A.M.B.E.R. clinic
Albuquerque
Multidisciplinary Behavioral Evaluation for Recovery and Resiliency

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“Psychopharmacology – Mitigating Dyscontrol in TBI and I/DD”
Why “dyscontrol”? 

- Some patients meet diagnostic criteria, e.g.:
  - Bipolar
  - Impulse Control disorder
  - Intermittent Explosive disorder
  - REM sleep disorder

- Lack of inhibition leads to action before assessment

- Helps to determine endpoint of Rx
Effects of BI, Development

- Frontal damage
- DAI
- Impaired sleep/wake cycles
- Problems in sensory processing
- Concomitant substance abuse
- Hyper-arousal +/- PTSD
- Developmental anomalies
- Sensory sensitivities
- Frontal damage
- Poor integration of cortical areas
- Decreased attention, concentration, integration
- Known syndromes, e.g.
  - Prader Willi Syndrome
Clinical strategy

- Careful history
  - antecedents
  - speed, duration of dyscontrol
  - evidence of remorse
- For whom is this a problem?
- What executive functioning does patient bring to the situation?
Sleep/wake

- Assure regularization of rest/wake cycle
- Assess for sedatives, benzodiazepines, alcohol, other drugs
- How long able to stay alert?
- What is functioning when alert?
Drug strategies

- Decrease arousal:
  - beta/alpha blockers
  - anxiolytics
  - antipsychotics
  - THC used by patients
Drug strategies

- Decrease speed of thinking
  - antipsychotics
  - anticonvulsants
  - THC often used by patients

- Modulate affective state
  - mood stabilizers: Li, AEDs
  - anxiolytics: SSRI, TCA
Issues of monitoring

- Patient report of cognitive choices
- Reliability of ingestion, schedule of administration
- Second reporter on interpersonal results
- Adaptation, dependence, and lack of insight
Monitoring

- Laboratory investigations
- Need for stimulant?
- Ongoing use/misuse of medications
- Ancillary treatment to support pharmacologic therapy
  - exercise
  - sleep
  - social interactions
  - spiritual framework
  - safety (!)
Summary

- People with TBI or I/DD often sensitive to hyperarousal and s/e of standard Rx’s.
- The secondary effects of brain injury frequently result in poor self-monitoring.
- Multiple classes of medications made be needed.
- Expect patient to have changing needs over the years, as new challenges emerge.
Catch & release,
NM April 2012
Next presentation:

10-22-2012

“Behavior Therapy and Psychotherapy...”

resources and back issues can be found at Continuum of Care website:

http://som.unm.edu/coc/Training/powerpointnew.html