

Peter Mason, MD

- Family Physician, Lebanon, NH for 42+ years
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No conflicts to declare

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AGENDA

- DEFINE POLYPHARMACY
- WHAT ARE THE HAZARDS ASSOCIATED WITH IT?
- WHO AND WHAT ARE RESPONSIBLE FOR THE PROBLEM?
- WHAT CAN BE DONE TO DECREASE IT?
- WHAT ARE OTHER OPTIONS FOR PATIENTS WITH PSYCHOTROPIC POLYPHARMACY?

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Polypharmacy is the excessive or unnecessary use of medications

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HAZARDS ASSOCIATED WITH POLYPHARMACY

- SIGNIFICANT, OFTEN DANGEROUS, DRUG-DRUG INTERACTIONS
- CHANGES IN AFFECT AND MENTAL STATUS THAT MAKE PARTICIPATION IN THERAPEUTIC ACTIVITIES DIFFICULT OR IMPOSSIBLE
- PRECIPITATION OF DIFFICULT CONFRONTATIONAL INTERACTIONS BETWEEN PRESCRIBERS AND PATIENTS
- IRRESPONSIBLE, DANGEROUS SELF-ADMINISTRATION OF MEDICATION AFTER DISCHARGE

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WHO AND WHAT ARE RESPONSIBLE FOR THE PROBLEM?

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GENERAL CHARACTERISTICS OF THE INVOLVED POPULATION

- Most have dual diagnoses
- They have lived chaotic lives
- They have lived in multiple locations, often unhoused
- Most have experienced trauma
- They have learned that substances can ease emotional and physical pain

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WHAT ABOUT THE PRESCRIBERS?

- Often multiple
- Frequently no long-term established relationship
- Often don't know the patient at all
- Don't have access to previous medical records
- Often no communication with other involved providers
- Motivated to relieve pain and suffering
- Pressed for time
- Tend to respond to plausible stories with symptom-targeted therapeutics

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CHARACTERISTICS OF REFERRING DETOX CENTERS, OTHER TREATMENT CENTERS, AND CORRECTIONAL FACILITIES

- Short-staffed
- Need to promote a calm, non-confrontational environment
- Low bar for prescribing psychotropics to treat symptoms of sleep disorders, anxiety, depression, agitation and aberrant behavior
- Lack time, personnel and expertise to teach non-pharmacologic self-regulatory techniques

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We live in a society where people believe there is a substance to solve every problem

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STEPS TO REDUCE POLYPHARMACY AND ITS RISKS

- Obtain good histories about why medications were prescribed
- Communicate with referring clinicians and facilities
- Inquire about patient beliefs about medication effects
- Check the PDMP for multiple prescribers and pharmacies
- Ask about OTC medications and supplements
- Check for drug-drug interactions
- Endorse de-prescribing

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De-prescribing is the medically supervised process of decreasing or stopping medications that are causing interactions, are harmful, or are no longer necessary

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Cultural Beliefs and Factors

- Trauma is widespread and universal
- If you are uncomfortable, “take something.”

- Addictive Thinking
 - “Negative” emotions are out of their control
 - The **only** response is chemical

Problem Prescribers

- Over the years, clients have reported that they have identified specific prescribers who readily prescribe medications according to the clients' requests.
 - Suboxone
 - Anti-Anxiety Medications
 - ADHD Medications
 - Sleep Medications
 - specifically Gabapentin



Why Those Medications?

1. Resale Value
2. “Numbing” effects
3. Relief of Uncomfortable feelings
4. Belief of lack of control of their thoughts, emotions, and behaviors.

Alternatives to Prescriptions- Cognitive Behavioral Therapy(CBT)



Therapeutic technique that helps people understand **and change** their thinking and behaviors



CBT is based on the concept that **our** thoughts direct our feelings and behaviors including our own self-control.

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CBT or Medication

CBT THERAPY

- "As a general rule, findings suggest that CBT and medications are equally effective for many disorders including anxiety, obsessive-compulsive disorder, and depression. The effects of CBT may last longer overall (Associations for Behavioral and Cognitive Therapies.)
- CBT instills a sense of control and resiliency
- No side effects

MEDICATION

- Medications can work faster but research has shown that patients who receive CBT are less likely to continue to experience symptoms. If they do, they are more likely to have the skills to address these
- Medications are not a cure
- Potential side effects from medications

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Anxiety

- Anxiety is characterized by excessive fear, worry, and apprehension
- Approximately 18-30% of the general population have a diagnosis of an anxiety disorder
- Anxiety is highly treatable
- Pharmacotherapy does not cure anxiety-- only helps to manage symptoms



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Anxiety



- Anxiety is a normal human reaction from time to time
- How do you know anxiety is not normal?
 - Anxious reactions are out of proportion to the actual situation
 - Symptoms interfere with daily living
- CBT provides normalization of human anxiety, resulting in quick results and has long-lasting benefits

Example:

1. Explanation of thoughts → emotions → behaviors
2. Relaxation Techniques including Progressive Relaxation Technique

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Medication for Anxiety

• **Pros:**

- Can provide relief from anxiety symptoms quickly
- There are different types of medications

• **Cons:**

- Only treats the symptoms and does not help build skills to address the cause
- Potential side effects
- Increases feelings of emotional dependence



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Effectiveness



- CDC recommends behavior therapy as the "first line of treatment before medication is tried" for children under six years of age. (Open Counseling, 2023)
- Multiple studies with over 13,000 participants found CBT was the most effective treatment for Social Anxiety Disorder (Open Counseling, 2023).
- For children of all ages and young adults, research suggests that therapy may be more effective over the long term than medications given for symptoms of ADHD. (Open Counseling, 2023)

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CBT and Depression



- A study comprised of 287,282 study participants found 7 lifestyle factors that influenced depression and found that people who maintained at least five of them reduce their risk of depression by 57%
 1. Getting enough sleep
 2. Exercising regularly
 3. Eating a good diet
 4. Limiting Alcohol intake
 5. Not Smoking
 6. Limiting sedentary behavior
 7. Having social connections

(Advisory Board Daily Briefing, September 21, 2023)

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CBT and Insomnia

"Insomnia in primary care patients is as high as 69% compared to 33% in the general population" (Mitchell, et al 2012)

"Studies show that CBT-I has superior effectiveness to Benzodiazepine and non-Benzodiazepine drugs in the long term" (Mitchell, et al 2012)

Medications as Treatment

Advantages:

- Widely Available, rapid short-term improvements

Disadvantages:

- Potential for side effects, dependence, and tolerance
- Not curative—leading to long-term treatment over many years.



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CBT and Insomnia

- CBT techniques involve stimulus control, sleep restriction, and relaxation training
- Effective for both short-term insomnia and chronic insomnia
- 6-8 sessions typically used—Can be as short as 2 sessions if given by PCP (Newson, Oct. 2023)
 - This often includes:
 - Cognitive Restructuring
 - Stimulus Control (bed only used for sleep and sex)
 - Sleep Restriction and Compression
 - Relaxation Training



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Sleep Hygiene Tips

- Don't go to bed unless you are sleepy
- If you are not asleep after 20 minutes, then get out of bed
- Begin rituals that help you relax each night before bed
- Get up at the same time every morning
- Get a full night's sleep on a regular basis
- Avoid taking naps if you can--if you must, keep it to less than 1 hour and avoid naps after 3pm.
- Keep a regular schedule for yourself
- Don't read, write, eat, watch television, talk on the phone, or play cards in bed

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Sleep Hygiene Tips, Continued

- Avoid Caffeine after lunchtime
- No beer, wine, or any other alcoholic beverages within six hours of your bedtime
- No cigarettes or other nicotine products before bedtime
- Don't go to bed hungry--try to avoid eating a big meal near bedtime
- Avoid any tough exercise within 6 hours of bedtime. Exercise on a regular basis but do it earlier in the day.
- Avoid sleeping pills or use them cautiously. Do not drink alcohol while taking any medication that is sedating.
- Try to get rid of or deal with things that make you worry. If you are unable to do this, find a time during the day to get worries out of your system.

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Sleep Hygiene Tips, Continued

Make your bedroom as comfortable as possible

- Do you need complete darkness?
- How warm/cold do you need it to be?
- Do you need total quiet or background noise?



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Suggestions



Integrated Behavioral Health Providers?



Reliable referral sources who are trained in Cognitive Behavioral Therapy

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