CAUTION – Medication Side Effects

For all PwDD who are taking antidepressants, antipsychotic medications and/or a sedating benzodiazepine (which is the vast majority of individuals with a Behaviour Support Plan) supporters must be extremely vigilant in tracking and reporting side effects such as Akathisia and other Extrapyramidal symptoms (EPS). According to Wikipedia, with dozens of credible research citations, serious risk of anxiety and therefore self-injurious behaviour and aggression could be a side effect of some of the often prescribed medications for PwDD (e.g. antipsychotics). How well do you as a supporter know what to look for?

Akathisia is a (painful and emotionally distressing) movement disorder characterized by a feeling of inner restlessness and a compelling need to be in constant motion, as well as by actions such as rocking while standing or sitting, lifting the feet as if marching on the spot, and crossing and uncrossing the legs while sitting. People with Akathisia are unable to sit or keep still, and they may fidget, rock from foot to foot, and pace.

Antipsychotics (also known as neuroleptics) are the leading cause of akathisia. When antipsychotic-induced, akathisia is an extrapyramidal side effect. Akathisia is also a symptom of psychosis, bipolar disorder, and agitated depression. Akathisia is a component of the repetitive movements in some cases of autism and intellectual disability. Other known causes include side effects of other medications, and nearly any physical dependence-inducing drug during drug withdrawal. It is also associated with Parkinson's disease and related syndromes.

However, some people experience akathisia with no external signs, *and is described as follows: "The akathisia affects the sufferer inside, causing feelings of despair, agitation, intense panic and worry, an augur of disaster that feels completely real, and in some cases, the person actually has a physical sensation of pain in the solar plexus area of the body that they claim feels hot to the touch, a burning ache that is unbearable."* High-functioning patients have described the feeling as a sense of inner tension and torment or chemical torture. A term many sufferers use is the feeling like they want to "peel off their own skin." Akathisia is linked to suicidal ideation and should be treated. In a psychiatric setting, patients who suffer from neuroleptic-induced akathisia often react by refusing treatment. In addition, patients with Obsessive Compulsive Disorder are extremely susceptible to drug-induced akathisia, and, in a study of OCD patients on SSRIs, they developed severe akathisia after a single dose of the antipsychotic Amisulpride.

When misdiagnosis occurs in neuroleptic-induced akathisia, it is mistaken for primary akathisia and a worsening of the underlying disease. The treatment for many doctors, then, is to raise the dose of the akathisia-causing medication or add another neuroleptic, which often makes the akathisia worse. Doctors prescribe anti-anxiety medication, such as benzodiazepines, which is usually only partly effective in mitigating the anxiety caused by akathisia. However, withdrawal from long-term use of benzodiazepines can also cause akathisia. Neuro-psychologist Dr. Dennis Staker had drug-induced akathisia for two days. His description of his experience was this: "It was the worst feeling I have ever had in my entire life. I wouldn't wish it on my worst enemy." Many patients describe symptoms of neuropathic pain akin to fibromyalgia and restless legs syndrome.

Wikipedia

The table below (adapted from Wikipedia) summarizes factors that can induce Akathisia, grouped by type, with examples or brief explanations for each:

Category	*Examples*
Antipsychotics	Haloperidol (Haldol), droperidol, pimozide, trifluoperazine, amisulpride, risperidone, aripiprazole (Abilify), lurasidone (Latuda), ziprasidone (Geodon), and asenapine (Saphris)
SSRIs	Fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa)
Antidepressants	Venlafaxine (Effexor, tricyclics, trazodone (Desyrel, and mirtazapine (Remeron)
Antiemetics	Metoclopramide (Reglan), prochlorperazine (Compazine), and promethazine
Drug withdrawal	Opioid withdrawal, barbiturates withdrawal, cocaine withdrawal, and benzodiazepine withdrawal
Sedatives	Benzodiazepine (Ativan, Lorazepam, Clonazepam)
Serotonin syndrome	Harmful combinations of psychotropic drugs

A minimum of 25% of individuals on these medications (including Atypical Antipsychotics) have been shown to manifest acute or chronic EPS. (Reference BioMed Research International, Volume 2014 (2014), Article ID 656370 6 pages – Second Generation Antipsychotics and Extrapyramidal Adverse Effects).

ABA Behavioural Interventions

ABA Behavioural Interventions have a key role to play in the emotional well-being of many PWDD. The success of ABA and IBI practices when implemented by qualified Behavioural Analysts, Therapists and Psychologists in accordance with regulating associations and Behaviour Analyst Certification Board's Standards have been well established in the research literature for certain ASD/DD symptoms and age appropriateness.

While direct services' implementation of these interventions are beyond the scope of *CCS* (similar to Dual Diagnosis, Naturopathic Doctors and other regulated professionals) when applicable it is absolutely essential for support professionals to consult with a Behavioural Professional to ensure that a fully integrated *CCS* and behaviour interventions' protocol is established, practised and held to Quality Assurance Standards.

Research demonstrating the effectiveness of ABA/IBI interventions in Ontario when they are implemented by unregulated family and support professionals (which is the majority of cases) is quite limited to nonexistent. It is therefore critical that close supervision by a qualified Behavioural Professional be practised as often as possible.