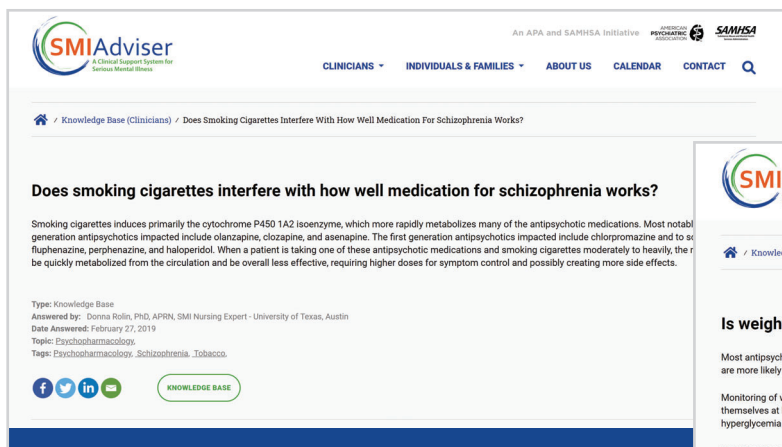


Knowledge Base

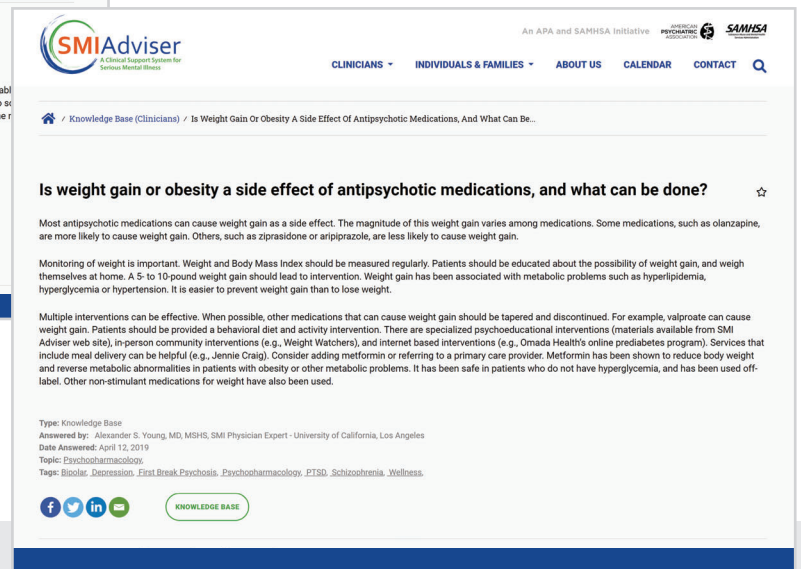
Our online Knowledge Base is completely FREE and contains hundreds of questions about serious mental illness (SMI). All content is reviewed by our Clinical Expert Team of national SMI experts.



Does smoking cigarettes interfere with how well medication for schizophrenia works?

Smoking cigarettes induces primarily the cytochrome P450 1A2 isoenzyme, which more rapidly metabolizes many of the antipsychotic medications. Most notable generation antipsychotics impacted include olanzapine, clozapine, and aripiprazole. The first generation antipsychotics impacted include chlorpromazine and to fluphenazine, perphenazine, and haloperidol. When a patient is taking one of these antipsychotic medications and smoking cigarettes moderately to heavily, the drug is quickly metabolized from the circulation and is overall less effective, requiring higher doses for symptom control and possibly creating more side effects.

Type: Knowledge Base
Answered by: Donna Rollin, PhD, APRN, SMI Nursing Expert - University of Texas, Austin
Date Answered: February 27, 2019
Topic: Psychopharmacology
Tags: Psychopharmacology, Schizophrenia, Tobacco




Is weight gain or obesity a side effect of antipsychotic medications, and what can be done?


Most antipsychotic medications can cause weight gain as a side effect. The magnitude of this weight gain varies among medications. Some medications, such as olanzapine, are more likely to cause weight gain. Others, such as ziprasidone or aripiprazole, are less likely to cause weight gain.

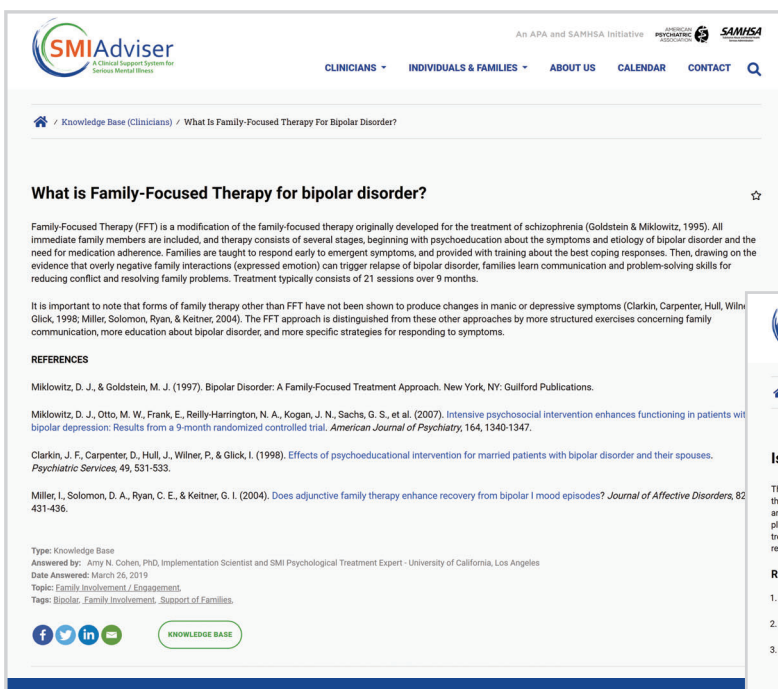
Monitoring of weight is important. Weight and Body Mass Index should be measured regularly. Patients should be educated about the possibility of weight gain, and weigh themselves at home. A 5- to 10-pound weight gain should lead to intervention. Weight gain has been associated with metabolic problems such as hyperlipidemia, hyperglycemia or hypertension. It is easier to prevent weight gain than to lose weight.

Multiple interventions can be effective. When possible, other medications that can cause weight gain should be tapered and discontinued. For example, valproate can cause weight gain. Patients should be provided a behavioral diet and activity intervention. There are specialized psychoeducational interventions (materials available from SMI Adviser web site), in-person community interventions (e.g., Weight Watchers), and internet based interventions (e.g., Omada Health's online prediabetes program). Services that include meal delivery can be helpful (e.g., Jennie Craig). Consider adding metformin or referring to a primary care provider. Metformin has been shown to reduce body weight and reverse metabolic abnormalities in patients with obesity or other metabolic problems. It has been safe in patients who do not have hyperglycemia, and has been used off-label. Other non-stimulant medications for weight have also been used.

Type: Knowledge Base
Answered by: Alexander S. Young, MD, MSHS, SMI Physician Expert - University of California, Los Angeles
Date Answered: April 12, 2019
Topic: Psychopharmacology
Tags: Bipolar, Depression, First Break Psychosis, Psychopharmacology, PTSD, Schizophrenia, Wellness

 Find answers to clinical questions and enhance how you select and apply treatment strategies.

 Find answers to common questions about recovery supports, systems-level strategies, smartphone apps, and many other topics related to SMI.



What is Family-Focused Therapy for bipolar disorder?

Family-Focused Therapy (FFT) is a modification of the family-focused therapy originally developed for the treatment of schizophrenia (Goldstein & Miklowitz, 1995). All immediate family members are included, and therapy consists of several stages, beginning with psychoeducation about the symptoms and etiology of bipolar disorder and the need for medication adherence. Families are taught to respond early to emergent symptoms, and provided with training about the best coping responses. Then, drawing on the evidence that overly negative family interactions (expressed emotion) can trigger relapse of bipolar disorder, families learn communication and problem-solving skills for reducing conflict and resolving family problems. Treatment typically consists of 21 sessions over 9 months.

It is important to note that forms of family therapy other than FFT have not been shown to produce changes in manic or depressive symptoms (Clarkin, Carpenter, Hull, Wilner, Glick, 1998; Miller, Solomon, Ryan, & Keltner, 2004). The FFT approach is distinguished from these other approaches by more structured exercises concerning family communication, more education about bipolar disorder, and more specific strategies for responding to symptoms.

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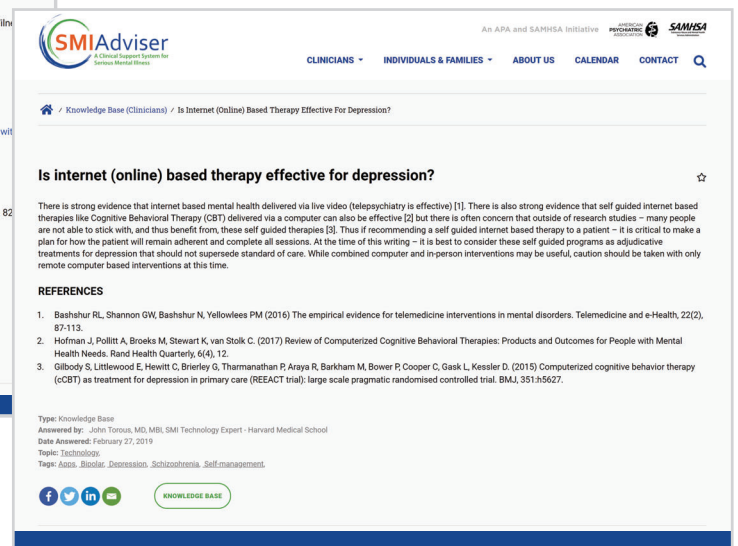
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Type: Knowledge Base
Answered by: Amy N. Cohen, PhD, Implementation Scientist and SMI Psychological Treatment Expert - University of California, Los Angeles
Date Answered: March 26, 2019
Topic: Family Involvement / Engagement
Tags: Bipolar, Family Involvement, Support of Families



Is internet (online) based therapy effective for depression?

There is strong evidence that internet based mental health delivered via live video (telepsychiatry is effective) [1]. There is also strong evidence that self guided internet based therapies like Cognitive Behavioral Therapy (CBT) delivered via a computer can also be effective [2] but there is often concern that outside of research studies – many people are not able to stick with, and thus benefit from, these self guided therapies [3]. Thus if recommending a self guided internet based therapy to a patient – it is critical to make a plan for how the patient will remain adherent and complete all sessions. At the time of this writing – it is best to consider these self guided programs as adjunctive treatments for depression that should not supersede standard of care. While combined computer and in-person interventions may be useful, caution should be taken with only remote computer based interventions at this time.

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Type: Knowledge Base
Answered by: John Torous, MD, MBL, SMI Technology Expert - Harvard Medical School
Date Answered: February 27, 2019
Topic: Technology
Tags: Apps, Bipolar, Depression, Schizophrenia, Self-management

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Home / Knowledge Base (Clinicians) / Is a Person Ever Able to Stop Taking Medications To Treat Their Serious Mental Illness?

Is a person ever able to stop taking medications to treat their serious mental illness?

It can be challenging if a person wants to stop medications that are helping them manage symptoms. Understanding why they want to stop is essential. Is it due to side effects, or a lack of awareness of illness? These are two very different situations.

There are times when a clinician can support a person's desire to lower or even stop their medications. This conversation ideally takes place in the course of a strong alliance between clinician, patient and family, where risks and benefits are all fully discussed. People with serious mental illness, but who are competent, can make choices with which a prescriber may not agree. Slow tapers of medication with careful monitoring for the return of symptoms can be a way to learn together about the impact of dose reduction. If you disagree with the patient decision, make that clear in a non-judgmental way and share your concern over the impact of this choice on their future. If the patient's choice is driven by side effects, there may be other treatments to offer. If medications are stopped, it is important to continue to see the patient regularly to observe and discuss the patient's experience and look for the emergence of symptoms.

Type: Knowledge Base
Answered by: Teri Grister, PhD, LPC, SMI Patient and Family Engagement Expert - National Alliance on Mental Illness
Date Answered: March 26, 2019
Topic: Psychopharmacology
Tags: Bipolar, Depression, Family Involvement, Psychopharmacology, Schizophrenia, Shared Decision Making

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Home / Knowledge Base (Clinicians) / What is Shared Decision Making And What Are Its Benefits?

What is Shared Decision Making and what are its benefits?

A 2001 report of the Institute of Medicine defined patient centered care as "care that is respectful of and responsive to individual patient preferences, needs, and values," and stated, "that patient values guide all clinical decisions." In stating these principles, the report emphasized "the importance of clinicians and patients working together to produce the best possible outcomes."

This process, whereby patients and clinicians work together as partners in making healthcare decisions, is called Shared Decision Making. While the partnership may include multiple clinicians and/or family members, the person receiving services is the one who determines what values drive the decision-making. While clinicians are experts in their fields and family members can play essential support roles, if the patient is not at the center of the process and recognized as an equal partner, then they are far less likely to participate with their own treatment. When individuals feel ownership of their own condition and actively begin the process of learning about and understanding the purpose and possible outcomes of the choices available to them, they are far more likely to follow through with treatment plans. When clinicians step outside the traditional role of paternalistic authority and assume the role of a partner based on the patient's needs and values, and the clinicians training and knowledge, a true "shared decision making" process begins, and desired outcomes become increasingly possible.

Type: Knowledge Base
Answered by: Patrick Hendry, SMI Recovery and Peer-to-Peer Engagement Expert - Mental Health America
Date Answered: March 25, 2019
Topic: Family Involvement / Engagement
Tags: Family Involvement, Health Navigator, Peer Engagement, Peer Navigators, Peer-led Interventions, Self-management, Shared Decision Making, Support of Families, Wellness

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