

**Technical Assistance Document on Polypharmacy**  
**Effective: 05/01/2006 Last Revision: 04/17/2006**

**Some examples of specific target symptom descriptions are:**

Clear documentation of the target symptoms for each medication and the rationale for prescribing combinations of medications should provide a solid basis for identifying the specific outcomes of psychotropic medication treatment. Positive and/or negative outcomes can be easily tracked when specific target symptoms have been identified.

- a. Citalopram is being prescribed for treatment of Major Depressive Disorder.  
**Target symptoms include: marked depressed mood, frequent suicidal ideation, and marked loss of energy.**
- b. Paroxetine is being prescribed for treatment of post-traumatic stress disorder (PTSD).  
**Target symptoms include: nightmares of the traumatic event and irritable/angry mood.**
- c. Sertraline is being prescribed for treatment of obsessive-compulsive disorder (OCD).  
**Target symptoms include: frequent obsessions of contamination with germs and compulsive hand washing.**
- d. Ziprasidone is being prescribed for treatment of Schizophrenia, Paranoid Type.  
**Target symptoms include: derogatory auditory hallucinations, delusions of having an electronic device in the brain, and tangential thought processes.**
- e. Valproic Acid is being prescribed for treatment of Bipolar Disorder, Manic Episode.  
**Target symptoms include: little need for sleep, verbosity, and markedly pressured speech.**
- f. Lorazepam is being prescribed for treatment of Generalized Anxiety Disorder.  
**Target symptoms include: persistent tremor, unable to fall or stay asleep, and irritable/anxious mood.**

**Specific rationales for the combined use of regularly prescribed psychotropic medications must clearly describe the reasons why the particular combination of medications is being prescribed.**

The rationale should be responsive to and correspond with the identified person's need for combined medication treatment.

**Rationales for polypharmacy and medication changes** may include:

- **lack of full response (need to augment),**
- **patient preference,**
- **intolerable side effects of one of the medications,**
- **diagnosis changes,**
- **evidence-based practice,**
- **adverse effects,**
- **prior response, etc.**

**Some examples of specific rationales for the combined use of psychotropic medications are:**

- a. Symptoms of mania have not adequately responded to Lithium alone. Risperidone is added to target continued manic symptoms, including grandiosity and pressured speech (need to augment treatment);
- b. Add Valproic Acid to Olanzapine due to need for rapid resolution of extreme psychotic symptoms, as supported by evidenced-based practice;
- c. Add Topiramate to Olanzapine due to excessive weight gain (intolerable side effect);
- d. Add Hydroxyzine prn for agitation to Clonazepam due to patient stating "it is the only thing that has ever worked when I am this anxious" (patient preference);
- e. Add Fluoxetine, with its long half-life, for one week while patient is at the end of a Venlafaxine taper, due to severe serotonin discontinuation syndrome (adverse effect);
- f. Add Clonazepam for new onset panic disorder (diagnosis change); and
- g. Methylphenidate (Concerta) and Dextro-amphetamine are being combined, as Concerta alone does not adequately treat afternoon and evening hyperactivity symptoms.

**An acceptable rationale for continuing a combination of medications prescribed by another clinician may be as follows:**

"Client is comfortable with previously prescribed medications, experiences no side effects and no serious safety risks of continuing current medications have been identified."