FOLLOW UP OF INTELLECTUALLY DISABLED PATIENTS ON LONG-TERM PHARMACOTHERAPY IN CLINICAL CONTEXT

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Epileptic seizures and behavioural disorders are common co-morbidities in various intellectual disabilities (1). In many cases polypharmacy cannot be avoided and the long-term drug history at bed-side is often limited. A simple clinical tool to summarise a drug history in a reliably way could be valuable for several reasons. Firstly, lack of systematic data collection may lead to inappropriate medications. Secondly, due to ethical constrains clinical trials and guidelines on disabled patients are sparse (2). Thirdly, commonly used CNS medicines can worsen the existing symptoms. For example, neuroleptics and SSRI-antidepressants are known to increase seizure frequency or even cause epileptic seizures as a class effect (3). In accordance, antiepileptics may be associated with behavioural and neuropsychiatric adverse events or worsened epileptic seizure control (3). Finally, disease's highly variable natural course and day-to-day variation of symptoms further complicate the clinical assessment.
A new chart flow for the follow up of drug response and drug induced adverse events is introduced in the light of case reports by taking into account putative pharmacogenetic aspects. Our ultimate goal is to lessen the heavy burden of polypharmacy that disabled patients experience in clinical reality.

References:

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