### PSYCHOTROPIC MEDICATION AND THE WORKPLACE

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### **Introduction**

- Depression and anxiety commonly occur in people who work. The World Health Organization has predicted that by 2010, depression will be a leading cause of disability.
- Depression and anxiety can have an adverse effect on employment resulting in job loss, absenteeism, accidents, reduced job performance and decreased productivity.
- It is estimated that depression incurs an annual national productivity cost of \$50 billion in the US.

Common psychiatric conditions in the workplace

- Depression (in the form of an Adjustment Disorder or a Major Depressive Disorder).
- Anxiety (Adjustment Disorder, Generalized Anxiety Disorder or Panic Disorder).
- Substance misuse (alcohol and illegal drugs).

## Symptoms of Depression and Anxiety

- Physical symptoms of depression and anxiety that may be relevant to the workplace include headaches, dizziness, trembling, insomnia, lack of energy.
- Psychological symptoms of depression and anxiety that may be relevant in the workplace include poor memory and concentration, emotional distress, irritability, lack of motivation, reduced ability to cope with change and pressure, interpersonal difficulties.
- Substance misuse may present with impaired memory and concentration, impaired coordination, lethargy, drowsiness, irritability and other forms of mood disturbance.

Common treatment modalities for depression and anxiety

- Psychotropic Medication.
- Psychotherapy (relaxation training, stress management training, anger management, cognitive behaviour therapy).

## Medications commonly used for treating depression and anxiety

Drug Group	Percentage of Respondents Prescribed this Class of Medication	Medication
Selective Serotonin Reuptake Inhibitors	72%	Cipramil, Aropax, Zoloft, Prozac
Benzodiazepines	30%	Valium, Ativan, Temazepam, Xanax
Other Antidepressants	19%	Venlafaxine, Avanza
Tricyclic Antidepressants	9%	Amitriptyline, Imipramine, Dothiepin

### Psychotropic medication issues encountered in the workplace

- Mechanism of action (increase neurotransmitter levels).
- Antidepressants usually take three weeks to work.
- Patients often get worse before they get better.
- Antidepressants are not addictive but benzodiazepines are.
- If a patient is no better after two weeks on the starting dose of medication the dose should be increased every two weeks until a full dose is reached.
- If the person is no better after two to three weeks on a full dose then the antidepressant should be changed to a different one from a different pharmacological class.
- Non-compliance is common (due to initial side effects, the delayed onset of the benefits, fear of addiction, stigma).
- Compliance improves with education regarding the medication and regular monitoring by the doctor.
- Early intervention with an antidepressant is significantly associated with a shortened period of disability.
- Patients given first line agents in recommended doses are significantly more likely to return to work than to claim long term disability benefits.
- Best practice treatment of depression with antidepressants can substantially lessen impaired functioning in the workplace.

# Side effects relevant to the workplace

- Common side effects that are relevant in the workplace include headaches, insomnia, drowsiness, lethargy, impaired motor coordination, diminished fine motor control, tremor.
- Impaired memory, concentration, confusion, reduced attention, reduced vigilance, difficulties with decision-making
- These side effects are similar to the symptoms of the underlying condition.
- Initial side effects of medication can have as much negative impact on the patient's ability to work as the symptoms of depression and anxiety.
- An SSRI discontinuation syndrome is recognized consisting of dizziness, nausea, lethargy, headaches, balance problems and aggressive or impulsive behaviour.

## Medication problems in the workplace

- Difficulties absorbing new information
- Impaired problem solving.
- Difficulties making decisions.
- Increased risk of accidents for workers operating machinery and driving (patients with symptoms of depression have a 41% increased risk for injury).
- Falls are more common.
- The risks of problems in the workplace are particularly high in the first two weeks after someone has been commenced on a new antidepressant.
- Reduced productivity due to impaired memory, diminished concentration and lethargy.

### Other medication issues

- Even though medication can cause problems in the workplace, nontreatment and non-compliance are associated with greater dysfunction and longer periods off work.
- Psychotropic medications mix poorly with other substances used as a form of self medication including alcohol and illegal drugs. These interfere with psychotropic agents working and there is an increased risk of side effects. Therefore it is crucial that the workplace has a documented policy on drugs and alcohol.
- Patients commonly complain they have been given insufficient information by their doctor regarding their condition and the medication they have been prescribed.
- Research shows patients are often reviewed too infrequently.
- In my clinical experience the medication dose is often not increased to a full dose and therefore patients are on a subtherapeutic dose for long periods.
- In my clinical experience doctors often don't change the antidepressant even though the person is not responding.

#### What the employer can do to help

- Make mental health issues an integral part of occupational health and safety training and planning.
- Have an open, accepting and supportive attitude towards mental illness and its treatment.
- Organizations should conduct risk assessments related to mental health. When asking for a fitness for duty assessment, specifically ask about medication issues.
- The following groups should work together closely:
  - Management.
  - The worker's supervisor.
  - Human resources department.
  - The health provider (general practitioner, psychiatrist and psychologist).
  - Rehabilitation consultant.

### Requesting a report

- Request a report and ask for:
  - The doctor's management plan.
  - What medication has been prescribed, in what dose, for how long, what was the response and when will it next be reviewed.
  - Are there any side effects that are relevant in the workplace (send the doctor the persons job description)
  - How the doctor is monitoring compliance (checking the date on medication boxes).