# NEW MEXICO STATE UNIVERSITY

**APA Designated Post-Doctoral Education & Training in Clinical Psychopharmacology**

**COURSE OUTLINE**

**Class #18**

**Course #:** RXPP 605

**Official Title**: Clinical Psychopharmacology III

**Topic:** The Psychopharmacologic Treatment of Psychotic Disorders

**Credit Hours**: 3.0

**Location:** Live & Online

NMSU; 2915 McFie

Milton Hall, Room 085

**Class Meeting Dates**: Feb 23-24, 2019, 8:00 am-6:00 pm

**Instructor(s)**: Caroline Williams, Ph.D., LP

New Mexico Prescribing Psychologist

**Required Text:** Stahl, S. M., & Stahl, S. M. (2013). *Stahl's essential psychopharmacology: neuroscientific basis and practical applications* (4th ed). Cambridge University Press.

**Continuing Education:** 13.5 CE (Provided by SIAP, Sponsored by APA)

***SIAP is approved by the American Psychological Association***

***to sponsor continuing education for psychologists***

***SIAP maintains responsibility for the program and its content***

**Required Reading:**

Citrome, L. (2018). Aripiprazole, brexpiprazole, and cariprazine: Not all the same. *Current Psychiatry*, *17*(4), 24-33.

Gentile, S. (2008). Antipsychotic therapy during early and late pregnancy. A systematic review. *Schizophrenia bulletin*, *36*(3), 518-544.

Meeks, T. (2010). Drugs, death, and disconcerting dilemmas: an overview of antipsychotic use in older adults. *Psychiatric Times*, *27*(8), 17-17.

Meyer, J. M. (2017). Valbenazine for tardive dyskinesia*. Current Psychiatry,* 16(5), 40-46.

Romo‐Nava, F., Alvarez‐Icaza González, D., Fresán‐Orellana, A., Saracco Alvarez, R., Becerra‐Palars, C., Moreno, J., & Buijs, R. M. (2014). Melatonin attenuates antipsychotic metabolic effects: an eight‐week randomized, double‐blind, parallel‐group, placebo‐controlled clinical trial. *Bipolar disorders*, *16*(4), 410-421.

**Recommended Text:** Muse, M., & Moore, B. A. (Eds.). (2012). *Handbook of clinical*

*psychopharmacology for psychologists*. John Wiley & Sons.

**Further References:**

Suehs, B., Argo, P. T. R., Bendele, B. S. D., Crismon, M. L., Trivedi, M. H., & Kurian, B. (2008). Texas medication algorithm project procedural manual. *Major depressive disorder algorithms. Texas: Texas Department of State Health Services*.

**Course Description:** In this RXPP 605 class we continue our study of clinical psychopharmacology through the study of Psychotic Disorder and other disturbances; with special emphasis on the efficacy, safety, and on therapeutic drug monitoring. Moreover, these classes are an intensive study of the treatment of psychosis from a psychobiosocial model of care. Special consideration is given to first, second and third generation antipsychotic drugs and their pharmacology and clinical uses as well as with the neurological and metabolic disorders associated with antipsychotic medications. In addition, the student begins to learn about modifications in treatment plans indicated when a biopsychosocial perspective is taken with appropriate adjustments which must be considered when treating individuals of various ethnic groups. Reviews of research comparing differential results for men and women as well as variable effects of psychotropic treatment during pregnancy will be explored. (Note: the differential effects of ethnic background and other sources of diversity will be examined during all classes covering clinical psychopharmacology during the program.)

***This course is congruent with the College of Education's Conceptual Framework in that it provides a general knowledge background, addresses assessment competencies, and integrates content knowledge and professional knowledge***.

**Class Objectives –** Students will:

1. List one specific neurological effect that characterizes every antipsychotic medication.
2. List one unique pharmacological effect for each first, second, and third generation antipsychotics; that differentiates between the three types of medications.
3. Describe the neurological cause of extrapyramidal side effects of antipsychotics.
4. List two pharmacological treatment options for extrapyramidal side effects of antipsychotics.
5. Describe the prevailing theory of the cause of tardive dyskinesia.
6. Explain the neurological mechanism by which antipsychotics can cause prolactinemia.
7. Successfully demonstrate the administration of the Abnormal Involuntary Movement Scale (AIMS) to assess for motor side effects of antipsychotics.
8. List three specific characteristics of the metabolic syndrome side effect of antipsychotics.
9. Identify three monitoring strategies for addressing metabolic syndrome side effects of antipsychotics.
10. Identify three management strategies for addressing metabolic syndrome side effects of antipsychotics.
11. List the four key dopamine pathways impacted by antipsychotics.
12. List at least three behavioral or physical effects for the patient of each of the four key dopamine pathways.
13. Describe the general effect of antipsychotics on the positive symptoms of schizophrenia; include the neurological projections within the Central Nervous System.
14. Describe the general effect of antipsychotics on the negative symptoms of schizophrenia; (include the neurological projections within the Central Nervous System).
15. List the primary risk associated with the use of antipsychotics in elderly clients with dementia.
16. List the antipsychotics which have FDA approval, versus those that are used off-label, in the treatment of children & adolescents.
17. List two second or third generation antipsychotics that have the highest risk for causing metabolic syndrome.
18. List the management protocol required to monitor agranulocytosis when using clozapine.
19. List two antipsychotics that have the least risk when used during pregnancy.
20. Describe the synaptic pruning hypothesis of schizophrenia.
21. Identify two antipsychotics that have an increased risk for QT prolongation.

**Homework:** The students will be presented with one or more complex case(s) and will be asked to respond to questions about that case. At times, students will also be expected to read journal assignments; and respond in class or discussion threads (in Canvas).

**Evaluation**: Student participation, preparation, and attendance is observed. There will be a test (multiple choice, short answer or true/false) which, depending on the plan of the Instructor, may be given to students before class. If the test is given to the students before class, then students should come to class with the test completed because the content will be reviewed during the lecture(s). The exam will be graded after it is taken as a closed-book, time limited test at the end of the weekend of didactic training. Case studies presenting patients with dual diagnoses of medical and psychological problems will be distributed. Students will be expected to formulate a comprehensive analysis of the case(s) utilizing clinical judgment, course materials, and any necessary references. During the pathophysiology and physical examination sequence, students will be evaluated on their proficiency in interpreting lab/radiology/imaging studies, taking vital signs, physical assessment, and differential diagnosis. Instructors may also elect to include reading (e.g. journal) assignments for discussion and/or written assignments that demonstrate clinical documentation which meets the standard of care for patient care documentation. Additional assignments will be factored into a weighted or alternative point value system leading to the determination of a letter grade using the rubric below. Typically, students have two weeks to complete all assignments. All submissions must be made by 11:59 pm on the day of the announced deadline.

**Standard Grading Assignments Points Possible**

*Test (30 questions @ 1 pts each) 30 pts.*

*Case Study Analysis/Vignette 60 pts.*

*Participation/Attendance (live or via Zoom) 10 pts.*

**Course grades*:***

*90-100 pts total=“A”*

*80-89 pts total=“B”*

*70-79 pts total=“C”*

***Students with Disabilities:*** *If you have or believe you have a disability, you may wish to self-identify. You can do so by providing documentation to the Office of Student Accessibility Services (SAS), located at the Corbett Center Student Union, Room 208 (Telephone 575-646-6840, Fax 575-646-5222, E-Mail:* [*sas@nmsu.edu*](mailto:sas@nmsu.edu)*). Appropriate accommodations may then be provided for you. If you have a condition which may affect your ability to exit from the premises in an emergency or which may cause an emergency during class, you are encouraged to discuss this in confidence with the instructor and/or the Director of SAS, Trudy Luken. If you have questions about the Americans with Disabilities Act (ADA), call 575-646-3635. Students should contact the Office of Institutional Equity (575-646- 3635) only if they feel they have been discriminated against in any category.*

***Student complaints:*** *If students have a complaint about a course, they are advised to discuss their concerns directly with the instructor whenever possible. If that does not resolve the problem or if they cannot approach the instructor, students should either access NMSU’s online complaint system at* [*https://dos.nmsu.edu/concerns/*](https://dos.nmsu.edu/concerns/) *or seek out the department head (*[*bgormley@nmsu.edu*](mailto:bgormley@nmsu.edu)*) for help resolving the problem. Both of these processes provide opportunities for the department head to know about issues that need attention and for instructors to receive information about student concerns so that they can respond.*

**Further Notice:** *Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) covers issues relating to disability and accommodations. If a student has questions or needs an accommodation in the classroom (all medical information is treated confidentially), contact:*

Trudy Luken, Director

Student Accessibility Services (SAS) - Corbett Center Student Union, Rm. 208 Phone: (575) 646-6840 E-mail: [sas@nmsu.edu](mailto:sas@nmsu.edu)

Website: <http://sas.nmsu.edu/>

NMSU policy prohibits discrimination on the basis of age, ancestry, color, disability, gender identity, genetic information, national origin, race, religion, retaliation, serious medical condition, sex, sexual orientation, spousal affiliation and protected veterans status. Furthermore, Title IX prohibits sex discrimination to include sexual misconduct: sexual violence (sexual assault, rape), sexual harassment and retaliation.

For more information on discrimination issues, Title IX, Campus SaVE Act, NMSU Policy Chapter 3.25, NMSU's complaint process, or to file a complaint contact:

Lauri Millot, Director and Title IX Coordinator

Agustin Diaz, Associate Director, Title IX Deputy Coordinator

Office of Institutional Equity (OIE) - O'Loughlin House, 1130 University Avenue Phone: (575) 646-3635 E-mail: [equity@nmsu.edu](mailto:equity@nmsu.edu)

Website: <http://eeo.nmsu.edu/>

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| Other NMSU Resources: |  |
| NMSU Police Department: | (575) 646-3311 [www.nmsupolice.com](http://www.nmsupolice.com/) |
| NMSU Police Victim Services: | (575) 646-3424 |
| NMSU Counseling Center: | (575) 646-2731 |
| NMSU Dean of Students: | (575) 646-1722 |
| For Any On-campus Emergencies: | 911 |

**The Instructor of Record reserved the right to make announced changed in the syllabus; as feasible, changes will be made with student input.**