

**ST3-POA-FELL-EPA4 – Older adult psychopharmacology**

<b>Area of practice</b>	Psychiatry of old age	<b>EPA identification</b>	ST3-POA-FELL-EPA4	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 10/04/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>Older adult psychopharmacology, including the use of psychotropic medications in patients with treatment-resistant depression and those with complex general medical needs.</b>			
<b>Description</b> Maximum 150 words	Older adult psychopharmacology, including management of clozapine, lithium, depot antipsychotics, cognition enhancers and the use of medication in patients with treatment-resistant depression and those with complex medical needs.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1	<b>SCH</b>	1, 2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2, 5
	<b>MAN</b>	1, 5		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understand the principles underpinning the practice of older adult psychopharmacology, including pharmacokinetic and pharmacodynamic changes with ageing.</li> <li>• Understand the complex interactions that occur between cognitive impairment, physical frailty and psychotropic medications in later life.</li> <li>• Understand the particular issues that arise when prescribing psychotropic medication in the context of common general medical conditions in older people, including dementia, Parkinson’s disease and chronic kidney disease.</li> <li>• Understand common and/or important drug–drug interactions in older people.</li> <li>• Appreciate the limited efficacy data for many psychopharmacological interventions when used in older patients.</li> <li>• Appreciate the altered dosing often required when using psychotropic medication in older people.</li> <li>• Appreciate the particular adverse effects most relevant to older people during psychopharmacological treatment.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Understand the augmentation strategies that can be employed in older people when initial psychopharmacological treatment has partial efficacy.</li> <li>• Understand the evidence for the use of psychotropic medication in combination with psychosocial interventions for the treatment of common mental disorders in older people.</li> <li>• Understand the biopsychosocial determinants of treatment-resistant depression.</li> <li>• Understand the issues which arise in relation to treatment adherence in older people, including the use of medication organisers, including Dosette boxes, Webster Paks and similar technologies.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to assess older patients for the following treatments, safely initiate and monitor for safety and efficacy: <ul style="list-style-type: none"> <li>– psychotropic medication (including older patients with general medical comorbidities)</li> <li>– clozapine</li> <li>– long-acting injectable antipsychotics</li> <li>– lithium</li> <li>– cognition enhancing medication.</li> </ul> </li> <li>• Demonstrate the ability to manage combination psychotropic medication in the context of post-ECT continuation treatment.</li> <li>• Demonstrate the ability to comprehensively assess and manage older patients with treatment-resistant depression.</li> <li>• Demonstrate the ability to safely discontinue psychotropic medication in older people.</li> <li>• Demonstrate the ability to negotiate the psychotropic prescribing, taking into account the wishes of the patient and their family/carers.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Appreciate the impact of the cost of psychotropic medications on likely adherence in later life.</li> <li>• Appreciate the ethical dimensions of prescribing drugs of high cost and modest benefit.</li> <li>• Appreciate the impact of complex treatment schedules on likely adherence in later life.</li> <li>• Appreciate the value of active collaboration with patients and their families/carers about the role of psychotropic medication in later life.</li> <li>• Appreciate the value of collaboration with clinical pharmacy, clinical pharmacology and geriatric medicine colleagues when dealing with complex pharmacological issues in later life.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.

**Suggested assessment method details**

- Case-based discussion.
- Mini-Clinical Evaluation Exercise.
- Professional presentation.
- Observed Clinical Activity (OCA).
- Direct Observation of Procedural Skills (DOPS).

**References**

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**Treatment-resistant depression:**

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COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar