Introduction

Prescribers may prescribe psychotropic medications at higher than recommended doses for a number of clinical reasons. A client may have experienced a partial remission of symptoms without significant side effects at the upper limit of approved dosing, and in collaboration with the prescriber prefers to continue upward medication titration. Clients with poor response to the usual medication doses may receive higher doses of medication in an attempt to reduce their symptoms and improve function. Higher doses of medication may be used to attempt to dampen violent thoughts or behaviors toward self or others. Medication blood levels in individuals with rapid metabolism may be at the lower range of effectiveness at high doses despite documented adherence. A client may prefer the subjective sense of wellbeing obtained at a higher dose of medication, and may be willing, for instance, to trade in long term risks for symptom reduction.

Source: https://www.omh.ny.gov/omhweb/psyckes_medicaid/quality_concerns/reference_guide/dose.pdf

Clinical Recommendations

1. Consumers who are prescribed higher than recommended doses of psychotropics should be engaged by their prescribers in a conversationabout the risks associated with their regimen, and the benefits of making a change. Dose reduction should be considered if clinically appropriate.

2. Using monotherapy is recommended whenever possible. Monotherapy reduces the total dose exposure for consumers of medication that affect the brain.

3. Collaborative development of strategies for adherence with clients will maximize clinical benefit and avoid dose increases.

4. Prescribers should ensure that the dose and duration of medication trials are adequate and consistent with evidence-based guidelines. Medication should be given an adequate time to work prior to increasing the dose.

5. Careful diagnostic evaluation over time and consideration of character structure will assist in avoidance of medication treatment and escalating doses for clients whose symptoms will respond better to psychosocial treatments.

6. Nonpharmacologic therapies, for instance cognitive behavioral therapy for insomnia, anxiety, or depression, are well researched and effective for management of symptoms. Psychosocial interventions should be considered as an alternative strategy to high dosing.

7. Consumers and families will benefit from supportive services from the clinic during periods of medication change. These services may include frequent check-in calls with the clinic nurse, increased appointment frequency with the prescriber and therapist, medication groups with other consumers, and psychoeducation about side effects or symptoms likely to be experienced. Specific interventions for management of changes in wellbeing may be developed by the clinical staff to provide clients with tools to use during the change.. **8. Psychoeducation** in varied formats should be available to all consumers. Brochures, scientific summaries, information sessions, and ongoing medication education groups can be helpful in providing information helpful to consumers and promote dialogue with prescribers clinical practice is to change a medication by no more than 1/3 of the current dose, no more frequently than every 2-3 weeks.

10. Strategies for communication by prescribers with the consumer's primary care provider will be helpful in addressing medical causes of psychiatric symptoms which otherwise may result in high doses or polypharmacy.

11.Rating scalesfilled out by the client can be very helpful during medication changes. Rating scales can educate consumers in understanding and observing symptom constellations over time; and provide clinicians with accurate longitudinal information about the effect of medication change or discontinuation on symptoms and function.

12. For consumers receiving high doses of psychotropics, periodic efforts should be made to taper the dose once the consumer is doing well.