

What's new in Psychotropic (2021)

Some of the new information and major changes included in the Psychotropic guidelines in eTG complete.

A major focus of the update to the Psychotropic Guidelines has been the provision of practical, step-by-step advice on managing psychiatric disorders, including how to start and stop an antidepressant or antipsychotic, minimising psychotropic adverse effects, and how to assess a patient's response to treatment.

Psychological interventions are often used for the management of psychiatric disorders—these guidelines include expanded advice on the role of such interventions, as well as other nondrug therapies, but do not provide comprehensive advice.

Psychiatric disorders can occur from childhood into old age, and management may differ in some patient groups. Expanded advice is included on managing psychiatric disorders occurring in **children, young people** and **older people**, and during the **perinatal period**. New advice is also included on counselling people of childbearing potential about the impact of their disorder and its treatment on an unintended pregnancy, considerations for contraceptive use, and preconception planning.

Assessment of suicide risk is a crucial component of psychiatric assessments, and a new topic is included to guide risk assessment and management of at-risk patients.

Management of threatening or aggressive behaviour is challenging and context dependent. An expert group with expertise in managing **acute behavioural disturbance** was expressly convened to provide advice across a variety of settings, including emergency departments, and medical, psychiatric and community settings. Management focuses on using the least restrictive interventions possible (usually nonpharmacological techniques) to maintain safety of the patient and others, and minimise infringements on human rights. A new management flowchart prioritises the assessment of imminent risk using a sedation assessment tool (SAT) score, which may assist in directing management. After the initial risk assessment, management techniques are undertaken cyclically with frequent reassessment and escalation or de-escalation of the medical response.

Pharmacological management for acute behavioural disturbance depends on the patient group being managed (**adults, older people** or **children**). Oral and parenteral drug recommendations are based on the best available evidence, and the importance of appropriate monitoring, senior clinical expertise and resuscitation equipment is emphasised.

Not all people with distress, anxiety or depressive symptoms have an **anxiety, depressive** or **trauma- and stressor-related disorder**. A suite of topics guides readers through assessment of patients with distress, anxiety or depressive symptoms and choice of management for each disorder. New topics on body dysmorphic disorder, hoarding disorder, seasonal affective disorder and substance- or drug-induced depressive disorder are included.

Management of **bipolar disorder** is complex and multifaceted, so is usually directed by a psychiatrist. Multidisciplinary care can improve health outcomes, so detailed advice is included on how to tailor treatment to the patient's mood episode and phase of treatment. A new table provides guidance on drug choice for prophylaxis.

Assessing psychosis can be challenging but must be prioritised because early and multifaceted treatment improves outcomes. The suite of **psychoses** topics provide guidance on assessing and managing all stages of psychosis, from transient positive symptoms to relapse.

Delirium is frequently underdiagnosed and is associated with falls, longer hospital stays and mortality. To aid diagnosis and reduce morbidity, the updated topic identifies people at risk of delirium and recommends instigating a multicomponent, personalised strategy for prevention.

With an ageing Australian population, the prevention and management of **dementia** is increasingly relevant. Practical, printable advice on how people can reduce their risk of dementia is included, as is a framework for providing holistic, individualised care for patients with dementia. Dementia management is primarily supportive and nonpharmacological; the role of specific drugs in managing cognitive impairment, and behavioural and psychological symptoms of the common types of dementia (including dementia with **Lewy bodies**) is covered in detail. The management of depression in people with dementia is also addressed.

Sleep problems are common. Comprehensive and repeated assessment of **adults with insomnia** is a key pillar of management and is described in detail. Circadian rhythm disorders, another cause of sleep problems, are covered in new topics on **delayed sleep-wake phase disorder**, **sleep-wake disturbances in shift workers** and **advanced sleep-wake phase disorder**.

The potential harms of **benzodiazepines** and other **hypnotics** are increasingly recognised. To support safe use, new content highlights the importance of assessing the potential harms and benefits of these drugs, and provides advice on harm minimisation and deprescribing.

The understanding of **personality disorder** continues to evolve. New approaches to classification are outlined and advice is given on how to navigate the challenges of the clinician-patient relationship, ways to address stigma associated with personality disorder, and principles of managing personality disorder.

To aid assessment and management of **eating disorders**, new topics on a range of diagnoses (including avoidant/restrictive food intake disorder and subthreshold eating disorders) have been added.

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