



Texas Society of Psychiatric Physicians &  
Texas Academy of Psychiatry

# Too Many Cooks:

## Resisting Unnecessary Polypharmacy

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**VIRTUAL LIVE CME WEBINAR**

**Saturday, April 23, 2022**

Four (4) AMA PRA Category 1 Credits™,  
with 2 of the Hours Designated for Medical Ethics/Professional Responsibility

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**Wesley Boyd, M.D., Ph.D.**  
*Professor*  
Center for Medical Ethics and  
Health Policy  
Baylor College of Medicine  
Houston, Texas



**Kelly Flanagan, J.D.**  
*Assistant General Counsel*  
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**Olaoluwa Okusaga, M.D.**  
*Associate Professor*  
Psychiatry & Behavioral Sciences  
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**Alan C. Swann, M.D.**  
*Professor*  
Menninger Department of  
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**Shannon Vogel**  
*Associate Vice President*  
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## **Too Many Cooks: Resisting Unnecessary Polypharmacy**

### **Scientific Program Schedule**

**Presented in Central Time Zone**

<b>8:45 am - 8:55 am</b>	<b>Log onto Virtual Webinar (Zoom) to be admitted to the CME Program, starts promptly at 9:00 am</b>
<b>9:00 am - 9:15 am</b>	<b>Opening Remarks and Welcome</b>
<b>9:15 am - 10:15 am</b>	<b>ETHICS: The Ethical Implications of Polypharmacy</b> -- Wesley Boyd, M.D., Ph.D.  Objectives: The learning objectives for this activity has been designed to address clinician competence. Upon conclusion of the activity participants should be able to: <ul style="list-style-type: none"><li>• Identify ways that polypharmacy affects patient autonomy, beneficence, and nonmaleficence (both positively and negatively).</li><li>• Identify essential ways that polypharmacy creates conflict between the above ethical demands.</li><li>• Construct multiple treatment plans and assess them with regard to how they balance the ethical demands as applied to specific groups of patients, such as the elderly, those with substance use disorders, and those with multiple medical comorbidities.</li></ul>
<b>10:15 am - 11:15 am</b>	<b>ETHICS: Health Information Sharing: The New Interoperability and Information Blocking Regulations</b> -- Shannon Vogel & Kelly Flanagan, J.D.  Objectives: The learning objectives for this activity has been designed to address clinician competence. Upon conclusion of this activity participants should be able to: <ul style="list-style-type: none"><li>• Revise and implement changes in their practice's or facility's medical records privacy policies to meet current regulations;</li><li>• Share electronic health information appropriately with other treating practitioners and with patients to improve patient care and foster the doctor-patient relationship; and</li><li>• Describe and explain to colleagues in their practices or facilities the scope of these medical record (health information) changes, the benefits to practitioners and patients in implementing these rules and how these regulations align with HIPAA</li></ul>
<b>11:15 am - 11:30 am</b>	<b>Break</b>
<b>11:30 am - 12:30 pm</b>	<b>Polypharmacy in Managing Comorbid Chronic Pain and Psychiatric Disorders</b> -- Alan C. Swann, M.D.  Objectives: The learning objectives for this activity has been designed to address clinician competence. Upon conclusion of the activity participants should be able to: <ul style="list-style-type: none"><li>• Identify significant interactions between psychiatric medications and medications commonly used to control chronic pain.</li><li>• Modify treatment plans to safely address comorbid psychiatric illness and chronic pain.</li><li>• Coordinate care with clinicians commonly involved in treating comorbid conditions, such as primary care clinicians, pain specialists, physical therapists, etc.</li><li>• Adapt treatment plans based on specific patient characteristics (i.e. geriatric, substance use disorder, other medical comorbidity).</li></ul>
<b>12:30 pm - 1:30 pm</b>	<b>Polypharmacy and Serious Mental Illness: Addressing the Combination of Antipsychotics When Treating Schizophrenia</b> -- Olaoluwa Okusaga, M.D.  Objectives: The learning objectives for this activity has been designed to address clinician competence. Upon conclusion of the activity participants should be able to: <ul style="list-style-type: none"><li>• Describe the current status of polypharmacy in the treatment of patients with severe mental illnesses.</li><li>• Identify the risks and potential safety concerns associated with polypharmacy in the management of patients with severe mental illnesses.</li><li>• Apply basic principles related to the safe and effective use of polypharmacy in patients with severe mental disorders.</li></ul>
<b>1:30 pm - 1:45 pm</b>	<b>Closing Remarks</b>



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### SPEAKERS

#### Wesley Boyd, M.D., Ph.D.

Professor  
Center for Medical Ethics and Health  
Policy  
Baylor College of Medicine  
Houston, Texas

#### Kelly Flanagan, J.D.

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Baylor College of Medicine  
Houston, Texas

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Associate Vice President  
Health Information Technology  
Texas Medical Association  
Austin, Texas

#### TARGET AUDIENCE / PROGRAM OBJECTIVES

This virtual activity has been designed in a lecture format with case examples followed by an interactive audience question and answer period to provide its' primary target audience of Psychiatrists, as well as other specialties of medicine, with the most up-to-date evidence-based data that can be translated into clinical practice. The program is designed to provide its' target audience of Psychiatrists, as well as other medical specialties, with clinically relevant information to advance the physicians' competence and provide them with effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgement of the information presented in the educational activity into their practice.

#### IDENTIFIED PRACTICE GAPS / NEEDS ASSESSMENT

TSPP identified educational needs and professional gaps from members expressed needs and in medical literature and incorporated it into the CME activity to address the relevant educational needs concerning competence that underlie the professional practice gaps of the participants.

Polypharmacy requires clinicians to make complex ethical and medical decisions that balance the ethical principles of autonomy, beneficence, and nonmaleficence. The increased number of available medications, their numerous pharmacological interactions, frequency of comorbid conditions, and the physician's desire to provide effective care make such ethical choices intellectually, emotionally, and morally difficult.

This session will cover the potential risks and benefits of polypharmacy as it raises conflicts between patient autonomy, a patient's expectation of effective treatment, and the physician's duty of nonmaleficence. All prescribing clinicians face these issues, and physicians especially in their roles as primary providers of care and supervisors of midlevel providers. Though all patients are potentially at risk, special emphasis on geriatric patients, those with multiple comorbidities, and those having (or at risk for) substance use disorders is needed.

Chronic pain is a frequent comorbidity with psychiatric disorders. As such, patients are often treated with multiple medications with a high probability to produce dangerous interactions or additive effects. Since both pain and psychiatric illnesses increase suffering and impair functioning, treatment for both is important, though sometimes difficult to manage safely.

This session will cover 1. Common interactions between psychiatric medications and pain control medications. 2. Medications of useful for both psychiatric care and treatment of pain. 3. Medical and non-medical treatments for psychiatric illness and pain that can be combined to address both conditions.

Polypharmacy is commonly utilized in the pharmacological management of patients with severe mental illnesses, such as schizophrenia, bipolar disorder, and major depressive disorder. This activity addresses the risks and safety concerns associated with polypharmacy, as well as general standards for the rationale use of polypharmacy in the case of patients with resistant-to-treatment mental disorders.

Content: epidemiological aspects of polypharmacy among individuals with severe mental illnesses; risks and morbidity associated with polypharmacy; polypharmacy as a strategy in the management of resistant-to-treatment several mental illnesses; general principles Relation to scope of practice of prescribers: yes Specific patient groups: yes (individuals with severe mental illnesses) yes

#### ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint providership of Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry. The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

#### CREDIT STATEMENT

The Texas Society of Psychiatric Physicians designates this virtual Live Activity for a maximum of four (4) *AMA PRA Category 1 Credits*™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### MEDICAL ETHICS AND/OR PROFESSIONAL RESPONSIBILITY STATEMENT

The presentation, The Ethical Implications of Polypharmacy, and, the presentation ETHICS: Health Information Sharing: The New Interoperability and Information Blocking Regulations have been designated by Texas Society of Psychiatric Physicians for two (2) credits of education in medical ethics and/or professional responsibility.

#### FACULTY AND PLANNERS DISCLOSURE POLICY

In compliance with the ACCME/TMA Standards for Commercial Support of CME, to assure balance, independence, objectivity and scientific rigor in all of its CME activities, prior to the education activity being delivered to the learners, the Texas Society of Psychiatric Physicians implemented a mechanism to identify and resolve personal conflicts of interest from everyone who was in a position to control the content of the educational activity.

TSPP will disclose to learners the existence (or non-existence) of all relevant financial relationship(s) that the faculty and planners did (or did not) have with any commercial interest concerned with the content of the educational presentation. Disclosure will occur at the beginning of the Virtual CME Activity through verbal and written slide display.