestions

• Expect poor executive cognition
  - provide help with planning and organization
• Expect slow processing
  - give more time for tests
• Expect attention issues
  - get eye contact before giving information
• Expect memory problems
  - Multiple choice tests; No fill-in the blanks.
• Expect explosive reaction to minor frustrations
  - Arrange safe place to calm down
Mania-Specific Deficits
(Wozniak, J., et al., 1955)

• Mania issues that affect schoolwork:
  • Irritability, explosive temper
    - Uncooperative, oppositional, aggressive
  • Elated mood, grandiosity
    - Giggly, reckless (euphoric), feels superior to teachers (grandiose)

• ADHD Symptoms:
  - hyperactivity, distractibility, impulsivity
  - Intense energy; Talks too much
Depression-Specific Problems

(Geller, B. & Delbello, M., 2006)

• Psychomotor retardation
  - Slowness, lack of energy, no motivation

• Negativity, No Positive Thoughts
  - I’m no good, I never will be any good

• Poor concentration
  - Loss of interest, apathetic, flat emotions

• Moody, Sad, Suicidal
  Feels worthless, hopeless, helpless
Interventions
(Kowatch, A.R. et al., Eds., 2009)

• Pharmacological interventions:
  - For mood swings, meltdowns, irritability

• Psychosocial interventions:
  - Family Therapy, Family Education
  - Individual Cognitive Behavior Therapy

• School interventions:
  - Accommodations for cognitive disorders
  - Strong use of positive discipline
School Accommodations
(Jensen, P., 2006)

• Bipolar kids have episodic bad days
  - Schedule more breaks on bad days
  - Extra time for transitions
  - Preferential seating near natural light
  - Delay start, reduce demands, ease up
  - Reduce homework, extend deadlines
  - On bad days, lighten up (work, discipline)
  - On bad days, just being there is a success
Bipolar: Hot Temper
(Greene, R.W., 2005)

• Need for positive discipline
  - Temper outburst is not misbehavior
  - “Getting tough” never helps
• Avoid confrontation
  - Redirect - tell them what to do
  - Not what to stop doing
• Frustration can trigger outbursts
  - Try to reduce frustrations
Consider School Setting for mTBI & Bipolar

- Lower levels of stimulation
- Quiet, calm, peaceful is best
- Bare walls, cool colors are best
- Slower pace - more time is best
- Frequent rest periods helpful
- Reduced demands helpful
- Consistent routines helpful
Common Trouble Spots
(Kowatch, A.R. et al., Eds., 2009)

- Morning, Preparing for the day
- Change in class activity
- Meal time, free play time
- Fire drills, storms, etc.
- Schedule changes
- Afternoon fatigue
- Transition
Schedules, if possible
(Simon, R., & Tardiff, K. Eds., 2008)

• Highly structured is best
• Very routine, set in stone
• Every time-slot has a purpose
• No unstructured free-time
• Small groups, short sessions
• Plan for problems: control transitions, have crisis plan
Control Transitions
(Greene, R.W., 2005)

• Plan for every change

• Transition Breakdown
  • Wind down the current activity
  • Give warnings (10 min, 5 min, 1 min)
  • Prep class for next activity
  • Review expectations—next activity
  • Control movements, no chaos
  • Repeat for every transition
  • Avoid sudden changes
More Supervision
(Greenberg, R., 2007)

- Constant monitoring is best
  - Frequent checks on frustration
- Lots of external direction
  - Frequent interaction (proximity control, catch 'em being good)
- Prevent explosive outburst
  - Intervene early in anger cycle & listen
    - If child looks enraged, back off
Consistency
(Greene, R.W., 2005)

- RTC kids need structure
  - Can’t deal with uncertainty
- Consistent rules across teachers
  - And between different subjects
- Positive Discipline (redirect)
  - Avoid confrontations (not in their face)
  - Minimize punishments (fewer, milder)
Crisis Management
(Simon, R. & Tardiff, K., Eds., 2008)

• Explosive outbursts of temper
  - Glassy eyed, jaw clenched, fists tight, high emotional charge
    • Back off, do not touch student, do not talk to student, remove others, monitor for safety until the “emotional seizure” is over (takes 5-10 minutes).

• Treat it like an epileptic seizure; let it run its course, don’t punish it.

• Later, debrief the incident, look for triggers, problem-solve together.
School Accommodations
(Kowatch, A.R., et al., Eds., 2009)

- Irritability/Aggression/Meltdowns
  - Access to safe place when ready to blow (allow for a “chill-out” place)
  - Seating that allows a buffer space
  - Place resource room near end of day
  - Teach anger management skills
  - Teach self-calming techniques
  - Use less competitive activities
  - Staff supervision in hallways, café, bus
School Accommodations
(Kowatch, A.R., et al., Eds., 2009)

• Social difficulties
  - Peer assistant or buddy system
  - Social skills training
  - Use social stories, or act out social situations
  - Peer education regarding diversity
  - Preferential seating - good peer role models
  - Regular mental health counseling
  - Speech - help with “social” communications
    • take turns, monitor peer’s interest in topic

• Social Perception difficulties
  - Train in face/emotion matching
School Accommodations
(Greenberg, R., 2007)

• Cognitive issues
  - More time for exams, and for class-work
  - Strong use of visual aids
  - Highlight important material
  - Simplified instructions, condensed texts
  - Use of tape recorder, calculator in class
  - Get eye contact when giving directives

Expect slower processing speed
  - Avoid timed tests
Summary

• Moody kids often show irritability and explosive outbursts
• Medication is usually necessary
• Neurocognitive deficits and medication side effects require some educational modifications.
• Wait until they become “med stable” to increase demands.
BOOKS


References


