

Inheriting Patients with Complicated Medication Regimens

When inheriting patients with complicated psychotropic medication regimens, it is common for prescribers to feel overwhelmed, frustrated, or irritated. Remember, though, this regimen didn't likely start in one day, there may be many contributing factors, and you have more than one day to make a change for the better!

Clinical skills are the starting point. Lean into what you know, as you:

- 1) Assess the patient's current symptoms, symptom management, and goals
- 2) Review their medical records
- 3) Assess for adverse effects or inadequate responses to medications
- 4) Discuss with their previous healthcare providers

Connect with your patient, continuing to build a therapeutic alliance:

- 1) Develop a treatment plan tailored to the individual needs and preferences
- 2) Set realistic goals and expectations for treatment and recovery

Contributing factors of inappropriate medication use:

- 1) a lack of proper evaluation
- 2) a lack of proper diagnosis
- 3) a lack of proper monitoring
- 4) patient nonadherence
- 5) a lack of communication between healthcare providers
- 6) patient requests
- 7) marketing

Change by tapering or discontinuing unnecessary or potentially inappropriate medications based on:

- 1) the patient's diagnosis and current symptoms
- 2) the potential risks and benefits of the medication
- 3) the patient's preferences
- 4) the potential impact on other medications
- 5) the potential impact on the patient's quality of life

Communicate your recommendation to discontinue medication and collaborate with the patient/family:

- 1) explain the reasons for wanting to discontinue the medication
- 2) provide education about the medication
- 3) encourage the patient to be an active participant in their own care
- 4) work with the patient to develop a plan to taper off the medication
- 5) offer ongoing support and follow-up care

Consult: if learning more on your own isn't enough, remember you're not alone

- 1) if appropriate, discuss with a colleague and/or access WI CPCP, including the option of a Second Opinion referral
- 2) if needed, consider referring the patient to a child psychiatrist
- 3) if there are major systemic issues, communicate your concerns, advocate for greater change, or consider a formal ethics consultation, if available