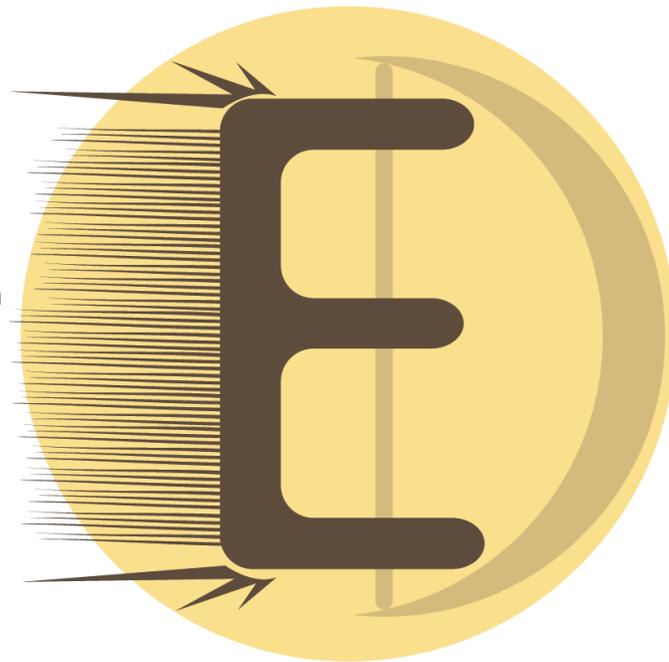


Medication Management in Mental Health

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1.1. Introduction

The process of integrating available research evidence with clinical expertise in order to promote better treatment for the patient is called as evidence based practice (Porter-O' Grady and Malloch, 2006). The delivery of care in mental health should ensure that research evidences as well as practitioner experience is taken into account to promote an evidence based approach (Huston, 2008). Provision of evidence based care and supportive treatment has been analysed in this case study. The focus of this treatment provided by the mental health services department is on the role of the registered mental health nurse. As prescribed by the Nursing and Midwifery code of Conduct (2008), the identity of the practitioner and service user have been kept confidential.

1.2. The Case

20 year old Jackie, an African American female, was referred to the mental health services when she was brought to the Emergency room by her grandmother. She had been and getting frequent nightmares of car crashes and falling down the mountains. She also complained of visual hallucinations of the same nature, which lead to her being brought to the ER. Earlier, when she was in her home town, she was admitted to a mental care facility for suicidal ideation. After the death of her parents in a car accident, she moved to the UK ten years ago. Although her grandmother presented some records they were incomplete, making it difficult for the ER personnel to make a complete evaluation of her condition.

The nursing process (Porter – O’Grady, 2010) followed by registered nurses forms the basis of decision making includes a number of actions. In nursing practices different levels of evidence based care, documented by Huston (2008), are adopted. ADTF (Assessment, Diagnosis, Treatment and Follow up) should be involved in any evidence based practice. The different stages of a nursing process are discussed in this case report.

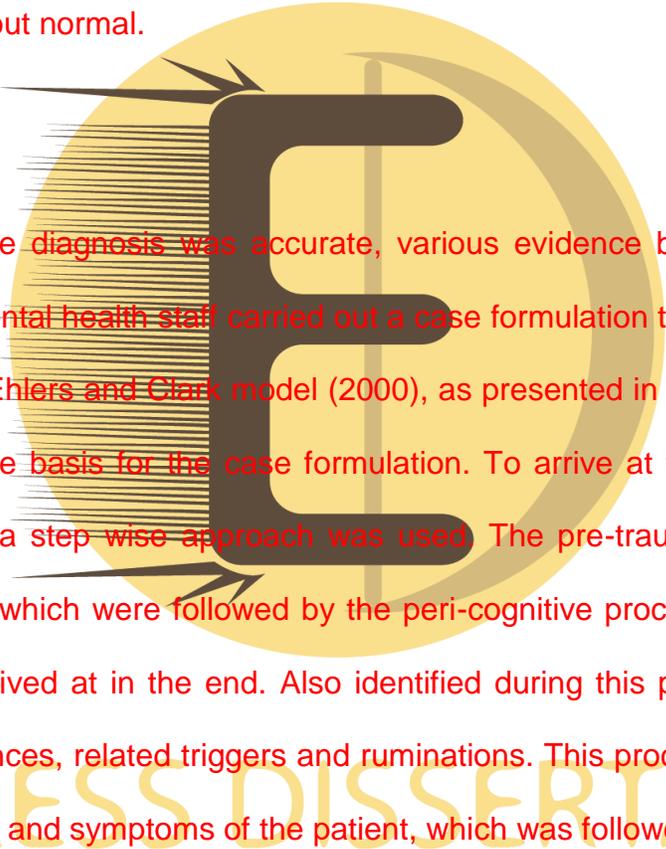
1.3. Assessment

The importance of assessment lies in the opportunity that it provides to a mental health nurse to collect subjective and objective data about the patient. The diagnosis and the treatment can be derived in the assessment stage, making it the most important stage mental health management (Lewis et al., 2003). A registered mental health nurse recorded the case history. In an interview session, Jackie’s grandmother revealed that Jackie had witnessed the accident of her parents and she lived in an orphanage for five years before her grandmother could bring her to UK and could not receive much medical attention. As a result of gap in her schooling Jackie had moderate understanding of English language and developed limited social skills.

1.4. Diagnosis

The interview conducted after the patient was admitted showed that she was agitated and expressed reservations towards the interviewer. She was broken when she tried to describe her delusions and hallucinations. According to Videback (2010) the skills and

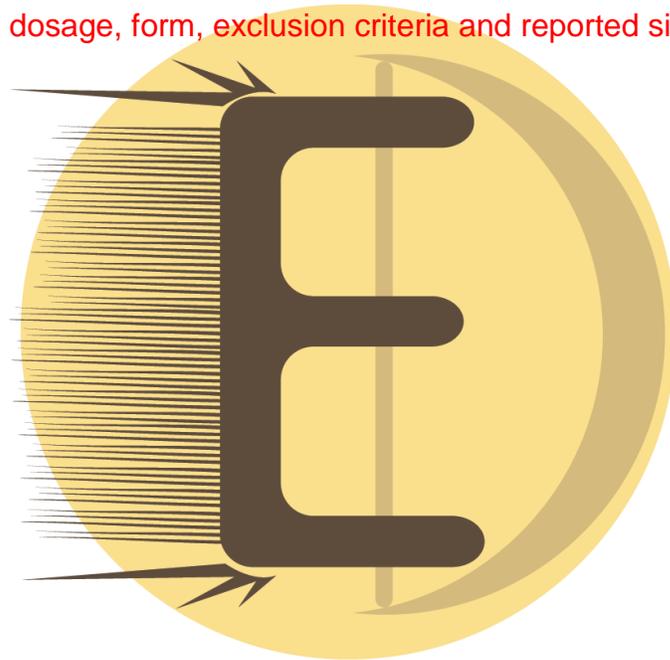
practice of a nurse are accountable for an accurate diagnosis. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV- TR) is then organized into an acceptable framework. Basis the assessment it was discovered that the patient showed signs of persecutory delusions, hallucinations, insomnia, recurring nightmares and irritability. The diagnosis suggested that these were signs of co-morbid PTSD. A physical and neurological exam was conducted thereafter. The serological tests and MRI scans came out normal.



To ensure that the diagnosis was accurate, various evidence based measures were promoted. The mental health staff carried out a case formulation to ensure the accuracy of the diagnosis. Ehlers and Clark model (2000), as presented in the following Figure 1, was chosen as the basis for the case formulation. To arrive at the diagnosis and the related treatment a step wise approach was used. The pre-trauma experiences were documented first, which were followed by the peri-cognitive processing and the nature of trauma was arrived at in the end. Also identified during this process were the post trauma consequences, related triggers and ruminations. This process helped document the current threats and symptoms of the patient, which was followed by the identification of strategies to control the threat.

1.5. Treatment

Hospitalization was the clear recommendation by the mental health team because of the patient's deep symptoms, heightened distress and suicidal ideation. As the treatment for her psychosis, the patient was recommended behavioural therapy sessions along with trifluoperazine (5 mg/day). Although reluctant, Jackie started her treatment with the staffs' encouragement and her grandmother's persuasion. The staff regularly monitored her mental health. Table 1 gives a complete representation of the treatment regime, dosage, form, exclusion criteria and reported side effects.



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Figure 1: Case Formulation (Adopted from Ehlers and Clark, 2000)

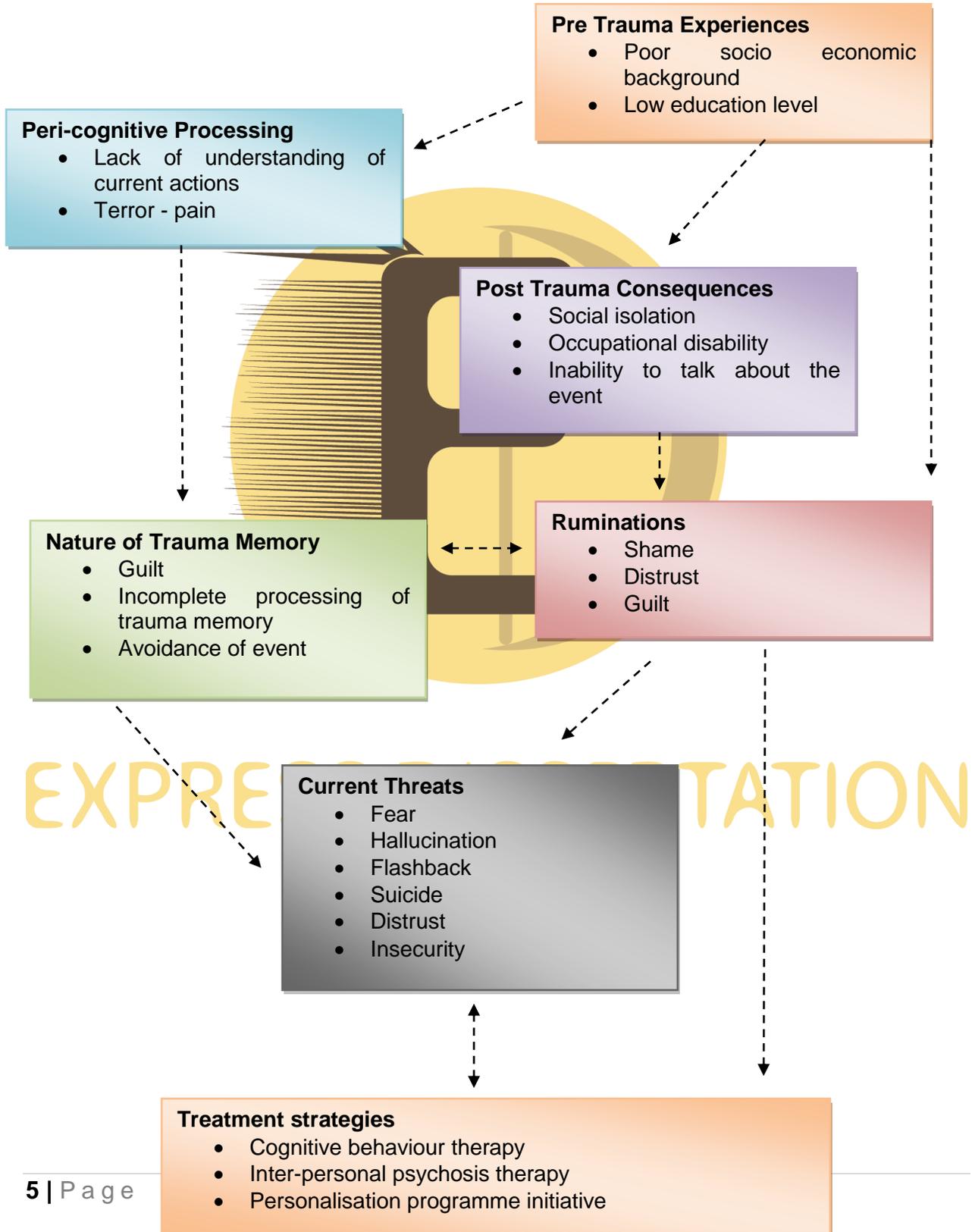


Table 1: Properties and Dosage of Trifluoperazine (Source: Author, Current study)

Attribute	Properties of Trifluoperazine
Medication Name	Trifluoperazine Hydrochloride BP
Used for	Trifluoperazine is a piperazine phenothiazine tranquiliser. This medication is used as an antipsychotic as well as an anxiolytic agent. The pharmacological profile of this drug shows that it exhibits signs of moderate sedation and hypotensive properties.
Form	Oral. Given in the form of tablets
Dose	5mg/day once a day
Exclusion criteria	<ol style="list-style-type: none"> 1. Comatose patients 2. Patients with livery damage 3. Patients who are hypersensitive to the active ingredient 4. Patients with uncontrolled cardiac de-compensation 5. Pre existing CNS depression 6. Bone marrow depression 7. Elderly patients with dementia
Side effects	Lassitude, muscular weakness, oedema, drowsiness, dizziness, blurred vision, tachycardia, constipation, hypotension, hyperpyrexia, photosensitive reactions and urinary hesitation and retention
Interactions	<ul style="list-style-type: none"> • Trifluoperazine if combined with CNS depressants can result in potentiation. • Trifluoperazine can antagonise the action of Levodopa and aggravate Parkinson symptoms. • Trifluoperazine should not been used in combination with Desferrioxamine as it prolongs unconsciousness. • Trifluoperazine can reduce the effects of oral anticoagulants.
Warnings	<ul style="list-style-type: none"> • Patients who use the drug on a long term basis should be carefully monitored in terms of tardive dyskinesia and eye change. Other problems like liver dysfunction and myocardial conduction defects also occur. • Acute withdrawal symptoms are reported in abruptly withdrawn leading to nausea, vomiting and insomnia.

The patient showed clear symptoms of PTSD which included avoiding thoughts related to the trauma and experiences of traumatic events. The patient was also presenting signs of increased arousal and insomnia. A bio-psychological approach was proposed for her treatment which required the course of treatment to be accompanied with an effective relationship between the clinical staff and the patient. Hence, effective evaluation is ensured by this holistic treatment approach (Coentre and Power, 2011).

Existing literature reports the occurrence of co-morbid PTSD with psychotic symptoms. The treatment for the patient included pharmacotherapy and psychotherapy. According to GAO et al., antipsychotics can be used as a treatment for primary and co-morbid anxiety symptoms or disorders. Their study concluded that the most effective treatment for co-morbid anxiety disorders is trifluoperazine.

According to Bird et al., the most effective treatment for major depressive disorders is adoption of interpersonal psychotherapy and cognitive behavioural therapy. In addition, Addington et al., (2011) suggested that long term adoption of the cognitive behavioural therapy helps in complementing medication plus presents and individualised approach. This view was also supported by Goldapple et al., (2004) by suggesting that such interventions help promote evidence based treatment measures. The treatment course adopted in this study is justified by above authors.

Pivac et al., reported that the result of co-morbid along with the signs of psychosis is impairment of occupational and social functioning. Even though Jackie had the support of her grandmother her ability to find supportive occupation was limited. Another observation was that Jackie was not able to hold down relationships that connected primarily only to her grandmother. Association of PTSD symptoms with re-experience, avoidance and difficulties with interpersonal relationships was identified by Mueser et al., (2008). Hamner (1996) also supported the diagnosis by indicating that PTSD is accompanied by psychosis more frequently as compared to psychosis like symptoms associated with flashback events and traumatic nightmares.

1.6. Follow up

Jackie's treatment over three weeks showed partial improvement and psychotic symptoms were completely resolved. However, the symptoms associated with her childhood trauma still continued. The event, still the cause of her nightmares and insomnia, despite treatment proved to be a continued stressor.

Jackie was a black minority group immigrant. It has been recognized that due to the hardships that black ethnic migrants face in their home countries they are at an elevated risk of psychosis in the UK (Hutchinson and Hassen, 2004). It was also identified that unemployment, family dysfunction and social adversity were the major reasons for such symptoms. This makes it important to provide follow up measures to the patient to make sure that similar stresses do not elevate her risk of psychosis.

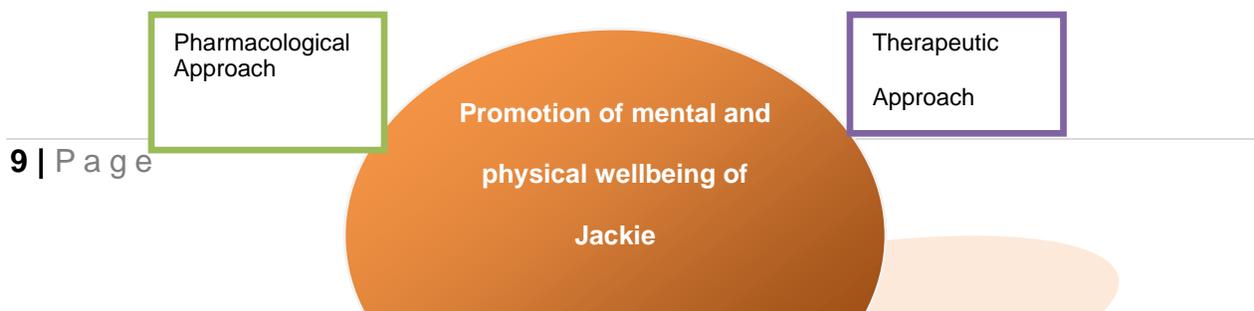
Observations during her stay at the hospital showed that Jackie's ability to communicate with the mental health nurses had slightly improved. However, it should be noted that the difference in the ethnic background helped get better results for Jackie. To make sure that Jackie's treatment is on the right track, initially 12 session treatments were arranged for her by the mental health nurses in the unit. This helped in constantly monitoring Jackie's treatment and medication. Jackie had a tendency to miss taking her medication and had irregular sleeping and eating patterns, which was brought to their notice. It was also observed that it was difficult for Jackie's grandmother to take care of her and also work. The way out was to refer Jackie to the Personalisation Programme which would provide her with monetary assistance to hire help (Bhui et al., 2003).

It should be noted that patient's preferences should be given importance to provide long term care (Bird and Wooster, 2008). Jackie was provided detail information about the nature of treatments available for her co-morbid PTSD condition. To ensure a Personalisation approach for Jackie Care Management plan was recommended by the mental health professionals at the centre. To ensure Jackie's full participation in terms of individual care plans, Personalisation approach (Carr, 2010) was adopted. This meant respecting her wishes on further medication, cognitive behavioural therapy and assistance in finding an occupation. Non trauma focused interventions were also suggested to Jackie by the mental health professionals. These therapies aim at improving Jackie's inter personal skills. A three way approach was promoted by mental health professionals to ensure Jackie's long term improvement. The result of Jackie following strict treatment regiment was gaining employment and having an improved quality of life (Figure 2).



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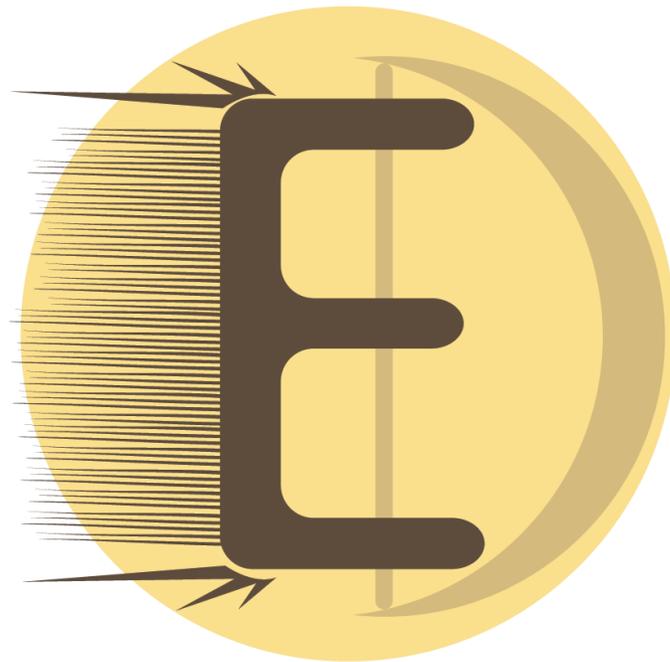
Figure 2: Framework for Jackie's Treatment (Source: Author, Current Study)



Social support

1.7. Conclusion

Observation of this case study shows that evidence based measure of providing help can be arrived at by a bio psychosocial approach which helps in the integration of the various aspects of patient history. Also, it has been observed that long term treatments are required for co-morbid PTSD with psychosis. In the case discussed, mental health professionals tried to find ways to provide the patient with health and social care. Careful consideration pointed at pharmacogenic and psychotherapy as effective treatments. Additionally, social care was promoted to achieve the goal of overall improvement in wellbeing and a better quality of life. Thus, a Care Management Plan was recommended, which Jackie became a part of. She was provided with governmental support so that her illness can be dealt in a personalised and evidence based manner. It is important to understand that evidence based approach and effective case management measures are significant in managed care to deliver mental health services.



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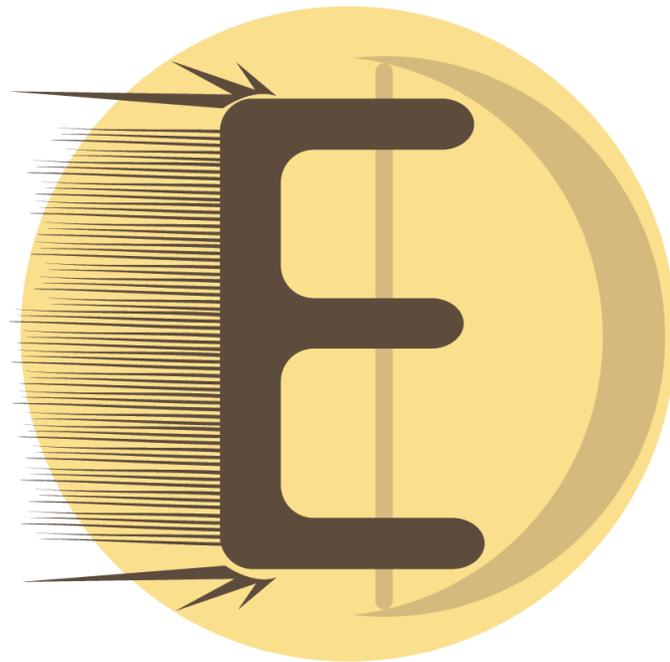
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