

MEDICATION MANAGEMENT and SCHOOL ISSUES

PPS
PRO

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UHS Neurobehavioral Systems

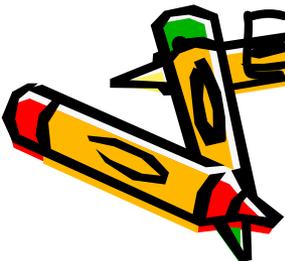
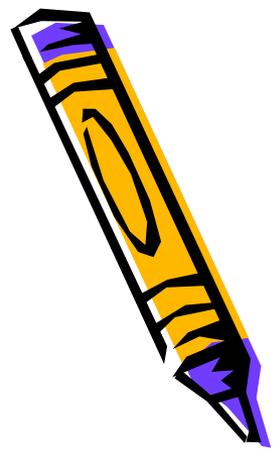
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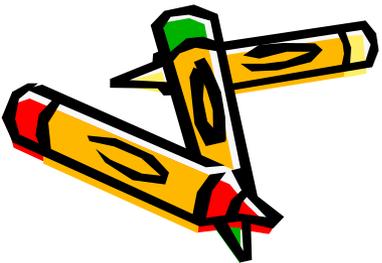
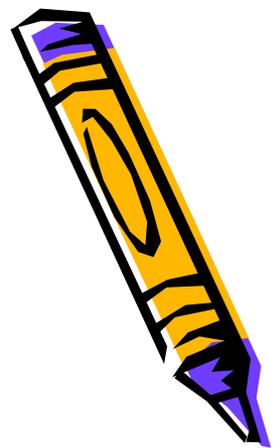
Medication Types

- Mood Stabilizers
 - Lithium and anticonvulsants
- Antipsychotics
 - Second generation (atypical)
- Antidepressants
 - SSRI's
- Stimulants & others
 - Amantadine

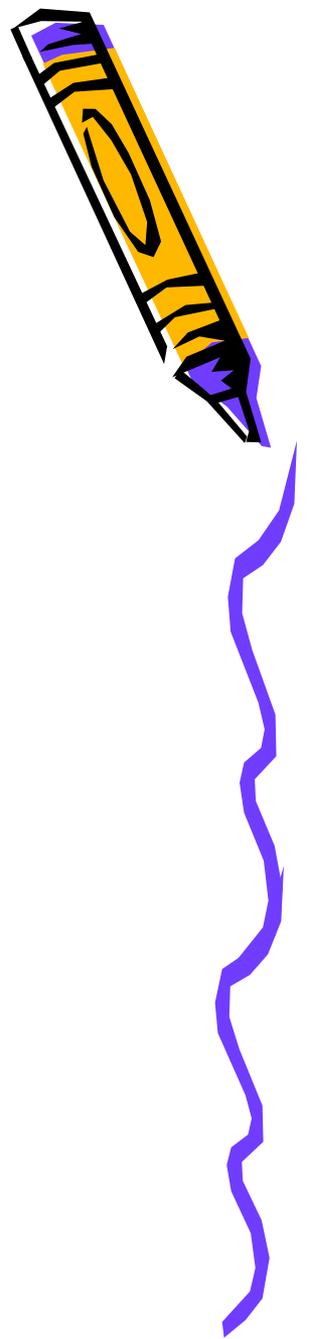
Medication issues

(Kowatch, A.R. et al., Eds., 2009)

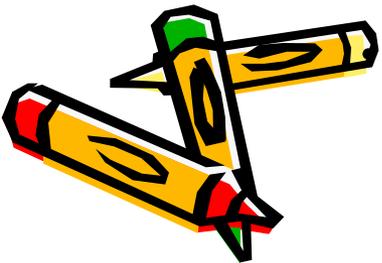
- Medications take time to reach full efficacy
 - Until child is "med stable", teachers need to lighten up
- Medication side effects
 - Fatigue, dry mouth, dizziness, poor bladder control, constipation, weight gain, tremor, diarrhea, drooling, itching, sweating, sedation, poor executive cognition.
- 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



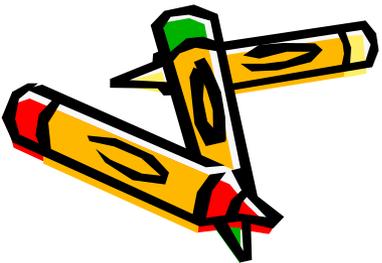
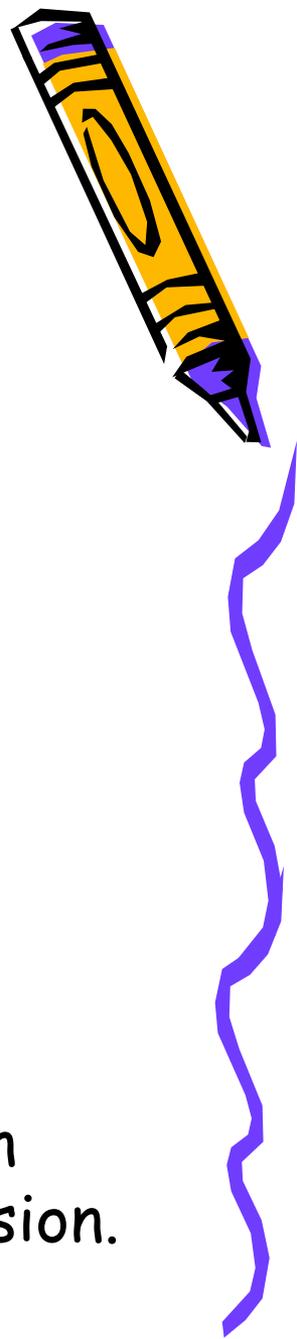
Neuropsychiatry Protocol

- 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

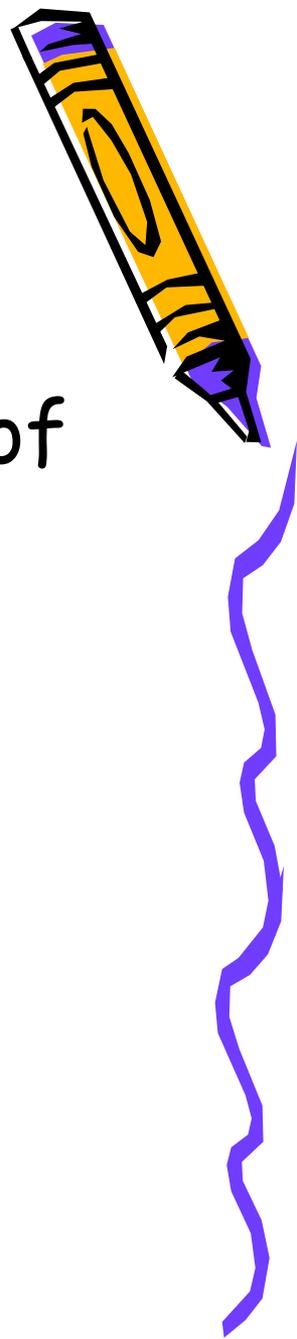
Bipolar Academic Problems?

(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



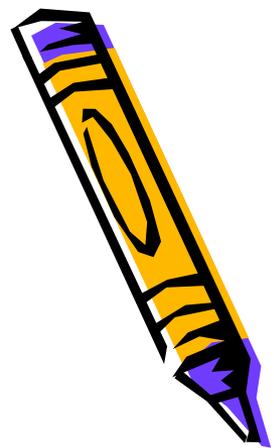
- Bipolar kids show high prevalence of academic dysfunction:
 - Reading/Writing
 - 42% (Wozniak, 1955)
 - 46% (Pavuluri, 2006)
 - Math
 - 30% (Wozniak, 1955)
 - 29% (Pavuluri, 2006)

Also, Behavior Problems in school:

- 79% (Geller, 2002)



Classroom Suggestions

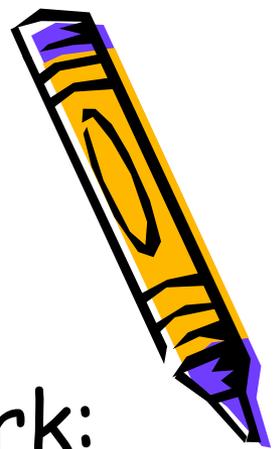


- Expect poor executive cognition
 - provide help with planning and organization
- Expect slow processing
 - give more time for tests
- Expect attention issues
 - get eye contact before giving information
- Expect memory problems
 - Multiple choice tests; No fill-in the blanks.
- Expect explosive reaction to minor frustrations
 - Arrange safe place to calm down

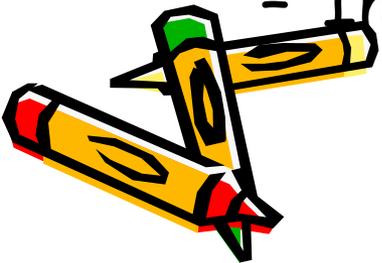


Mania-Specific Deficits

(Wozniak, J., et al., 1955)



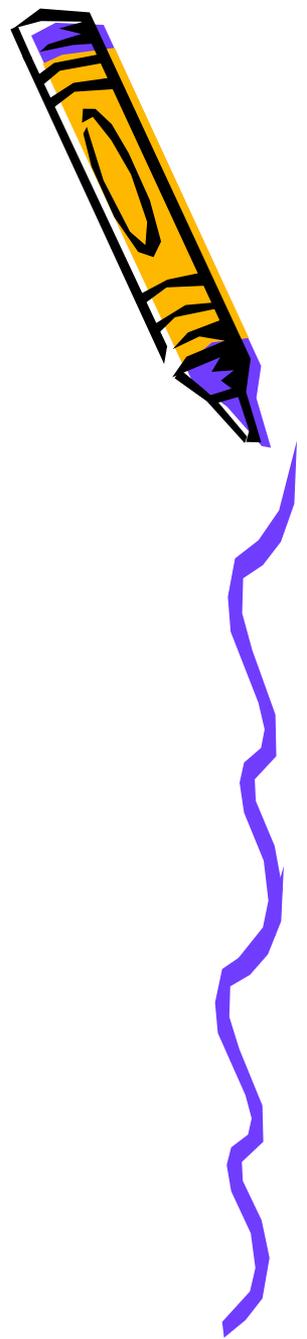
- Mania issues that affect schoolwork:
- Irritability, explosive temper
 - Uncooperative, oppositional, aggressive
- Elated mood, grandiosity
 - Giggly, reckless (euphoric), feels superior to teachers (grandiose)
- ADHD Symptoms:
 - hyperactivity, distractibility, impulsivity
 - Intense energy; Talks too much



Depression-Specific Problems

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

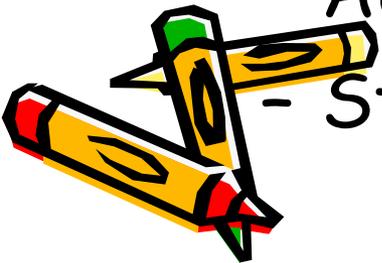
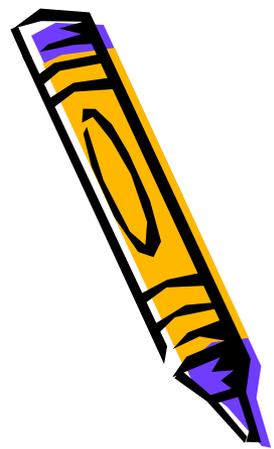
- Psychomotor retardation
 - Slowness, lack of energy, no motivation
- Negativity, No Positive Thoughts
 - I'm no good, I never will be any good
- Poor concentration
 - Loss of interest, apathetic, flat emotions
- Moody, Sad, Suicidal
 - Feels worthless, hopeless, helpless



Interventions

(Kowatch, A.R. et al., Eds., 2009)

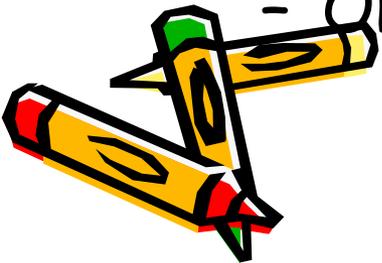
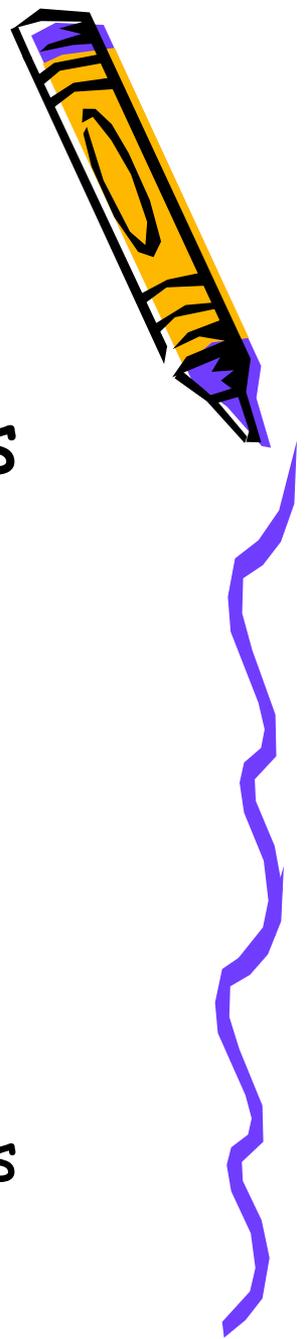
- Pharmacological interventions:
 - For mood swings, meltdowns, irritability
- Psychosocial interventions:
 - Family Therapy, Family Education
 - Individual Cognitive Behavior Therapy
- School interventions:
 - Accommodations for cognitive disorders
 - Strong use of positive discipline



School Accommodations

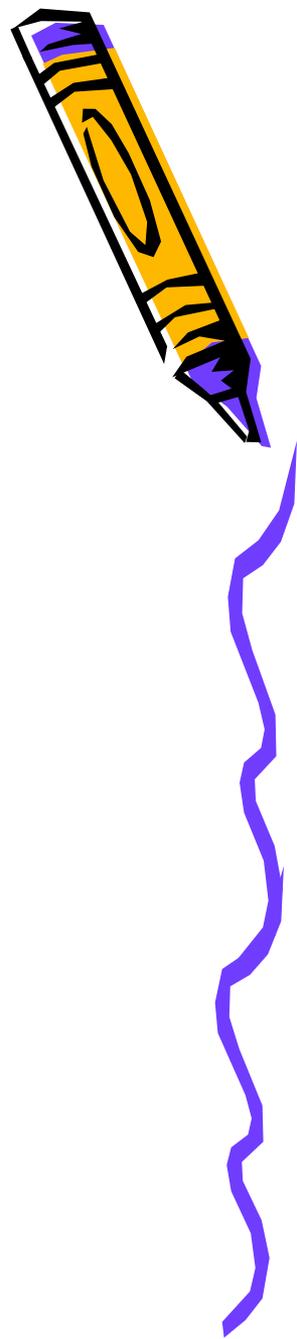
(Jensen, P., 2006)

- 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

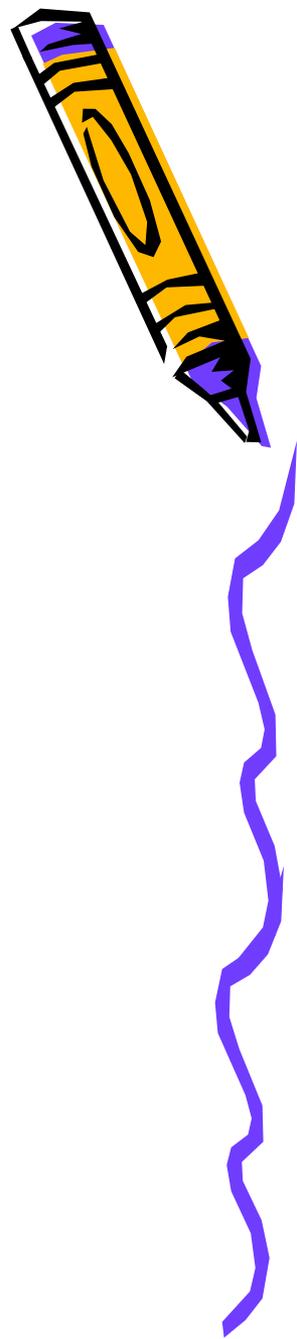
(Greene, R.W., 2005)



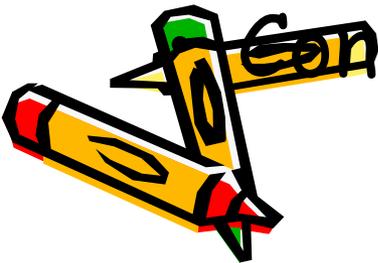
- Need for positive discipline
 - Temper outburst is not misbehavior
 - "Getting tough" never helps
- Avoid confrontation
 - Redirect - tell them what to do
 - Not what to stop doing
- Frustration can trigger outbursts
 - Try to reduce frustrations



Consider School Setting for mTBI & Bipolar



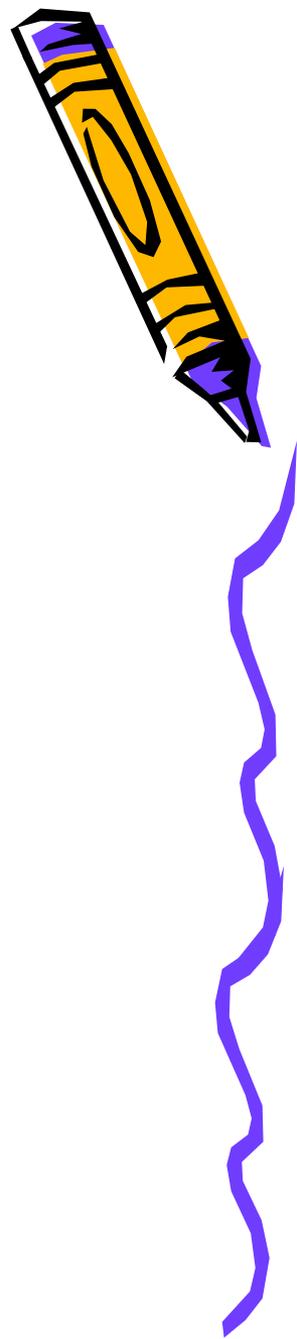
- Lower levels of stimulation
- Quiet, calm, peaceful is best
- Bare walls, cool colors are best
- Slower pace - more time is best
- Frequent rest periods helpful
- Reduced demands helpful
- Consistent routines helpful



Common Trouble Spots

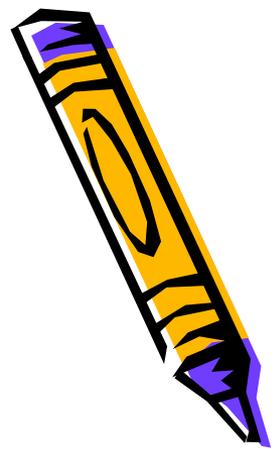
(Kowatch, A.R. et al., Eds., 2009)

- Morning, Preparing for the day
- Change in class activity
- Meal time, free play time
- Fire drills, storms, etc.
- Schedule changes
- Afternoon fatigue

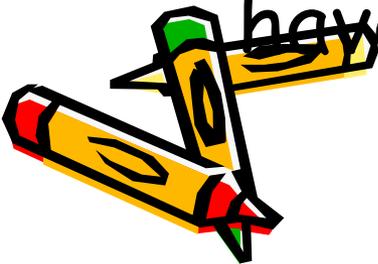


Schedules, if possible

(Simon, R., & Tardiff, K. Eds., 2008)

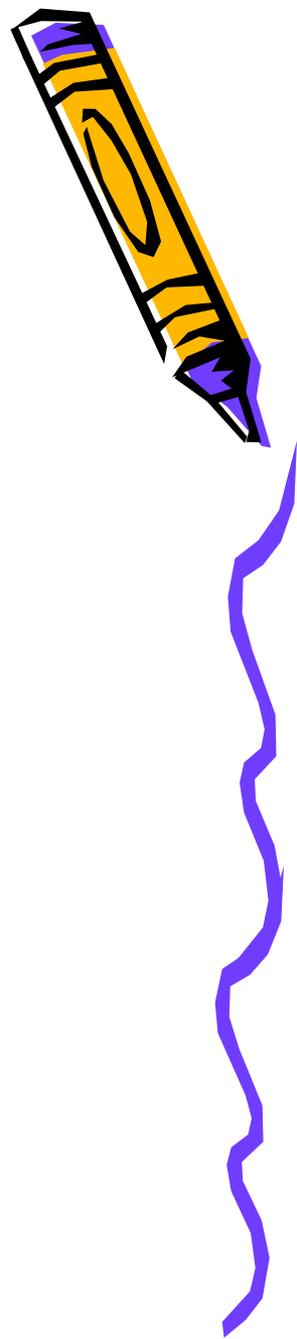


- Highly structured is best
- Very routine, set in stone
- Every time-slot has a purpose
- No unstructured free-time
- Small groups, short sessions
- Plan for problems: control transitions, have crisis plan

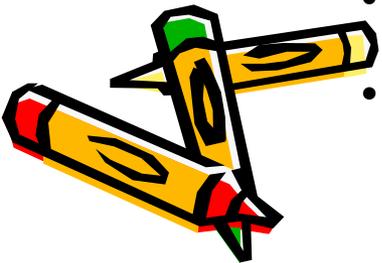


Control Transitions

(Greene, R.W., 2005)

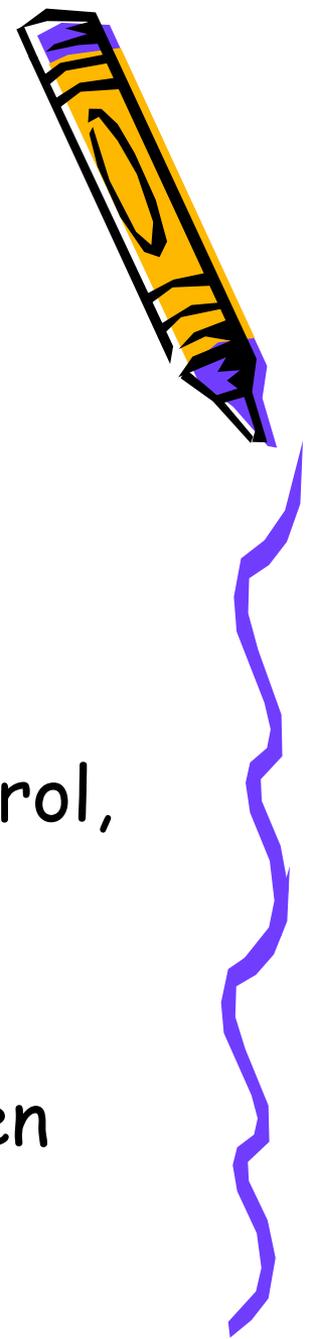


- Plan for every change
- Transition Breakdown
 - Wind down the current activity
 - Give warnings (10 min, 5 min, 1 min)
 - Prep class for next activity
 - Review expectations-next activity
 - Control movements, no chaos
 - Repeat for every transition
 - Avoid sudden changes



More Supervision

(Greenberg, R., 2007)

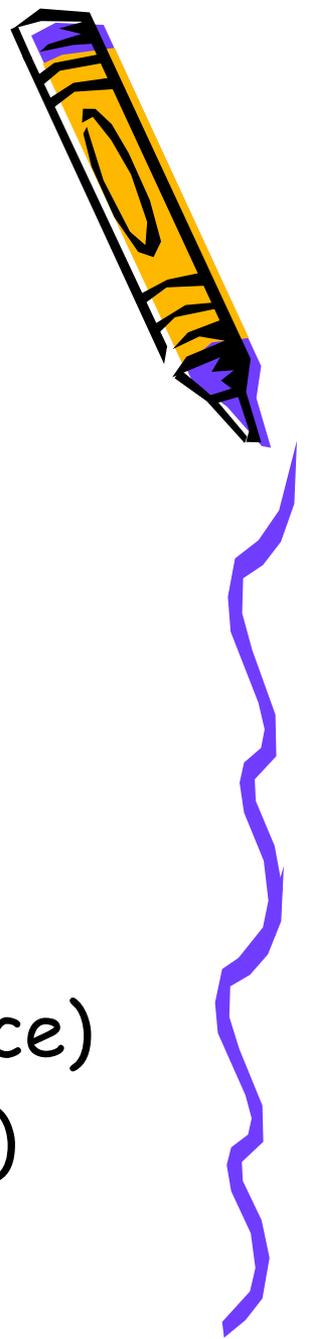


- Constant monitoring is best
 - Frequent checks on frustration
- Lots of external direction
 - Frequent interaction (proximity control, catch 'em being good)
- Prevent explosive outburst
 - Intervene early in anger cycle & listen
 - If child looks enraged, back off

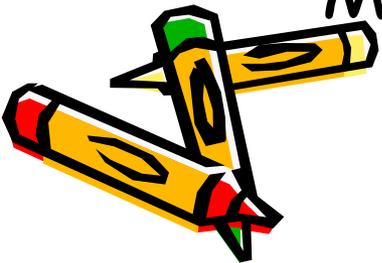


Consistency

(Greene, R.W., 2005)

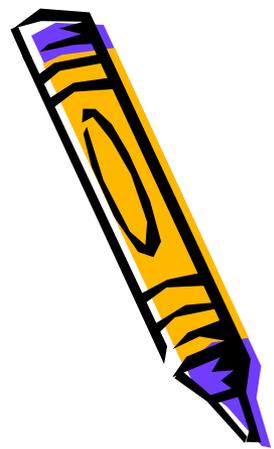


- RTC kids need structure
 - Can't deal with uncertainty
- Consistent rules across teachers
 - And between different subjects
- Positive Discipline (redirect)
 - Avoid confrontations (not in their face)
 - Minimize punishments (fewer, milder)

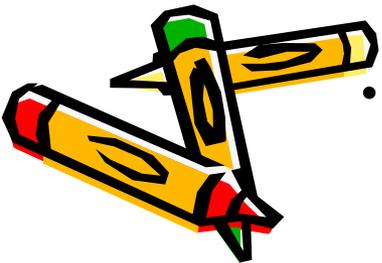


Crisis Management

(Simon, R. & Tardiff, K., Eds., 2008)

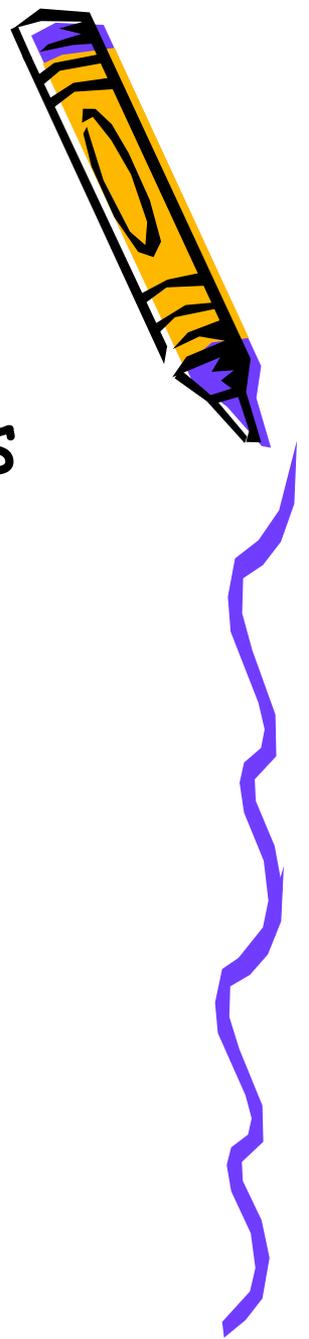


- Explosive outbursts of temper
 - Glassy eyed, jaw clenched, fists tight, high emotional charge
 - Back off, do not touch student, do not talk to student, remove others, monitor for safety until the "emotional seizure" is over (takes 5-10 minutes).
 - Treat it like an epileptic seizure; let it run its course, don't punish it.
 - Later, debrief the incident, look for triggers, problem-solve together.

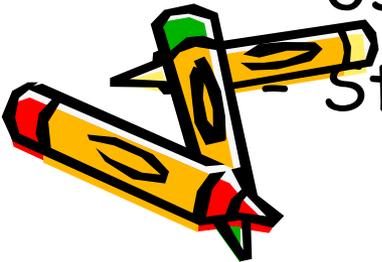


School Accommodations

(Kowatch, A.R., et al., Eds., 2009)

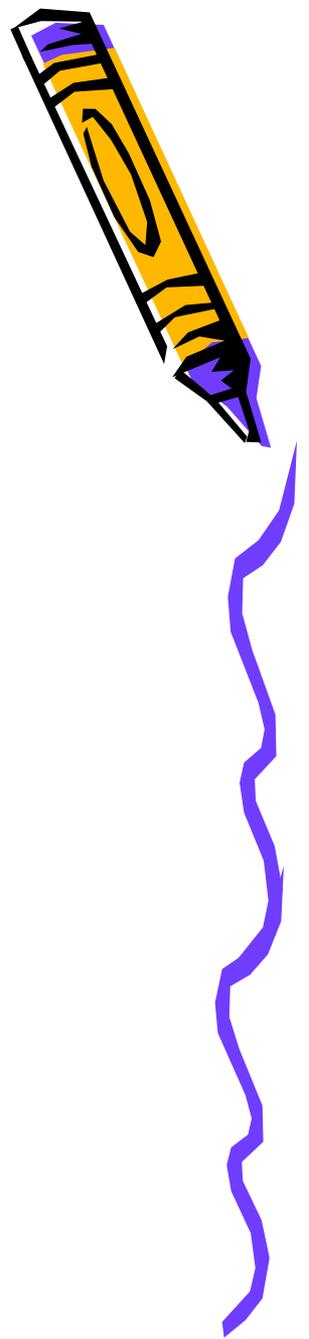


- Irritability/Aggression/Meltdowns
 - Access to safe place when ready to blow (allow for a "chill-out" place)
 - Seating that allows a buffer space
 - Place resource room near end of day
 - Teach anger management skills
 - Teach self-calming techniques
 - Use less competitive activities
 - Staff supervision 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

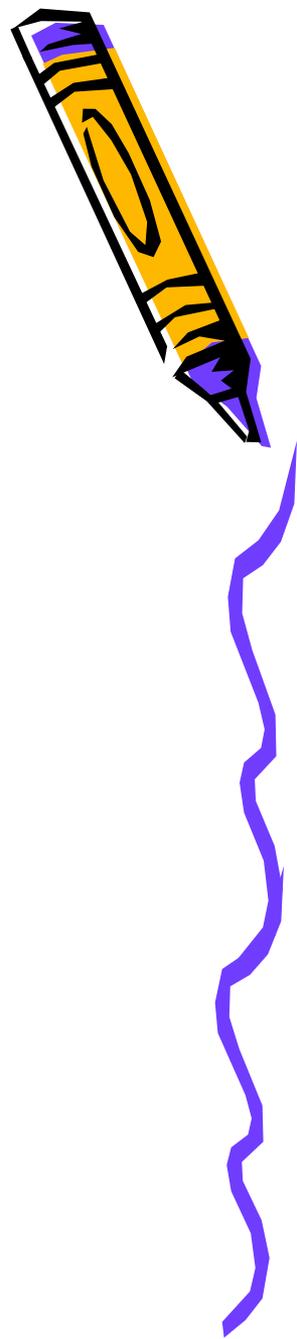
• Social Perception difficulties

- Train in face/emotion matching



School Accommodations

(Greenberg, R., 2007)



- Cognitive issues

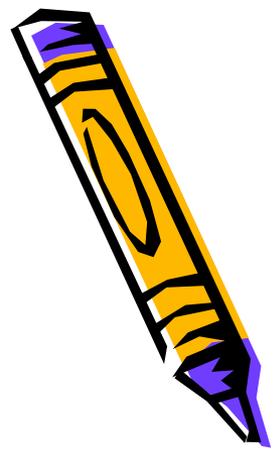
- More time for exams, and for class-work
- Strong use of visual aids
- Highlight important material
- Simplified instructions, condensed texts
- Use of tape recorder, calculator in class
- Get eye contact when giving directives

Expect slower processing speed

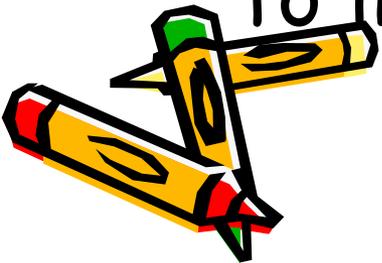
- Avoid timed tests



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



- Kowatch, A. R., et al., (Eds), 2009. Clinical Manual for Management of Bipolar Disorder in Children and Adolescents. American Psychiatric Publishing Co., Washington, D.C.
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