**Deprescribing Psychotropic Medication Information for DCBS workers**

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| **What is Deprescribing?** An opportunity to evaluate each medication that an individual takes to help everyone understand why it is prescribed along with the risks and benefits related to taking it. The goal is to take the minimum amount of medication necessary to keep the youth healthy. |
| **Why Deprescribe?*** Many foster children have difficult traumatic backgrounds, which can lead to behavioral problems and the need to use medications. However, when a foster child(ren) is in a stable environment and receives therapy, many of their behaviors may improve and they may not need to take as many medications.
* Many youth take more medications than is necessary.
* The younger the child is, the less is known about how medicines effect their body.
* The youth may have side effects from medicines
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| **What are psychotropic medications?**These medications are used to treat mental health conditions such as depression, ADHD, and anxiety, and are used to help manage mood, anger, attention, or insomnia. It is especially important to monitor and consider these medications for deprescribing.   | **Some Examples:**Antipsychotics (risperidone, aripiprazole)Mood Stabilizers (Depakote, lithium)Antidepressants/Anti-anxiety (fluoxetine, sertraline)Stimulants (methylphenidate, amphetamines)Alpha-agonists (clonidine, guanfacine) |

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| **What Can You Do?** |
| **Talk to the youth.*** Ask how the youth feels about taking medications and about any good or bad effects they are having.
* Encourage the youth to exercise and stay involved in activities that can keep them healthy.
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| **Encourage the foster parent/caregiver to talk to the youth’s healthcare provider.** * Ask the provider about the youth’s medications and if deprescribing might be helpful. (see below)
* Why are they taking this medicine?
* What are potential risks or side effects of the current medications?
* How long have they been taking the medication?
* Do they still need it?
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| **Talk with the caregiver/foster parent.*** Share as much history as possible on past mental health diagnoses and treatment with the foster parent/caregiver, as well as their provider.
* Instruct the caregiver to never start, stop, or change the child’s medications without talking to their provider, as making changes could cause other health problems.
* Advise the caregiver to never allow the youth’s medications to be shared with others.
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|  | **How to Deprescribe** |
| Deprescribing could be suggested if:  | * The youth is on several medications or has taken them for a long time.
* The child is under six years old.
* There is less stress in the youth’s life now, for example they may be doing better in a safe, secure home.
* Things have improved with therapy.
* The medications have not helped or made the youth feel worse.
* There has been a change in the youth’s health.
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| Medication review: | The social worker and/or the foster parent should talk with the provider and youth about each of the medications prescribed. * Who prescribed the medication?
* When was it prescribed?
* Why was it prescribed?
* What is the expected benefit?
* What are the risks?
* How does it help?
* What side effects is the child having?
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| Making a decision:  | Decide if there are medications to decrease or discontinue, and if so, which should be stopped first. |
| Follow up:  | * The social worker and the youth's provider will have a plan for gradually stopping the medication and what to watch for if there are problems.
* Youth should continue therapy to address mood or behavior problems.
* Youth should remain active with exercise and activities that can help them stay healthy.
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