



OFFERING PATIENTS THERAPEUTIC INFORMATION ON MEDICATION ALTERNATIVES (OPTIMA)[©]

RATIONALE

Recent clinical recommendations on the use of monthly antipsychotics state the following:

Monthly antipsychotics may improve remission rates and decrease the risk of relapse, hospitalization, and disengagement from services. These agents, are, however, underused in Canada often because of limited knowledge of the benefits. As a result, it is important to discuss the use of monthly antipsychotics with people with psychotic symptoms so that they can make an informed decision. Monthly antipsychotics should be discussed at all phases of the illness, including early in the disease course. Information should be reviewed periodically with people taking daily oral medication, whether or not they appear to be adherent. It is also important to discuss monthly antipsychotic agents with people treated under community treatment orders early in the outpatient phase of treatment.

RECOMMENDED APPROACH TO DISCUSSING MONTHLY ANTIPSYCHOTIC MEDICATION

WHO

Identify appropriate people for discussion of monthly antipsychotic agents

- People with early psychosis, including those with a first episode
- People with multiple relapses
- People on oral medication
- People with a psychotic illness who may prefer monthly treatment for any reason

WHEN

Determine optimal time to discuss monthly medication

- **People with early psychosis, including those with a first episode:** As soon as stable, when people with psychotic symptoms gain insight into their disease, usually by 2 weeks of hospitalization, before receiving a weekend pass. The discussion should be repeated when people return from a weekend pass, as part of discharge planning.
- **People with chronic relapse:** Upon readmission and again as part of discharge planning.
- **People on oral medication:** As soon as stable, when people with psychotic symptoms gain insight into their disease, usually by 2 weeks of hospitalization, before receiving a weekend pass. The discussion should be repeated when they return from a weekend pass, as part of discharge planning.
- **People under community treatment orders or superior court order (SCO):** Early in the outpatient or community setting.

WHAT

Discuss monthly medication as part of the discussion of medication and its importance, including oral medication. It is assumed that people with whom monthly medication is discussed are already receiving oral medication. For clarification, all people with psychotic symptoms on the psychiatry ward with whom this option is being discussed would have entered the hospital with a psychotic episode, usually via the emergency department.

HOW

Suggestions for initiating the discussion:

- We have talked about your goals and the importance of medication to help you achieve your goals. Now I would like to talk about monthly medication, which can simplify treatment for you compared to daily medication
- We have already discussed your goals and why you need treatment with medication to achieve your goals. I would like to talk about a way to simplify treatment for you, and that is with monthly medication
- Now that you understand the importance of medication as part of your treatment, to help you achieve your goals, I would like to talk about a convenient way for you to receive your medication, and that is monthly

Review the decision aid with the person with psychotic symptoms, question by question. Ensure that answers are filled in before proceeding to the next question.

Question 1: Why are you being offered monthly medications for your symptoms?

Review the answer to this question given in the decision aid and help the person understand the benefits of taking medication right from the beginning of the disease (remission) and having stable blood levels of medication that can be achieved with monthly medication. Use the graphics to support your explanation.

Question 2: What are your options?

The options here are taking or declining monthly medication. Review these options with the person.

Question 3: What do you think about the benefits and risks of monthly medication?

Review each point and have the person respond Yes or No to the question about the importance of each benefit of monthly medication. Repeat for the risks of monthly medication. Make sure the person's answer is recorded on the decision aid.

Question 4: Which option do you prefer?

Have the person indicate their preference.

Question 5: What are your decision-making needs?

Have the person answer the four questions in this section. If the person is still unsure, ask about barriers to decision-making, answer questions, and attempt to resolve any uncertainties.

Review the decision aid and the person's responses again before discharge. In individuals treated under a community treatment order, complete a decision aid shortly after discharge into the community. Once the decision aid has been reviewed and completed, place the original in the individual's chart.

KEY POINTS TO REMEMBER ABOUT MONTHLY MEDICATION

A survey conducted recently with people with psychotic symptoms found that medication side effects (specifically weight gain [see table] and sedation) were the most problematic aspect of medication. Less medication is given with monthly than with daily medication and it is important to remember that side effects, like weight gain, are decreased with monthly medication.

WEIGHT GAIN WITH ANTIPSYCHOTIC MEDICATIONS			
PROPENSITY FOR WEIGHT GAIN	NEUTRAL-LOW	INTERMEDIATE	SUBSTANTIAL
Second-generation antipsychotic agent (not all second-generation antipsychotics have the same risk for weight gain propensity)	Amisulpride Aripiprazole* Asenapine Lurasidone Paliperidone* Ziprasidone	Iloperidone Quetiapine Risperidone* Sertindole Zotepine	Clozapine Olanzapine

*Also available as long-acting treatment

The survey also found that the most important benefits of medication for people with psychotic symptoms were coping in daily activities and getting along better with others. Functioning well at school or work and in their social life was also an extremely important benefit of medication.

- **SPEED:** Some monthly medications may begin to work fast, within a week.²
- **GREATER CONVENIENCE:** Monthly medication may be more convenient.³ People with psychotic symptoms and families can avoid concerns about taking daily oral medication, such as adherence and reminders to take medication.
- **IMPROVED ADHERENCE:** Monthly medication can provide more frequent contact between the clinical team and the person, including the opportunity for more formal psychosocial support.³ With monthly medication, impending noncompliance is immediately obvious to the clinical team, who can promptly initiate efforts to deal with the problem effectively.³ Kaplan et al found that over 2 years, more people (82%) stay on treatment with monthly than with daily medication (63%).⁴
- **BETTER PHARMACOKINETICS:** By avoiding first-pass metabolism by the gastrointestinal system and the liver, plasma levels of active drug are more predictable and constant with monthly medication than with oral formulations.³ Once steady state is achieved, Taylor et al and Sheehan et al found that plasma levels remain relatively stable with monthly medication, avoiding the daily peaks and troughs seen with oral agents.^{5,6}
- **LOWER AMOUNT OF MEDICATION:** Monthly medication facilitates the use of the lowest effective dose principle, which may reduce side effects like weight gain and sedation.³ In addition, people receiving monthly medication receive less medication overall than those taking daily oral medication, which also contributes to reductions in side effects. Also, because monthly medication is associated with more stable levels of medication in the body, side effects, which are associated with peak plasma levels, are generally seen less often with monthly than with daily medication.⁷
- **REDUCED RISK OF OVERDOSE/SUICIDE:** Monthly medication reduces the risk of medication overdose, an important factor as suicide is a relatively common cause of death in people with psychosis. Most suicide attempts are due to medication overdose.
- **DECREASED HOSPITALIZATION:** Zhornitsky et al found that hospitalization duration is 70% lower for people on monthly than on daily medication.⁸ People who forget to take daily medication are more likely to have symptoms and more likely to be hospitalized than people who take monthly medication.⁹ Kishimoto et al found that almost three times as many people who take daily medication are hospitalized with symptoms compared with people taking monthly medication over 1 year.¹⁰
- **IMPROVED FUNCTIONING AND SATISFACTION WITH TREATMENT:** Receiving medication monthly is linked to better functioning in daily life and more satisfaction with treatment than daily medication.⁹ People who switch from daily to monthly medication say their symptoms, ability to function, daily life, and satisfaction with treatment are much better with monthly medication.^{11,12}

- **IMPROVED BRAIN PROTECTION:** Long-term outcomes of treatment are better with monthly than daily oral medication, likely because relapses happen less often. Chue found that the greater the number of relapses, the more difficult it is to achieve good outcomes, due to cumulative brain damage.¹³ Bartzokis et al found that people taking monthly medication have better protection from brain damage (damage to white matter that occurs with relapses) than people taking daily medication.¹⁴
- **DECREASED DRUG INTERACTIONS:** Smoking or drinking alcohol does not interfere with the benefits of some monthly medications.²

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