700 BEHAVIOR MODIFYING MEDICATIONS

REVISION DATE: 1/31/2014
EFFECTIVE DATE: July 31, 2014
REFERENCES: A.A.C. R6-6-905, R6-6-908, R6-6-909.

Behavior modifying medications are drugs prescribed, administered, and directed specifically toward the reduction and eventual elimination of specific behaviors. Herbal remedies will be included among medications due to their psychoactive and potentially behavior modifying properties.

Behavior modifying medications are only to be prescribed and used:

A. As part of the member's behavior treatment plan included in the Individual Service Plan (ISP); and,

When in the opinion of a licensed physician, they are deemed to be effective in producing an increase in appropriate behaviors or a decrease in inappropriate behaviors.

B. When it can be justified by the prescribing physician that the harmful effects of the behavior clearly outweigh the potential negative effects of the medication. Two examples of when the risks and benefits of the medications need to be reviewed with members with developmental disabilities, their families, and/or their guardians:

1. The older antipsychotic medications such as Thorazine (chlorpromazine), Mellaril (thioridazine), Haldol (haloperidol) and Navane (thiothixene) may cause such as tardive dyskinesia, a permanent muscular side effect. Tardive dyskinesia is characterized by slow rhythmic, automatic movements, either generalized or in single muscle groups.

2. The new antipsychotic medications such as Risperdal (risperidone), Zyprexa (olanzapine), Seroquel (quietapine), Abilify (aripiprazole) and Geodon (ziprasidone) are much less likely to cause tardive dyskinesia. However, these medications carry a high risk of significant weight gain. One study found 18 pounds average weight gain in three months. Such significant weight gain can result in the development of a metabolic syndrome, which is defined as three or more of the following:

a. Increased waist circumference;

b. Elevated triglycerides;

c. Reduced HDL (good) cholesterol;

d. Elevated blood pressure; and,

e. Elevated fasting glucose.

These factors lead to a much higher risk of heart disease and diabetes.

The use of behavior modifying medications requires the Division to make available the services of a consulting psychiatrist to review medical records and make recommendations to the prescribing physician, which ensures the prescribed medication is the most appropriate in type/dosage to meet the needs of the individual.

The Division must provide monitoring of all behavior treatment plans that include the use of behavior modifying medications to:

A. Ensure that data collected regarding an member's response to the medication is evaluated at least quarterly at a medication review by the physician and a member of the ISP team, other than the direct care staff responsible for implementing the approved behavior treatment plan; and:

B. Ensure that each member receiving a behavior modifying medication is screened for side effects and tardive dyskinesia as needed, and that the results of such screening are:

   1. Documented in the individual's central case record;

   2. Provided immediately to the physician, individual/responsible person, and ISP team for appropriate action in the event of positive screening results for side effects/tardive dyskinesia; and,

   3. Provided to the Program Review Committee (PRC) and Human Rights Committee (HRC), and the Division's Medical Director within 15 working days for review of the positive screening results.

The member/responsible person must give informed, written consent before behavior modifying medications can be administered. Non-scheduled or as-needed sleep preparations are not allowed, whether prescribed or over-the-counter. Aromatherapy does not require a behavior treatment plan, but must be done with the consent of the member or his/her legal guardian.

See the Division Operations Manual for more detailed information regarding informed consent and the related forms.