

UNC-CH School of Social Work Clinical Lecture Series

presents

Psychopharmacology  
and  
The Ethics of Forced Treatment

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Gary J. Gala, MD, FACS

Department of Psychiatry, University of North  
Carolina at Chapel Hill

# Objectives

- Understand why non-prescribing therapists should also be familiar with psychopharmacology
- Understand some basic aspects of psychopharmacology
- Understand the ethics of forced treatment
- Understand issues related to forced medications



# What we won't get to do

Discuss big pharma

Discuss the *idea* of drug treatment for  
mental illness

All apologies to Matt Goldenberg, MD

# Case # 1: The Tremulous Trucker

- 35yo male truck driver
- Sees social worker for help w/marital stress
- Recent dx w/Hypertension
- Hx Bipolar Disorder
- New difficulty w/fine motor coordination, tremor



Picture from Photosearch.com

# Case #2: The Wobbly Widow

- 83yo woman
- Seeing social worker b/c of sadness following death of husband, recent decline in function after hip fracture
- Recently restarted antidepressant that worked in past
- Becomes light-headed and nearly falls down after getting up at end of session



Picture from Photosearch.com

# Case #3: The Panicked Painter

- 27yo woman, artist
- Recent onset of panic symptoms, agoraphobia
- Sees social worker for CBT
- Also taking medication rx'd by PCP
- Complains of new problems in relationship w/partner





# Case #4: The Stiff Student

- 25yo man recently discharged from inpatient psychiatric unit
- Diagnosis: schizophrenia, ankle fracture
- He and parents here for family psychoeducation
- Has difficulty using crutches, moves slowly, blunted affect



Picture from Photosearch.com

# Lecture Objectives

- Prevalence of mental illness and psychotropic meds
- Basic classes, names and uses of psychotropics
- Common adverse effects to watch for
- Ethical consideration of treatment involving psychotropics

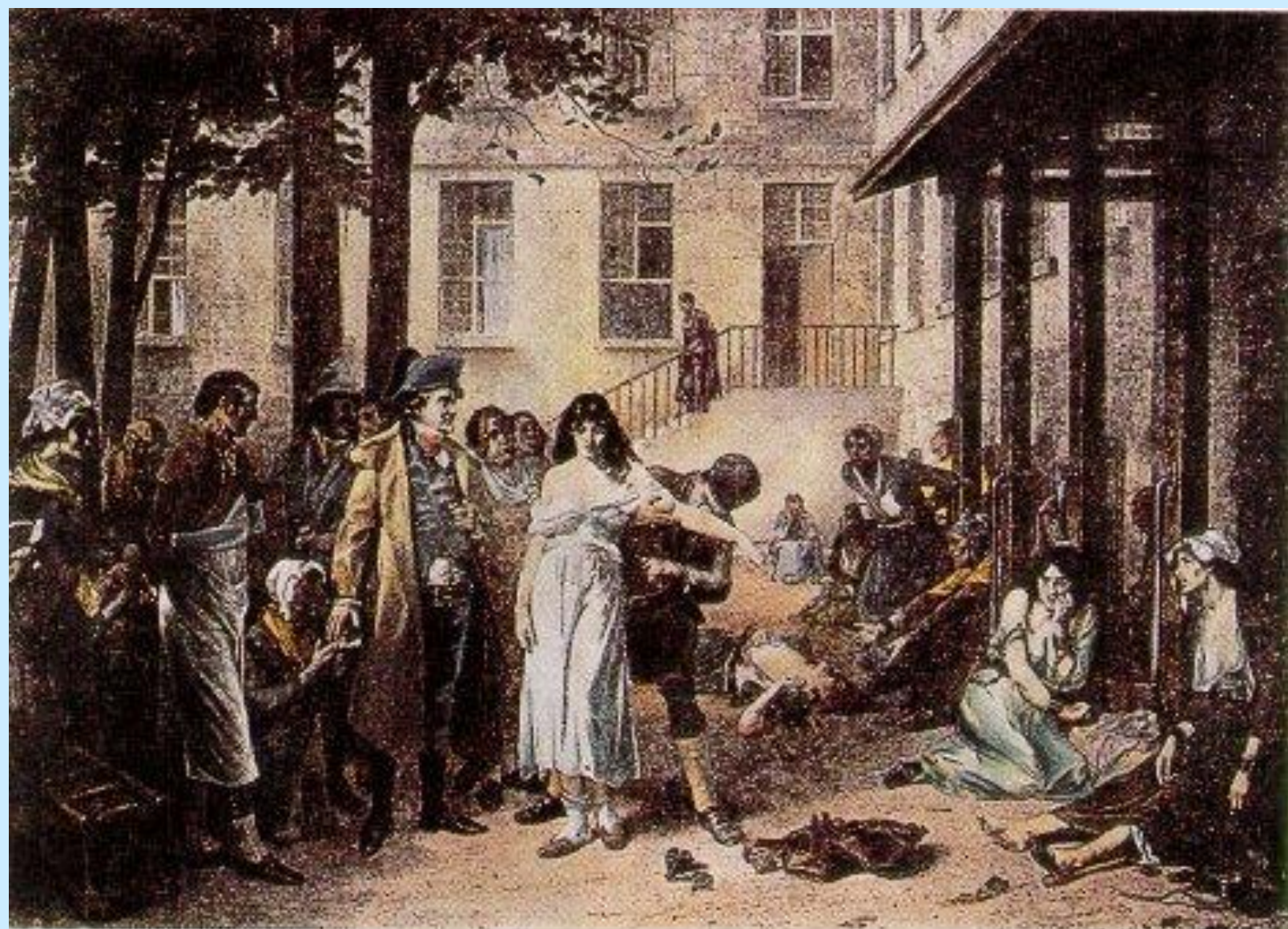




# Lecture Outline

- History
- Epidemiology
- Pharmacology Overview
- Classes of Medications—  
Uses and Adverse Effects
- Special Issues for social  
workers and psychologists





Dr. Philippe Pinel at the Salpêtrière, 1795 by Robert Fleury.  
Pinel removing the chains from patients  
at the Paris Asylum for insane women.

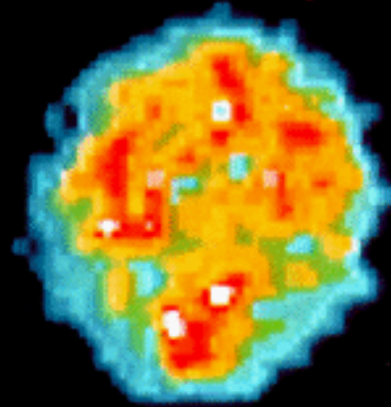


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"Her book will be especially valuable to anyone who knows someone afflicted with a mental illness."  
—*New York Times Book Review*

# THE BROKEN BRAIN

*The Biological  
Revolution in Psychiatry*

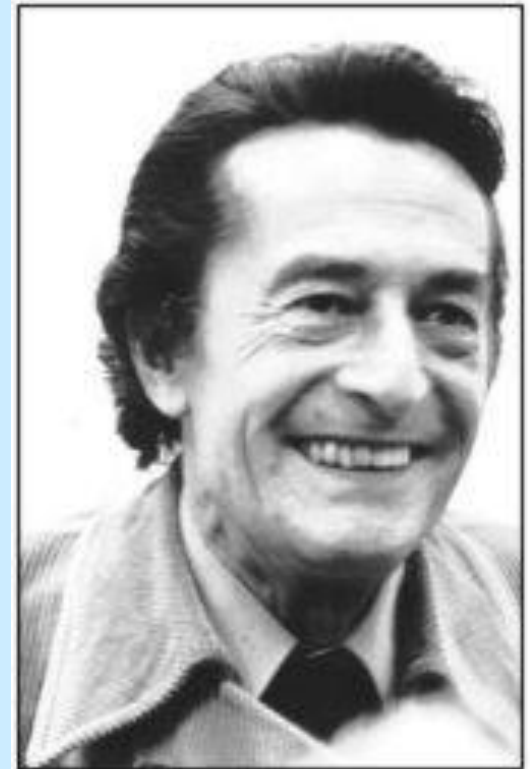


NANCY C. ANDREASEN, M.D., Ph.D.

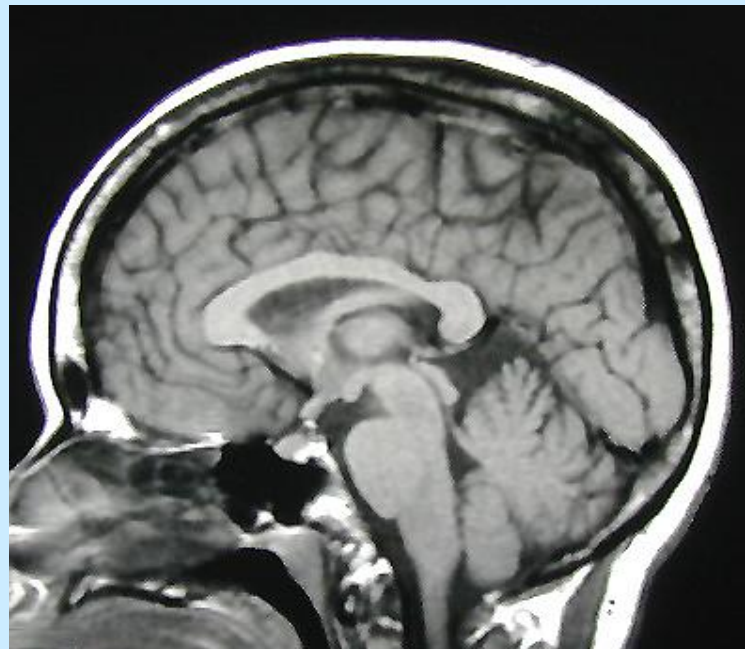
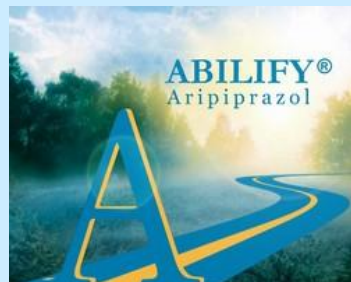
## Biological Revolution in Psychiatry

# History of Psychopharmacology

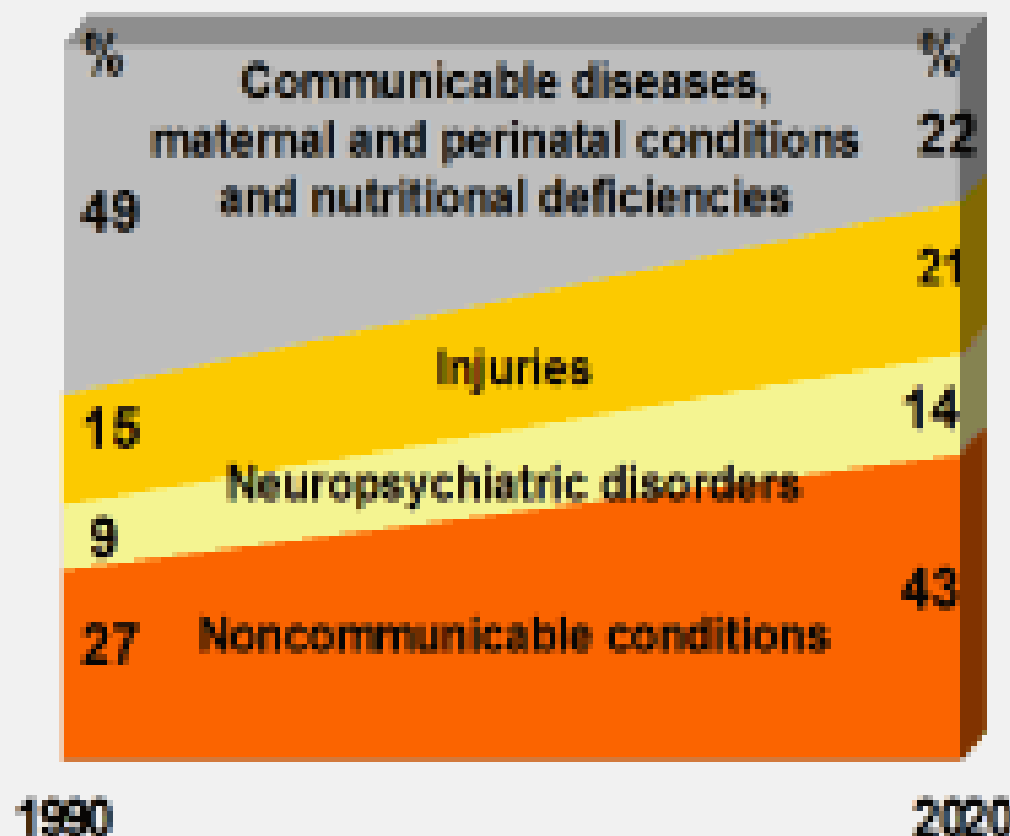
- 1949: Lithium
- 1952: Chlorpromazine
- 1950s: TCAs
- 1988: Prozac



Laborit

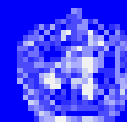


## DALYs, by broad cause group 1990 - 2020 in developing countries (baseline scenario)



Source: WHO, Evidence, Information and Policy, 2000

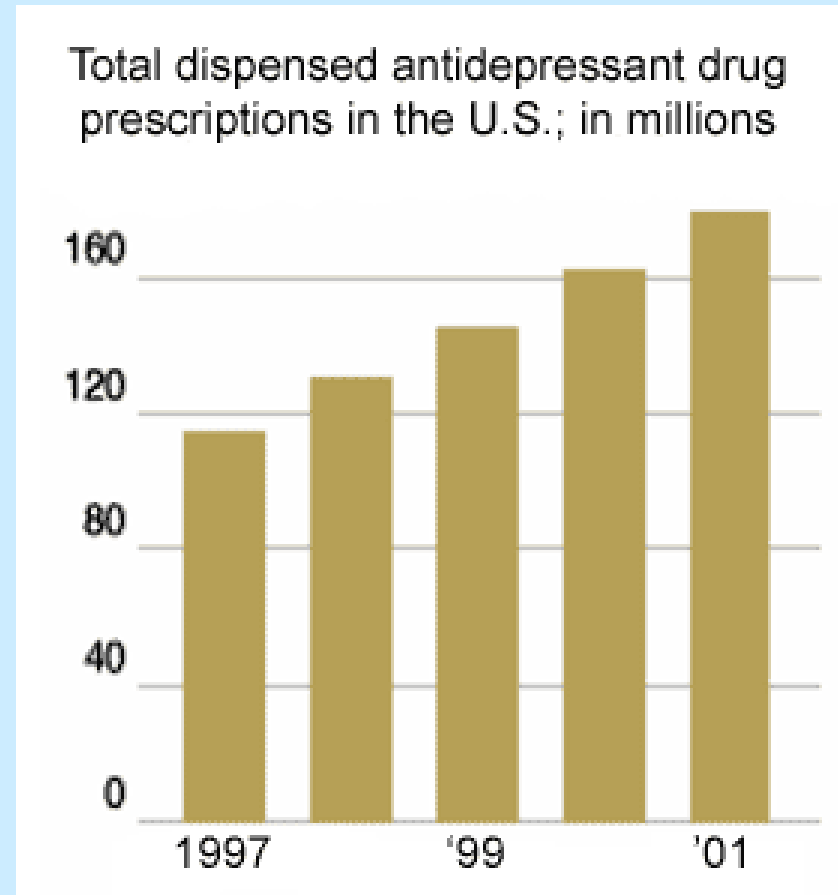
**WORLD HEALTH ORGANIZATION**



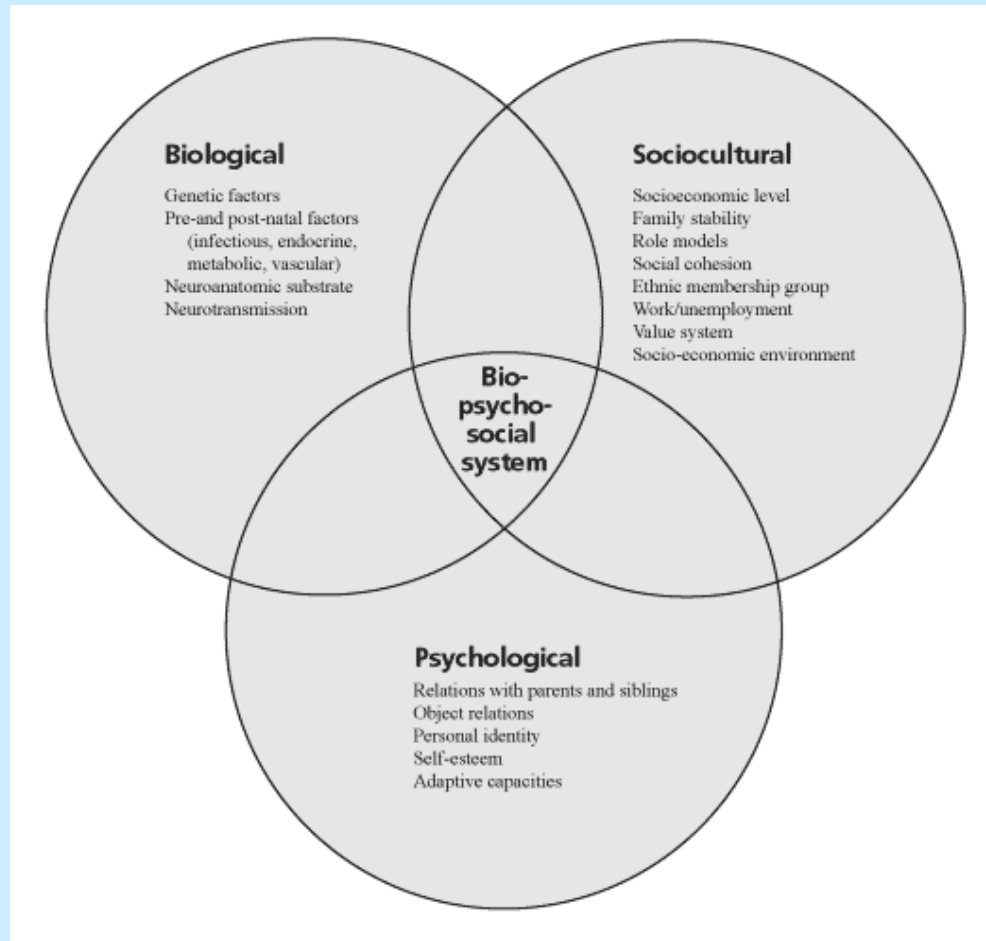


# Epidemiology

- Mental Illness large source of disability
- 10% women, 4% men on antidepressants
- Use 3x rate in 1988

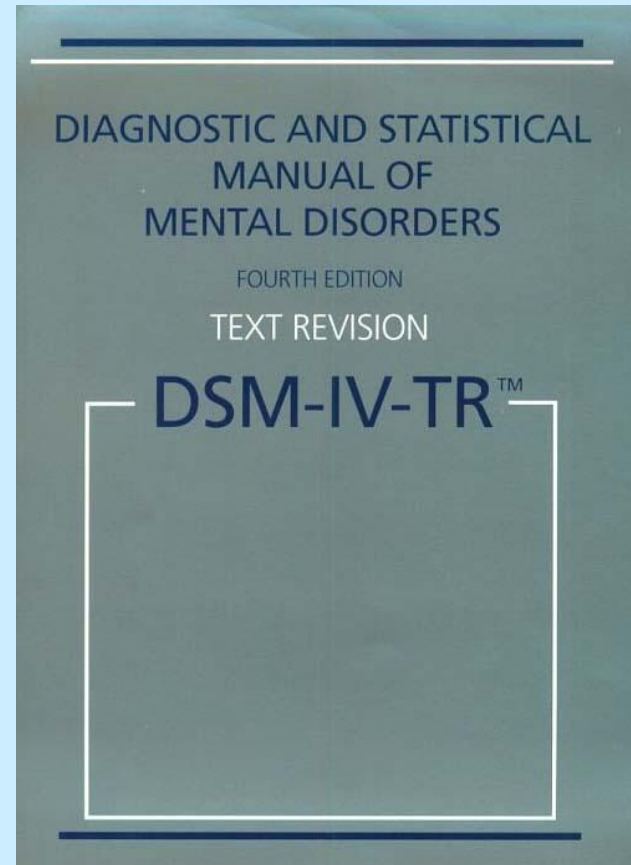


# Bio-Psycho-Social Model

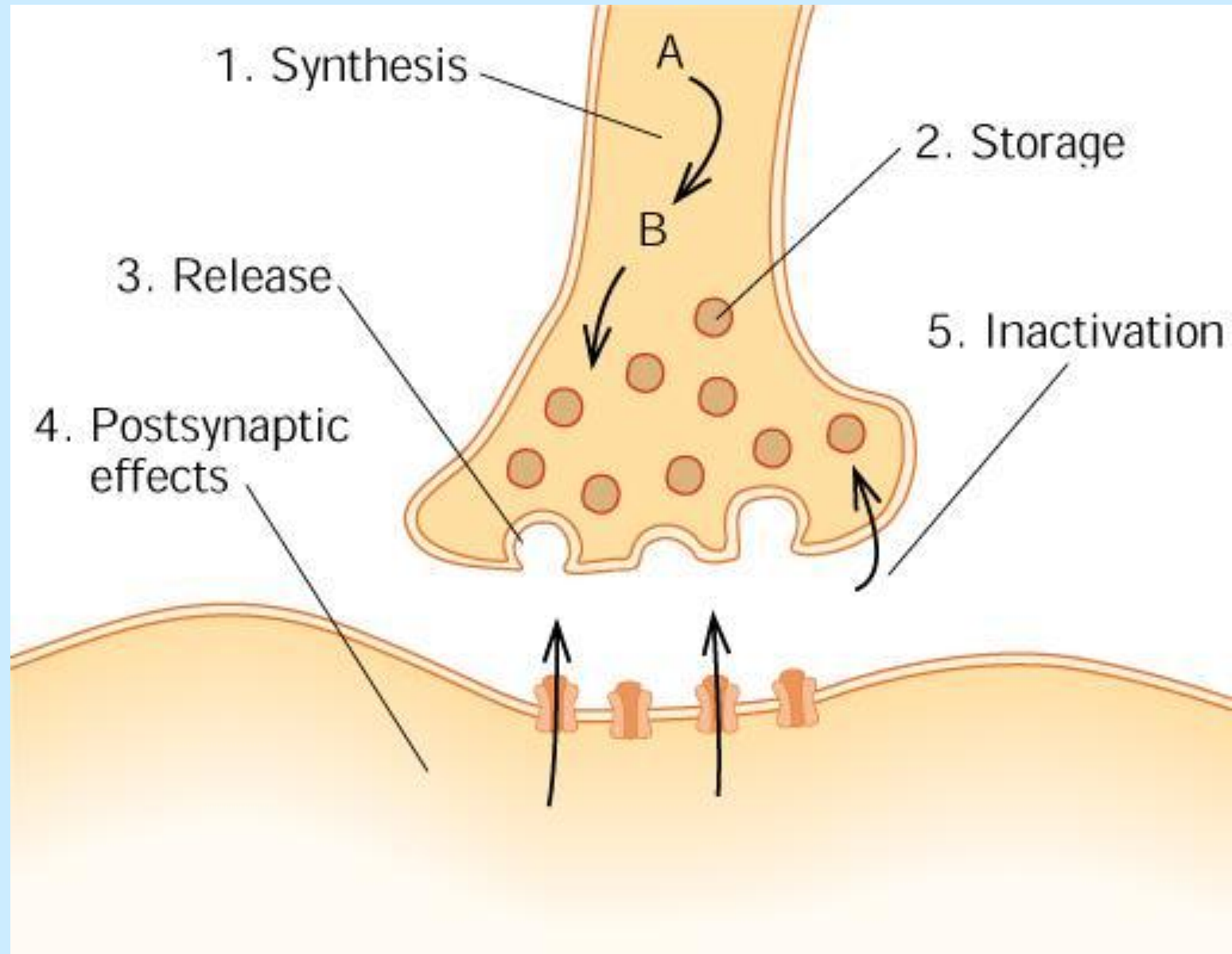


# Psychiatry: Syndromal Medicine

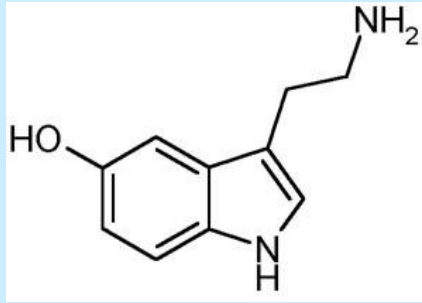
- Mood disorders
- Anxiety disorders
- Psychotic disorders
- Cognitive disorders
- Substance Use disorders
- Personality disorders



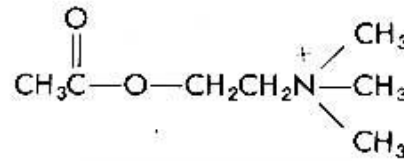
# Neurotransmission: target of psychopharmacotherapy



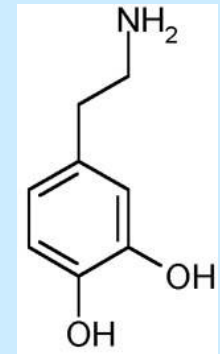
# Neurotransmitters



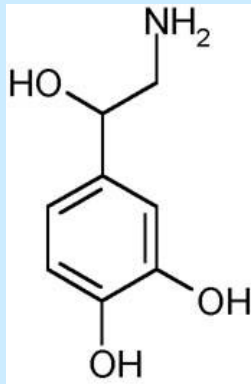
Serotonin



Acetylcholine

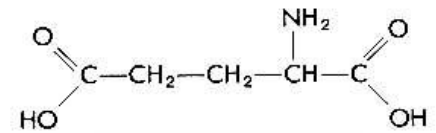
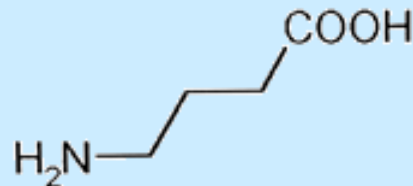


Dopamine



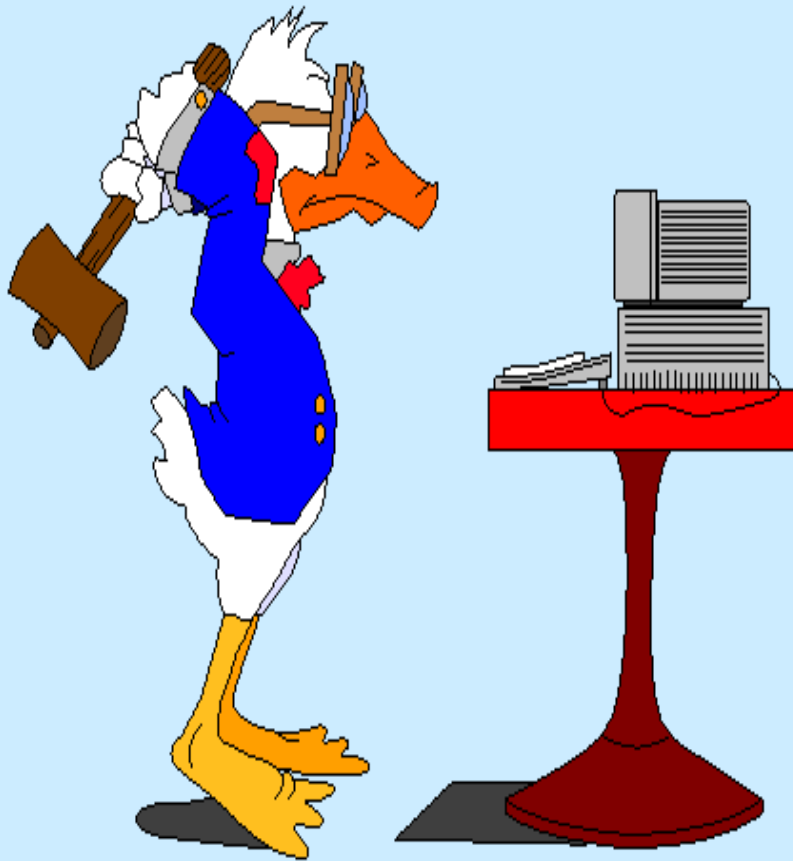
Norepinephrine

G A B A



Glutamate  
(glutamic acid)

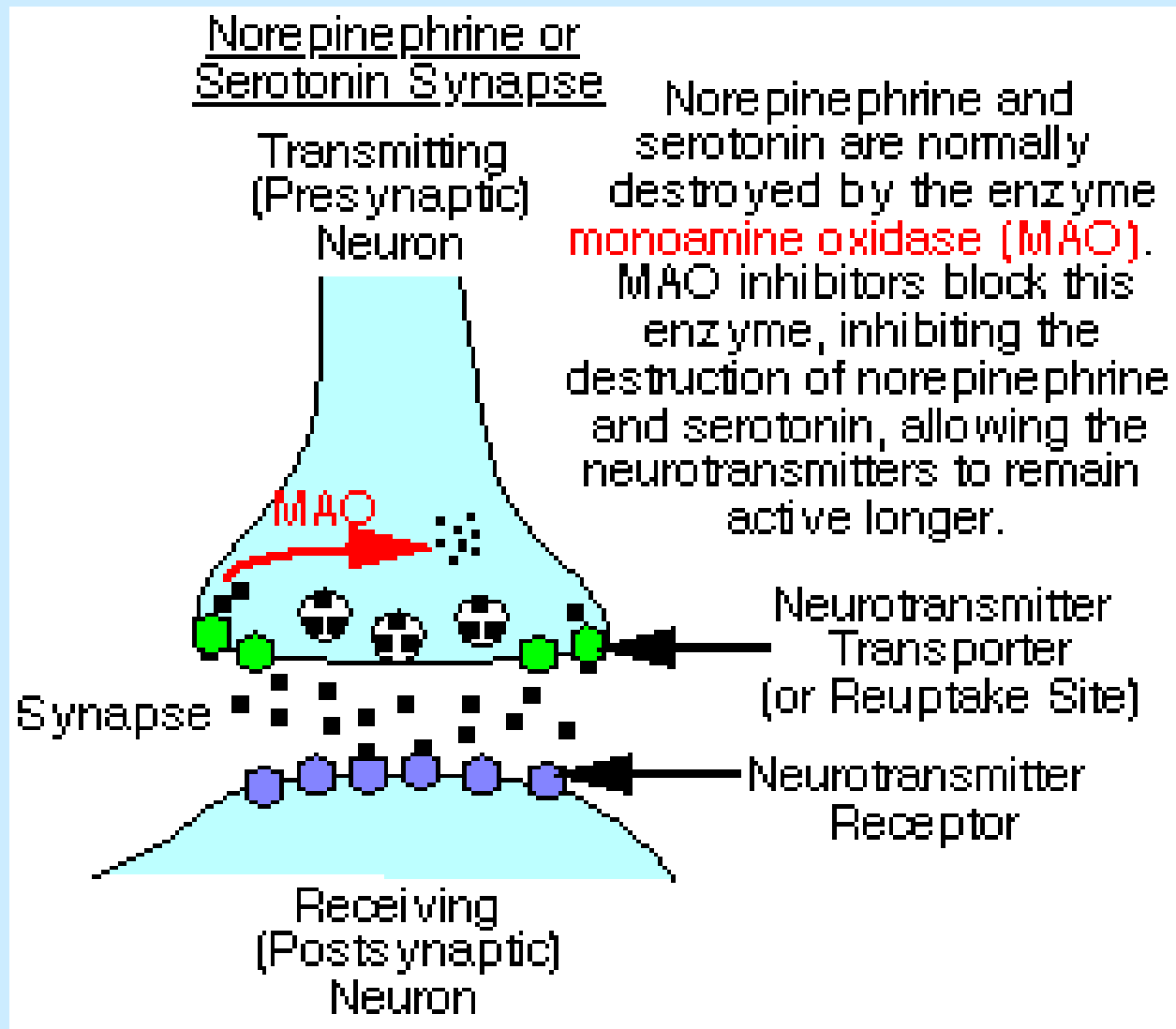
# Current Psychopharmacology: Limitations



- Lack of complexity:  
Depression is not simply a Prozac deficiency
- Lack of selectivity:  
Often leads to adverse effects



# Antidepressant medications



# Choosing an Antidepressant

- Equal efficacy
- Prior treatment
- Family history
- Cost
- Potency
- Side effect profile
  - Sedation, e.g.
  - Drug interactions
  - Toxicity in overdose
  - Individual tolerance
- Physician familiarity



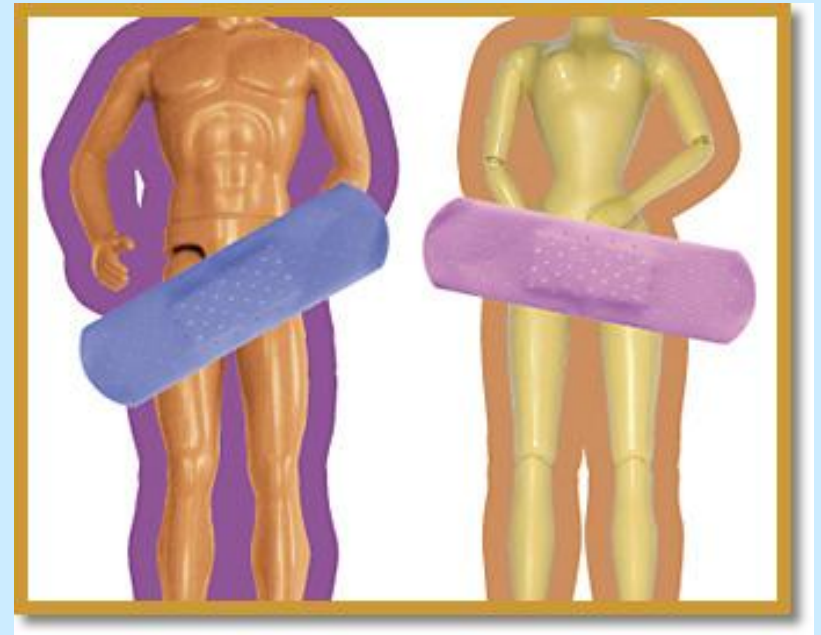
# Antidepressant Medications

- SSRIs
  - Fluoxetine (Prozac)
  - Citalopram (Celexa)
  - Sertraline (Zoloft)
  - Fluvoxamine (Luvox)
  - Paroxetine (Paxil)
  - Escitalopram (Lexapro)
- SNRIs
  - Venlafaxine (Effexor)
  - Duloxetine (Cymbalta)



# Common Adverse Effects of SSRIs

- Sexual dysfunction: very common, but often not discussed
- Nausea/GI
- Headaches
- Suicidal behavior (?)
- Hyponatremia



# Antidepressant Medications (cont.)



- Mirtazapine (Remeron)
  - Sedation, Weight gain
- Bupropion (Wellbutrin)
  - Smoking cessation, less sexual SEs, anxiogenic
- Nefazodone (Serzone)
  - Liver toxicity
- Trazodone (Desyrel)
  - Sleep, priapism

# Older Antidepressants

- Tricyclics (TCAs)
  - Amitriptyline (Elavil),  
Nortriptyline (Pamelor),  
Imipramine (Tofranil),  
Desipramine (Norpramin),  
Doxepin (Sinequan)
- CAUTION:
  - Dangerous in overdose  
(arrhythmia)
  - Anticholinergic
  - Orthostatic hypotension
  - Falls





# Older Antidepressants



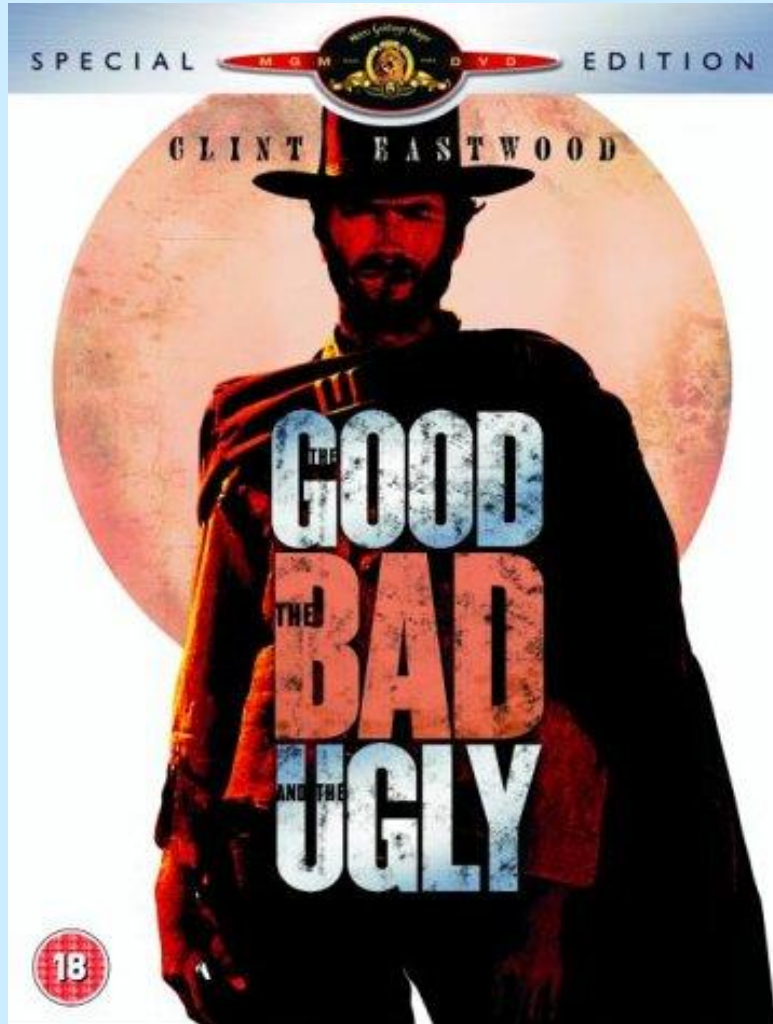
- MAOIs
  - Tranylcypromine (Parnate), Phenylzine (Nardil), Selegiline (Emsam)
- CAUTION: diet (tyramine free), serotonin syndrome (hypertensive crisis)

# Anti-Mania/Mood Stabilizers

- Lithium
- Atypical Antipsychotics
- Anticonvulsants:
  - Valproate (Depakote)
    - Wt gain, teratogenic, liver
  - Carbamazepine (Tegretol)
    - Drug interactions (!), blood dyscrasia
  - Lamotrigine (Lamictal)
    - rash

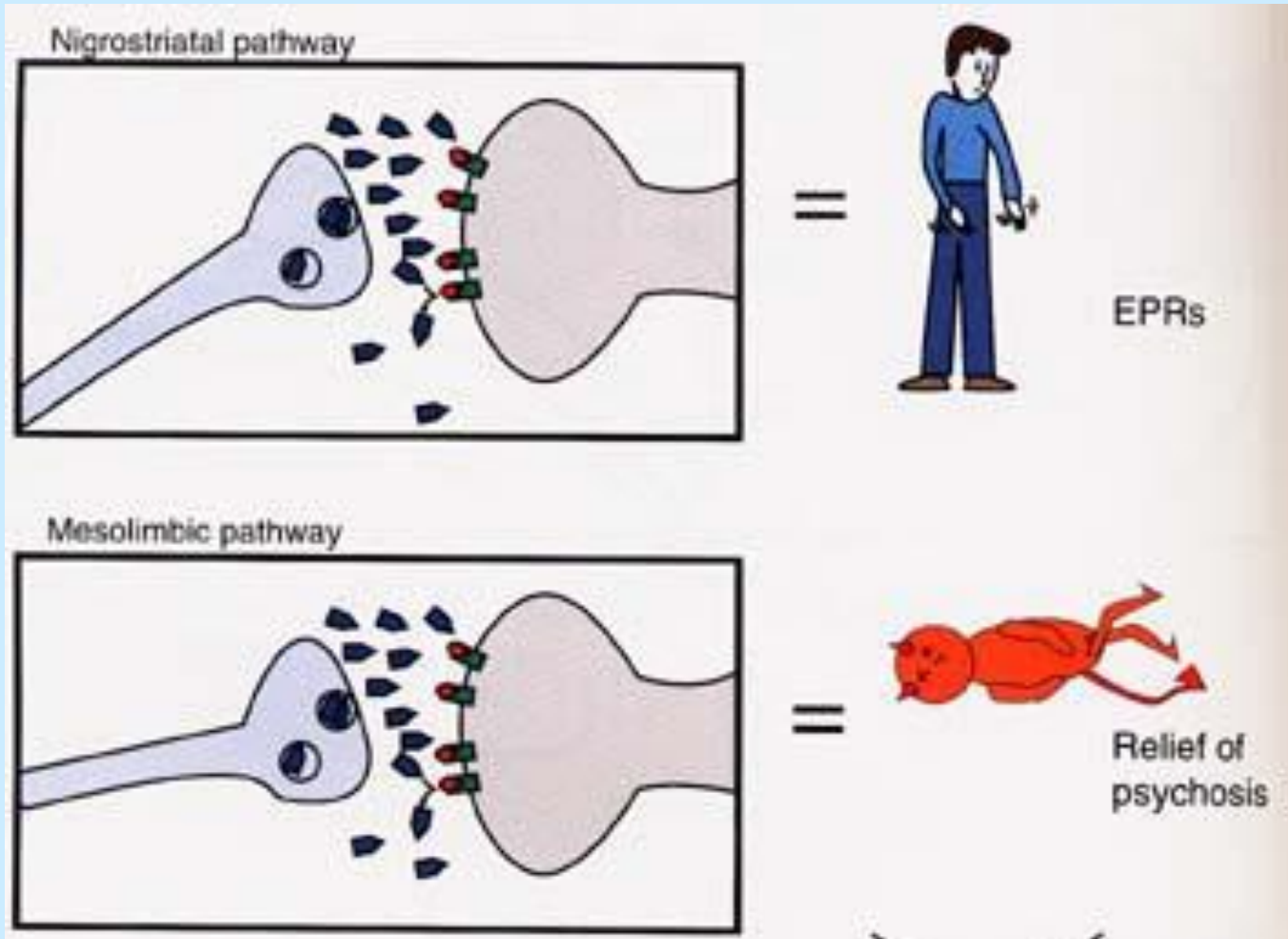


# Lithium



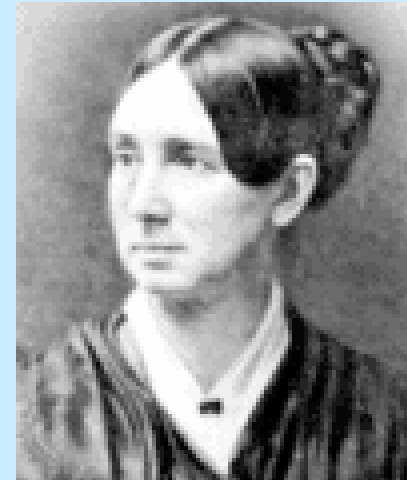
- GOOD
  - Effective, proven
  - Works in all stages
- BAD
  - Narrow therapeutic window
  - Tremor, diarrhea, “fuzzy”
- UGLY
  - Quite dangerous at high levels
  - Renal failure, coma, death

# Antipsychotic Medication

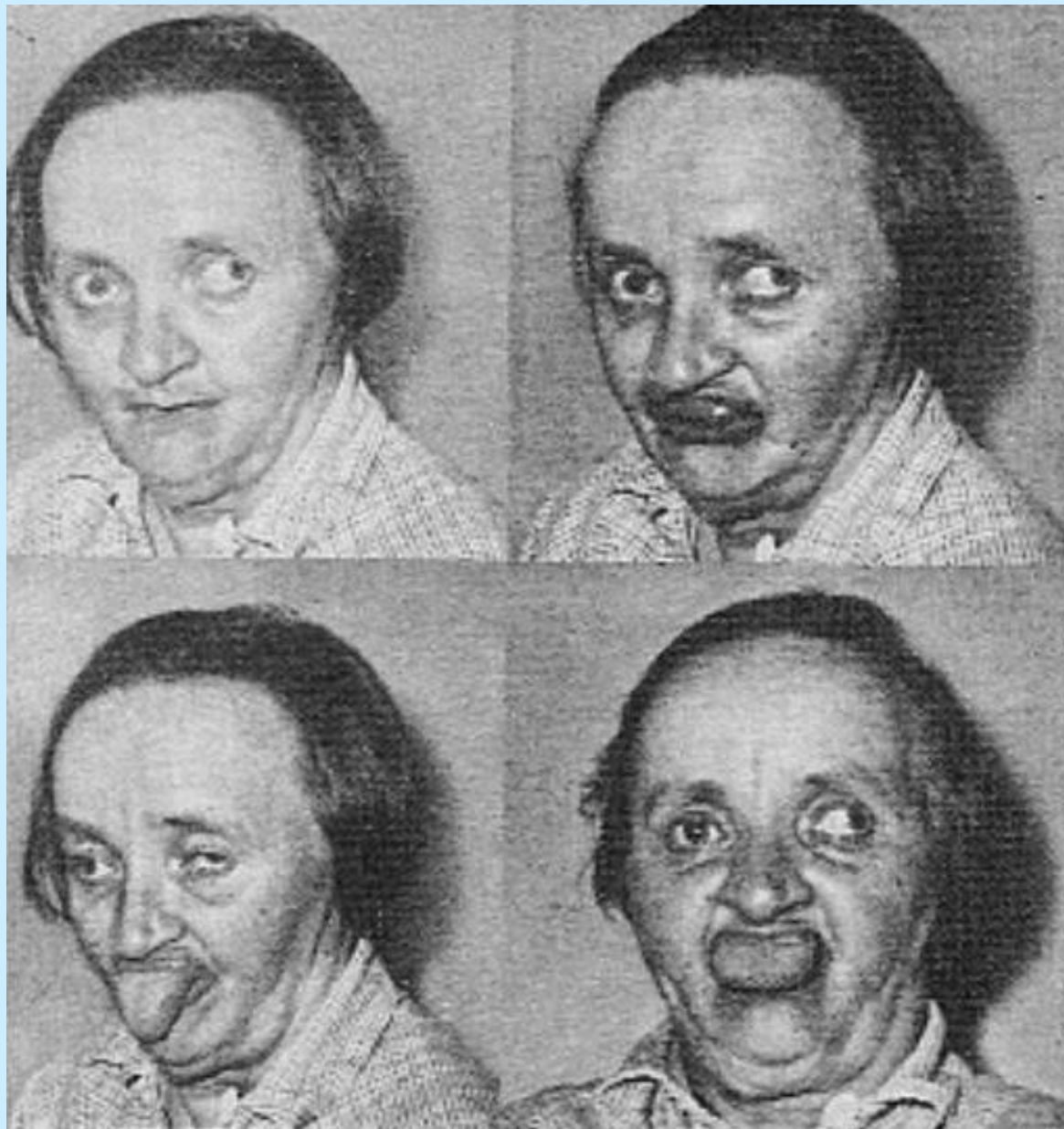


# Antipsychotic Medication

- Tried and true
  - Haloperidol (Haldol)
  - Chlorpromazine (Thorazine)
  - Perphenazine (Trilafon)
- Adverse Effects
  - EPS: acute dystonia, PD-like sx, akathisia
  - Tardive Dyskinesia
  - EKG changes
- EPS tx: benztropine, diphenhydramine







Tardive Dyskinesia



# Extrapyramidal Side Effects



# Antipsychotic Medication

- “Atypicals”
  - Clozapine (Clozaril)
  - Risperidone (Risperdal)
  - Olanzapine (Zyprexa)
  - Quetiapine (Seroquel)
  - Ziprasidone (Geodon)
  - Aripiprazole (Abilify)
- Adverse effects
  - Weight gain, DM
  - Some EPS (esp Risperdal)
  - Sedation
  - Expensive
  - Clozapine-- agranulocytosis

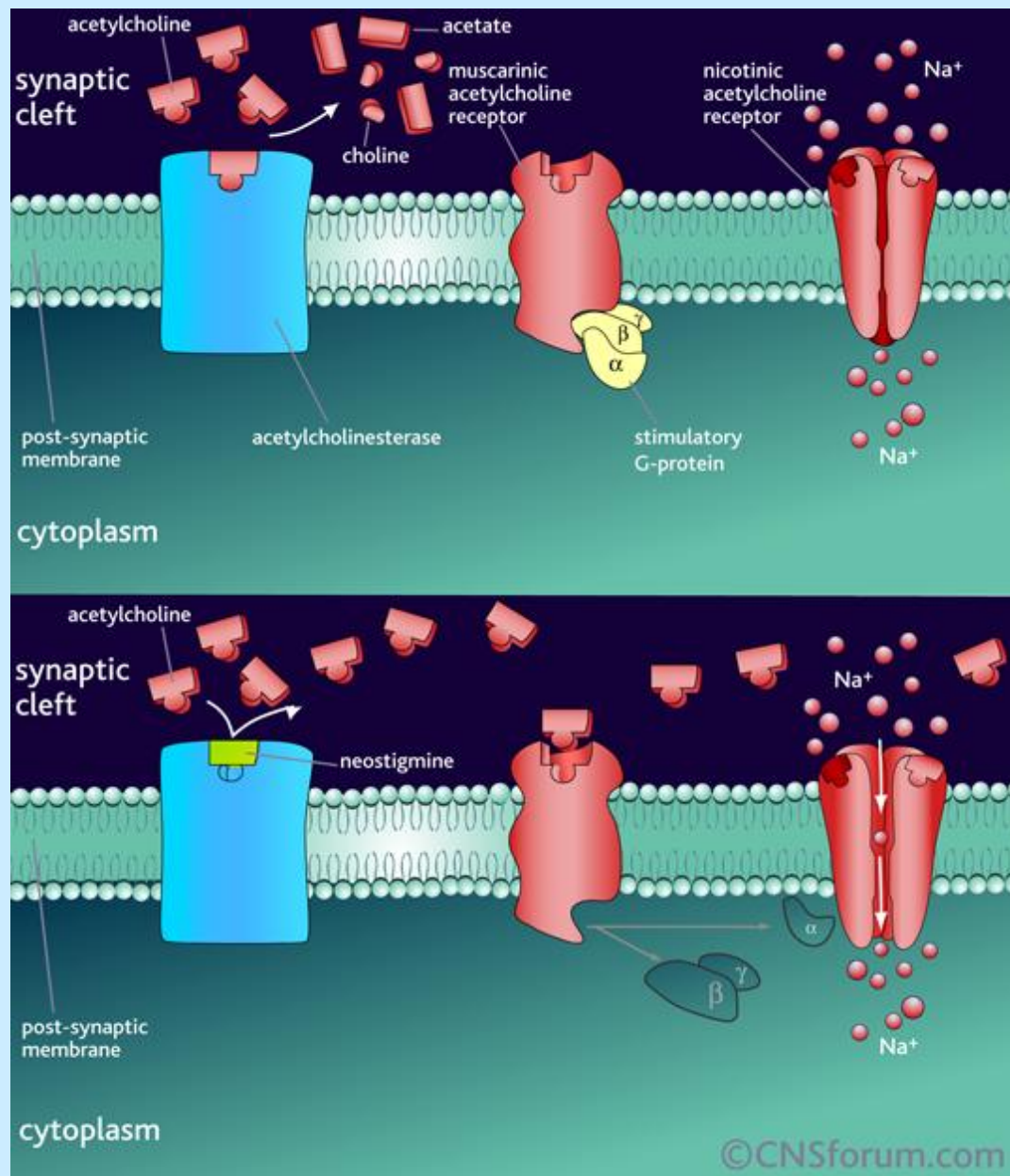


Huge market share, but not shown to be significantly more efficacious or safe than older drugs.

# Anxiolytics

- SSRIs, SNRIs
- Buspirone (Buspar)
- Benzodiazepines
  - Diazepam (Valium)
  - Clonazepam (Klonopin)
  - Lorazepam (Ativan)
  - Alprazolam (Xanax)
- Adverse effects: sedation, falls, delirium, **DEPENDENCY**





# Dementia Medications



# Dementia Medications

- Acetylcholinesterase Inhibitors
  - Donepezil (Aricept)
  - Rivastigmine (Exelon)
  - Galantamine (Reminyl)
  - Tacrine
- Memantine (Namenda)
- Side Effects: nausea, diarrhea, insomnia, urinary incontinence



# Psychostimulants

- Used for ADHD, anergic depression
- Methylphenidate (Ritalin, Concerta)
- Dextroamphetamine (Dexedrine, Adderall)
- Nonstimulant: Atomoxetine (Strattera)
- Side effects: abuse potential, decreased appetite/growth retardation, insomnia



# Alcohol Dependence



- Disulfiram (Antabuse)
  - Get sick if you drink
- Naltrexone
  - Blocks reward pathway
- Acamprosate (Campral)

# Case # 1: The Tremulous Trucker

- 35yo male truck driver
- Marital distress
- Recent dx w/HTN—  
started on diuretic
- New difficulty w/fine  
motor coordination,  
tremor
- Hx Bipolar Disorder—  
med list includes  
Lithium



Picture from Photosearch.com



# Case #2: The Wobbly Widow

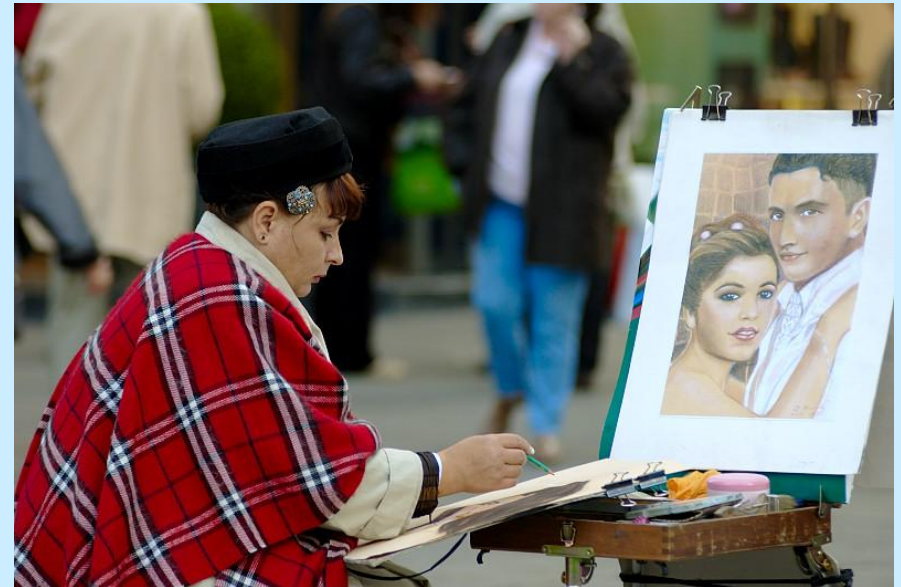
- 83yo woman w/depressed mood, losses
- Becomes light-headed and nearly falls upon leaving therapy
- noted to have orthostatic hypotension
- Recently restarted on antidepressant: Nortriptyline



Picture from Photosearch.com

# Case #3: The Panicked Painter

- 27yo woman, artist
- Recent onset of panic symptoms, agoraphobia → CBT
- Complains of new problems in relationship w/partner
- Decreased sexual interest, anorgasmia
- Taking paroxetine



# Case #4: The Stiff Student

- 25yo student w/ schizophrenia
- Seemed stiff, flat
- Further exam reveals cogwheeling, shuffling gait
- Med list includes risperidone



Picture from Photosearch.com

# Summary

- Patients on psychotropic meds are common
- Medications are often quite helpful, but can have adverse effects
- As social workers, you may be first to notice problems
- Questions?



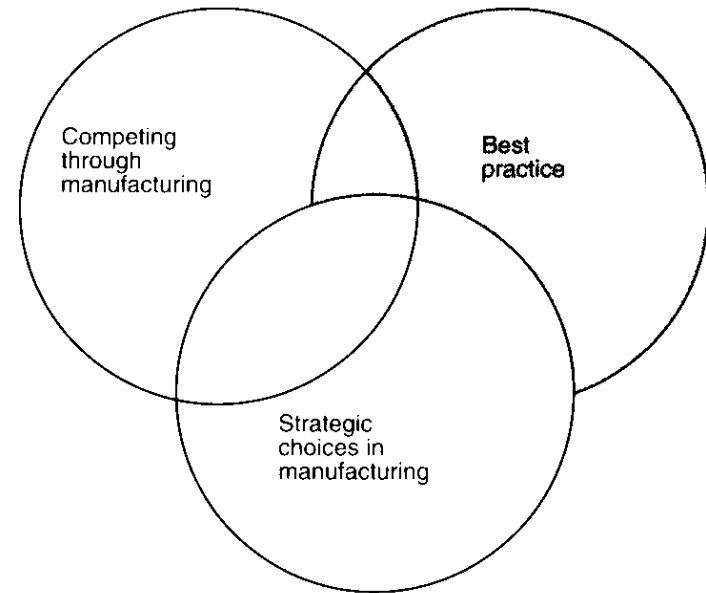


# Ethics



# Three Paradigms

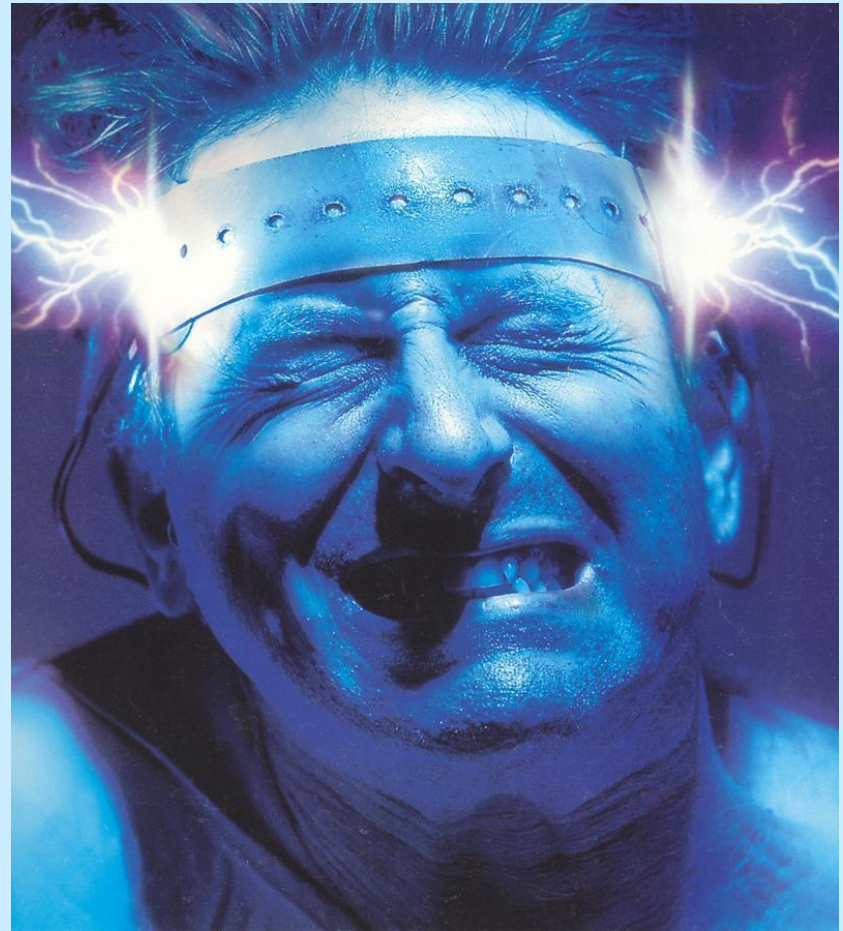
- Punishment—Law Enforcement
- Protect/control—General Public
- Treatment--Psychiatry



Thanks to Mick Hill, MD for this



# Is Forced Treatment *EVER* Justified?



A 47 you male admitted for elective colon surgery is found wandering the halls naked and bleeding from a detached IV site on post op day 3.

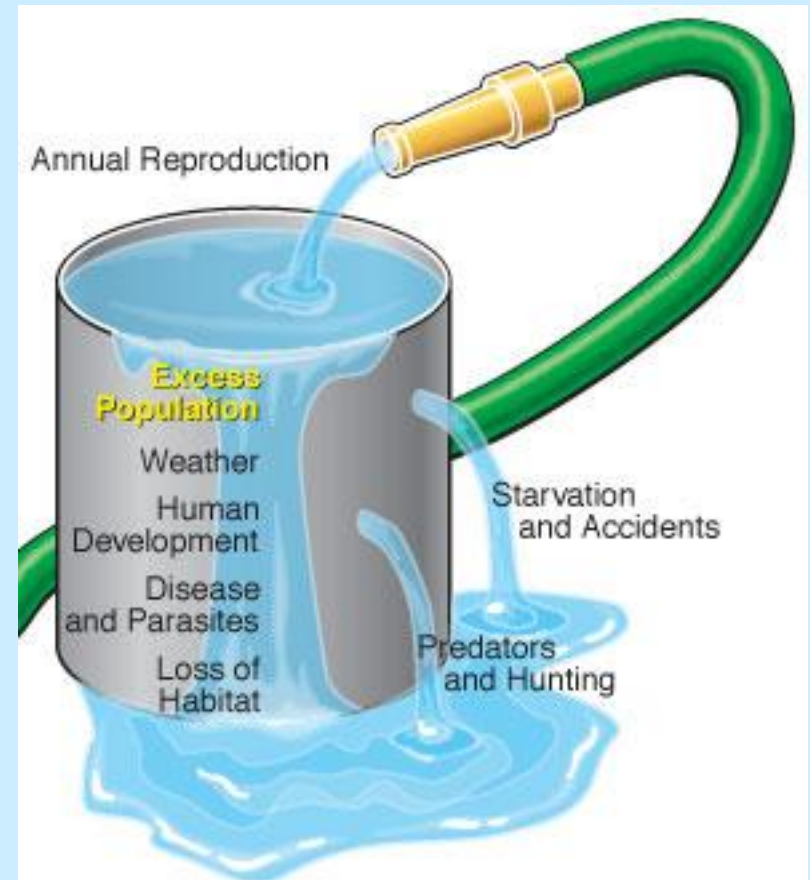
He is “wild eyed” and mumbles or yells responses that are incoherent.

He appears to be looking for an exit and stumbles towards the fire stairs.



# Decision Making Capacity

- Able to make a decision
- Understanding
- Appreciation
- Voluntariness
- Consistency

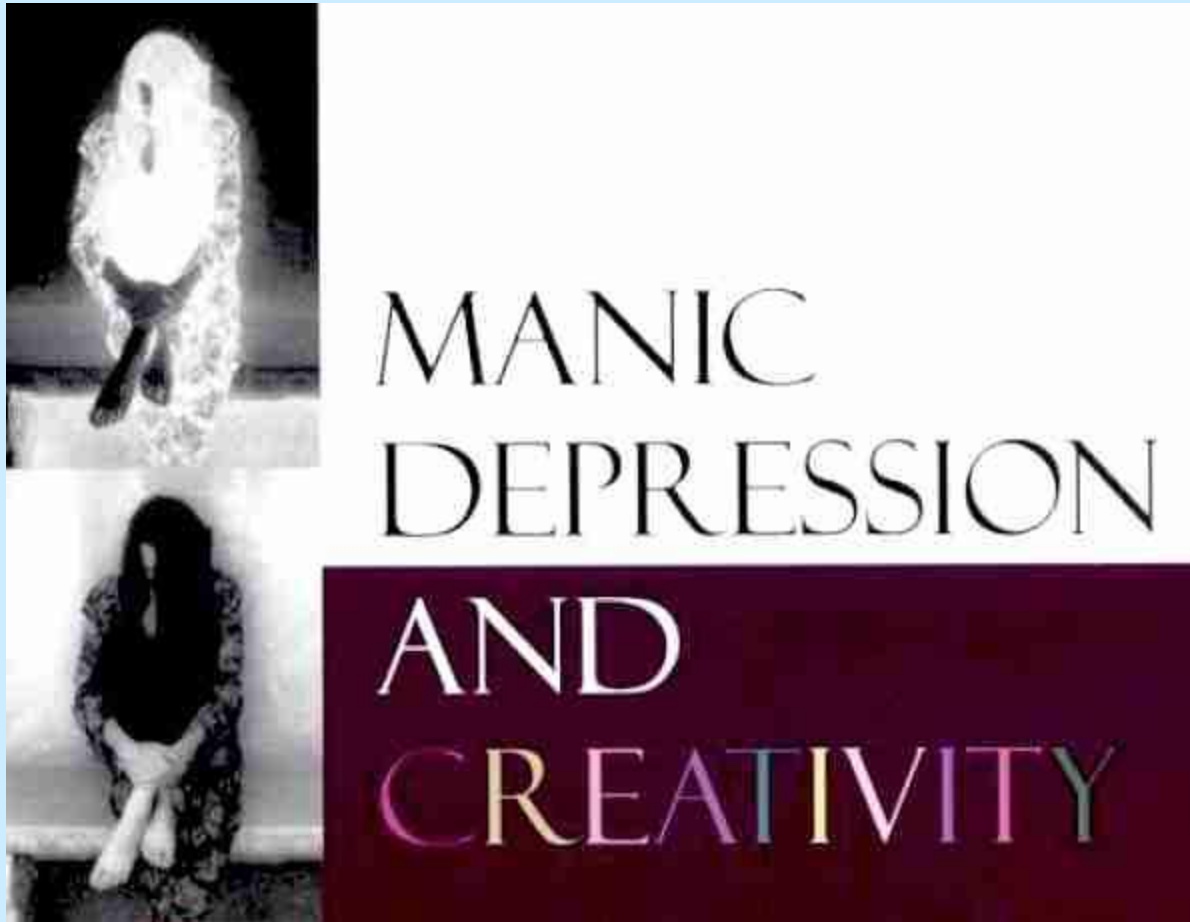


# Approaches

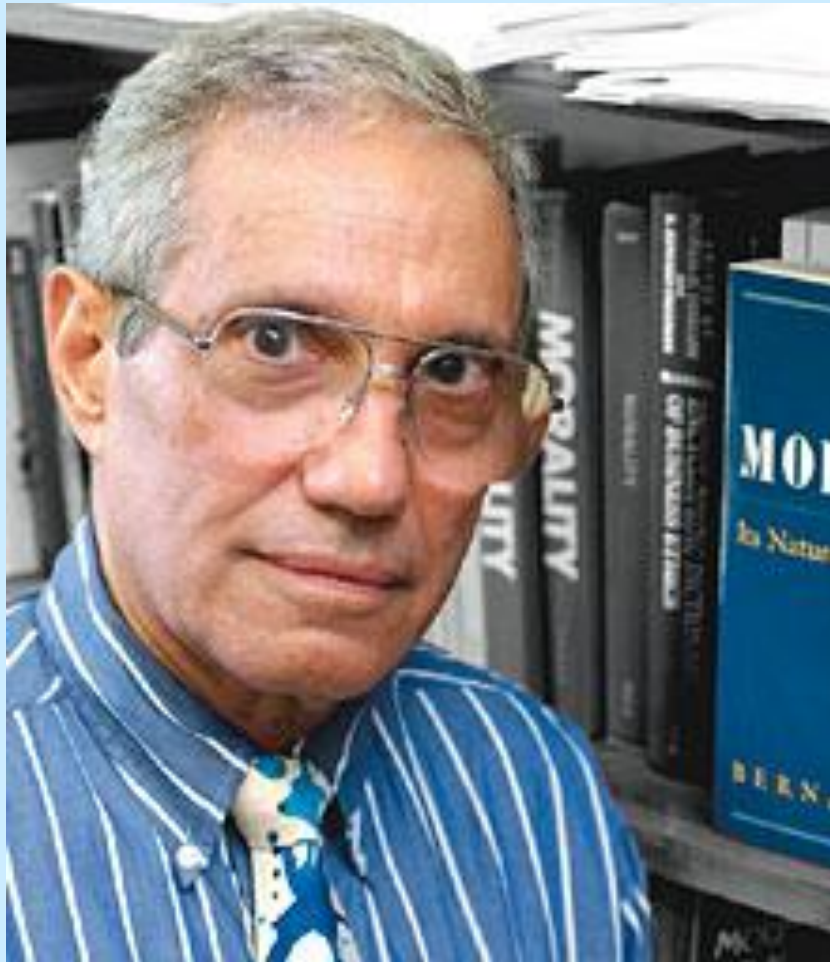
- Principlism
- Deontology
- Casuistry
- Consequentialism



# Autonomy vs. Beneficence









# Paternalism

A dirty word?



# Paternalism 1

A believes that her  
action benefits S



# Paternalism 2

- A recognizes (or should recognize that her action is the *kind of action* that needs moral justification



# Moral justification

- Violating a moral rule





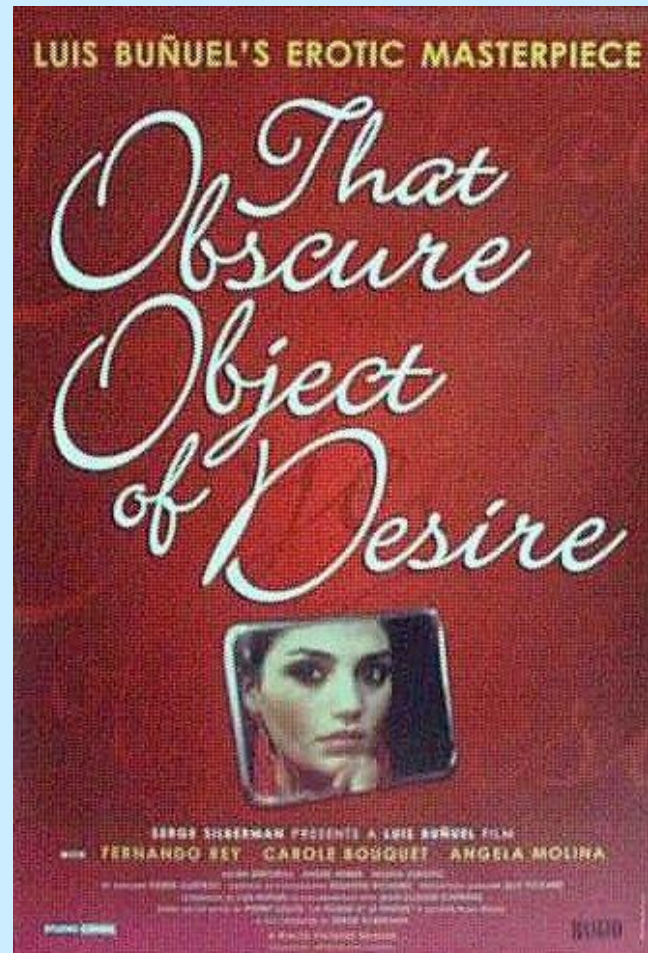
# Morally Relevant Harms

- Death
- Disability
- Pain
- Loss of freedom
- Loss of pleasure



# Moral Harms

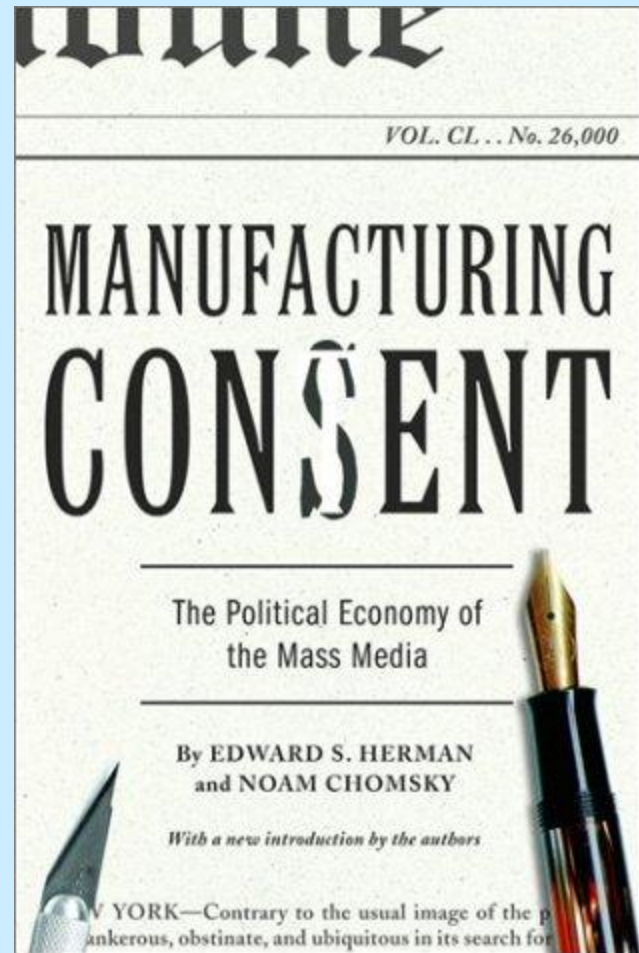
- Causing these requires justification
- Desiring these without an adequate reason implies irrationality





# Paternalism 3

- A does NOT believe that her action has S's past, present or immediately forthcoming consent



# Paternalism 4

- A regard S as believing she (S) can make her own decision on this matter



# Morally Relevant Features

- What rule would be violated?
- What harms are avoided, prevented, caused? (foreseeable consequences)
- What relevant beliefs does the person hold?
- Does one have a duty to the person that sometimes would require a violation of a moral rule?
- Are there alternative actions that would be preferable?
- Is this an emergency situation?

A 43 yo woman admitted for GI bleed refuses blood transfusion on the basis of her faith as a Jehovah's Witness



# Justifying Paternalism

- “Just the facts ma’am”
- The “medical end run”





# Justifying Paternalism

- It's only a matter of time
- The art of persuasion
- Eliciting patient cooperation



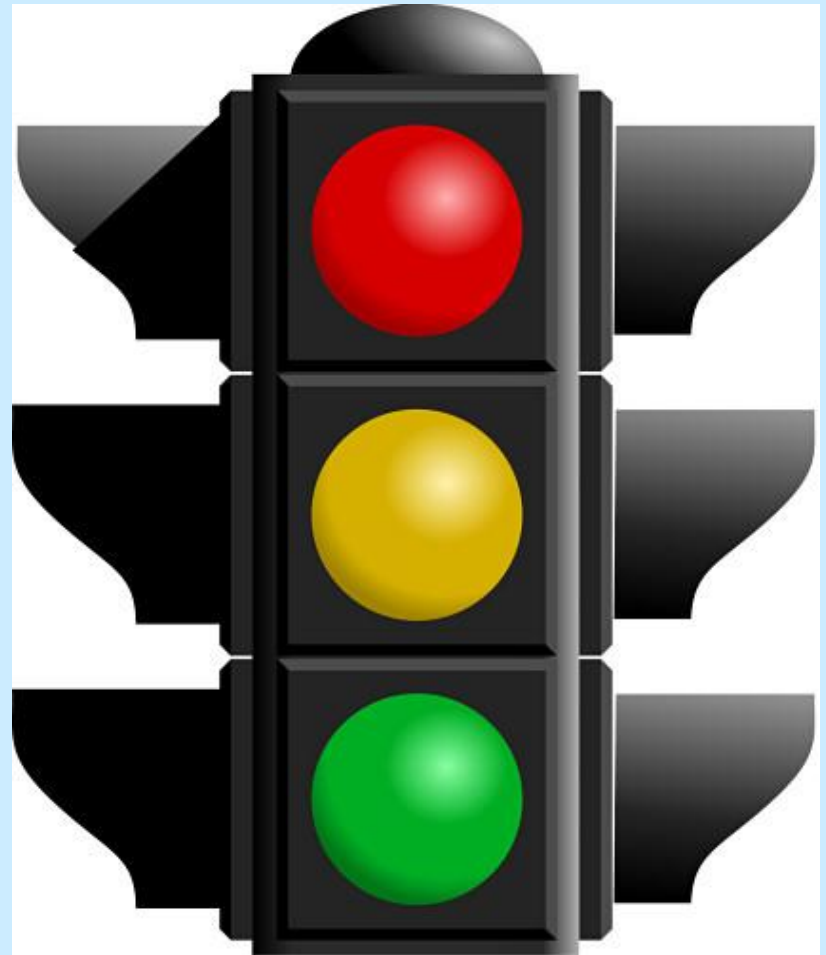
# Justifying Paternalism

- Allowing this *kind* of action to be known and done in similar circumstances



# Justifying Paternalism

- Does the harm avoided or prevented by this type of violation being publicly allowed *outweigh* the harm that would be caused by it being publicly allowed?



# Publicly Acknowledged Balance



# Morally Relevant Harms

- Death
- Disability
- Pain
- Loss of freedom
- Loss of pleasure





A 75 yo man admitted for cardiac problems wants to leave the hospital against advise.

He says he must get home “to work in my shed.”

His condition is serious and death without treatment is a real possibility.



# The Decision to Force

- Benefit to patient more...
- ...than combination of *risk of treatment* AND *harm of forcing*



# Forced Medications



# *Treatment Paradigm*

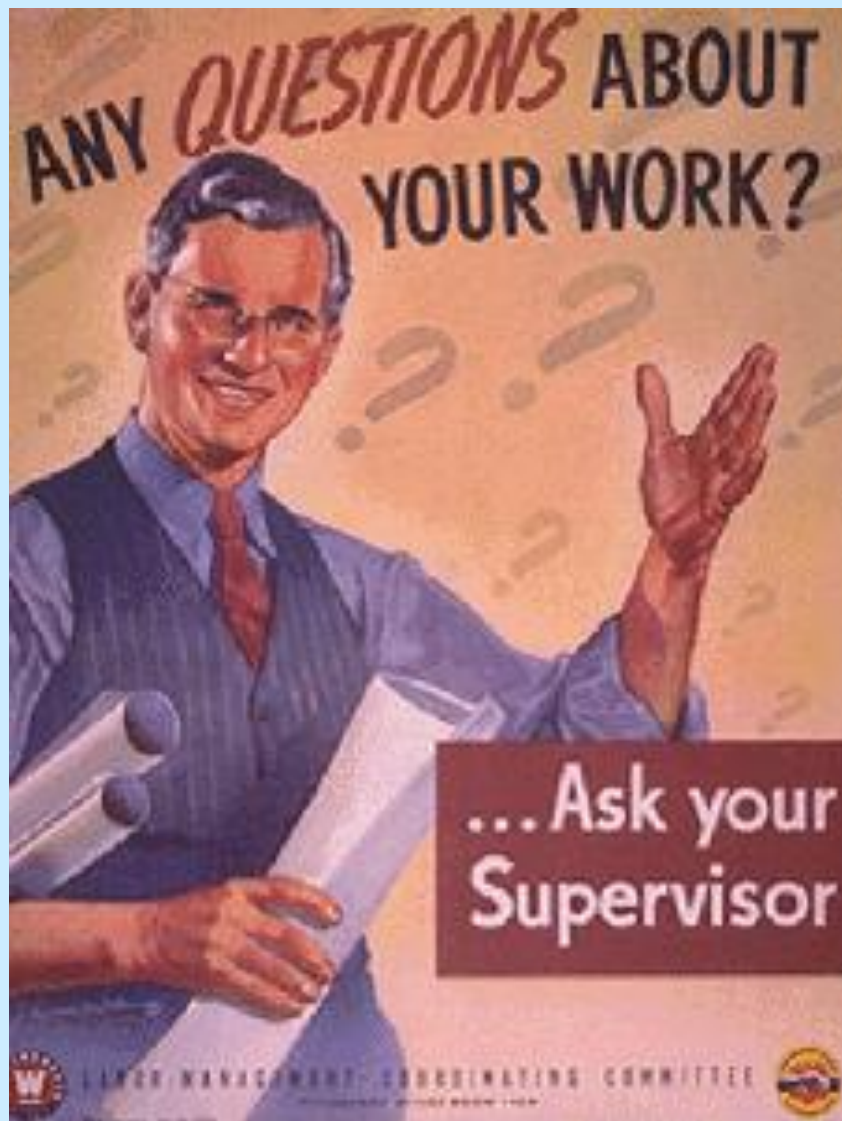
## Rights-Driven Paradigm

Appelbaum, PS. The Right to Refuse Treatment...  
Am J Psychiatry. 145:4: 413-419, 1988.

# What we do...

- Must be IVC'd
- Psychiatrist decides medicine necessary for patient to get well
- Treatment team meets
- Second opinion sought
- If all agree, non emergency forced med orders put in place





# Capacity $\neq$ Competency

- Clinical judgment
  - Can be assessed by any physician
  - Usually question-specific, time-specific, short-term
  - Surrogate decision-makers, if necessary
- Legal concept
  - Can only be adjudicated by a court
  - Usually more global, long-term
  - Designated decision-makers

# Exceptions to Informed Consent Doctrine

1. Emergencies
2. Incompetent patient
3. Waiver of informed consent
4. Therapeutic privilege



# Conceptualizing Capacity

<b>Patient's Decision</b> →  ↓ Risk/Benefit Ratio	<b>Consent</b>	<b>Refuse</b>
<b>Favorable</b>	Low threshold for capacity	High threshold for capacity
<b>Unfavorable</b>	High threshold for capacity	Low threshold for capacity