

Psychotropic Medications, Sedation, and Constipation

A lengthy alert has already been posted on medication use for individuals with an Intellectual Disability. This current alert is aimed at highlighting two particular risks that may become important for an individual with an intellectual or developmental disability:

1. Sedation , which refers to drowsiness, restfulness, or sleepiness, which may be a side effect of a medication and how sedation affects swallowing and increases the risk of aspiration
2. Decreases in bowel movements which may result in a bowel obstruction in susceptible individuals

SEDATION

Medications that produce sedation or cause a person's thinking to become cloudy can also make it more difficult for an individual to swallow effectively. For individuals with dysphagia or gastro-esophageal reflux (GERD) such difficulties increases their already present risk of aspiration and, thereby, increase their risk of pneumonia.

For the few individuals who can swallow, but who have to concentrate to swallow effectively, the sedation can interfere with their concentration and produce the risk of aspiration.

When a potentially sedating medication is first prescribed or when the dosage of a currently prescribed sedating medication is increased, prescribers and providers need to be aware of that sedation is a potential risk, especially in the first several days after the person begins to take the medication. Any evidence of choking or coughing while eating should result in a call to the prescriber. If the individual becomes sick, develops a cough with lots of phlegm between meals, or develops a fever the possibility of pneumonia should be considered.

MEDICATIONS THAT MAY PRODUCE SEDATION INCLUDE:

Benzodiazepines such as Ativan, Clonazepam, Valium

Anticholinergic agents or antihistamines such as Cogentin, Artane, Benadryl, Vistaril

Antipsychotic agents such as Haldol, Prolixin, Trilafon, Zyprexa, Clozapine, Risperidol, Seroquel

Lithium

Anticonvulsant agents such as Tegretol, Trileptal, Depakote

Narcotic Pain Medications or Cough Medication with Codeine

DECREASE BOWEL MOTILITY/CONSTIPATION

Bowel obstruction is one of the conditions that individuals with an intellectual or developmental disability may be at particular risk for and which can result in death, abdominal surgery, or hospitalization. For individuals who have constipation the addition of a new medication or an increase in the dose of a current medication that includes constipation as a side effect can add to

the risk of bowel obstruction. For an individual with constipation or who takes medications to prevent constipation, prescribers and providers need to be aware that this could result in an obstruction, particularly in the first few days after the medication change. A decrease in bowel movements, abdominal pain, abdominal distention, a reluctance to eat, or vomiting should prompt a medical evaluation, including whether there has been an addition of dose increase of a medication that may cause constipation.

MEDICATIONS THAT MAY PRODUCE RISK INCLUDE:

Commonly used psychotropic medications such as Cogentin, Artane,

Older antipsychotic agents such as Haldol, Prolixin, or Thorazine, and

Narcotic pain medications

Cough medication that contains codeine.