
How to Discuss and Manage Side Effects on the Inpatient Unit

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Introduction

Psychiatric medications cause plenty of side effects, and yet we tend to severely underestimate the number of side effects our patients are experiencing. According to one survey, patients on antidepressants reported 20 times more side effects than were documented by their psychiatrists (Zimmerman M et al, J Clin Psychiatry 2010;71(4):484–490). Sometimes we don't ask about side effects because we're not sure what to do about them—so we have created detailed fact sheets covering common side effects and suggesting management strategies. In this fact sheet we'll give you more general tips on how to ask patients about side effects and how to manage them.

- **What to ask about side effects on admission**

- **Initial Inquiry:** Newly admitted patients probably have side effects from their current meds. In fact, some might have halted their meds due to these adverse effects, possibly contributing to their current admission. So one of the most important things you can do on admission is to ask them what side effects they are currently experiencing.
 - “Do your medications cause you any side effects?”
 - “Here are some possible side effects I often see with [medication name]. Have you had any of these since starting on your medication?”
- **Give your patient a list of common side effects** so they can review it at their leisure and then go over it in detail with you later in the admission. We have created such a list here. {Link}
- **Questions to consider:**
 - For each side effect reported ascertain:
 - When did the side effect begin? Post-medication initiation?
 - Is this a genuine side effect or symptoms of the underlying condition?
 - How bothersome is it?
 - Has the patient stopped a medication because of the side effect?
 - Is it something they can live with if the medication is effective? (Dry mouth is a common example of this)
 - Is it a side effect that the patient never even associated with the drug? (Eg., SSRI-induced apathy may have been wrongly attributed to depression, not the drug).

- **What to say when prescribing a new medication**

- **Resist the temptation to minimize side effects.** It's tempting talk up the benefits of a medication while glossing over potential side effects. However, this approach can lead to long-term issues, such as unexpected severe side effects, mistrust, and avoidance of future treatment.
- **How to Discuss Side Effects:** Transparency is key. Before starting a new medication, have an open discussion about possible side effects. Use empathy and clarity to communicate the potential risks and benefits. Highlight the importance of ongoing communication should side effects arise.
 - "Starting a new medication can cause side effects while your body adjusts to it. [List some common ones related to the medication]. Sometimes these are temporary, sometimes not. It's important for us to work together, and we can adjust doses and medications to find the right balance for your treatment."

- **What to do about side effects.**

- **The Five R's Approach by Ron Pies:** This is a structured way to manage side effects.
 1. **Reduce:** Reduce dose.

2. **Reschedule:** Adjust the timing. Move a sedating medication to bedtime dosing. Split dosing to BID or TID to reduce exposure at any one time.
3. **Reformulate:** Switch to a different formulation to mitigate side effects, such as from immediate release to extended release, or from a tablet to liquid or sprinkles.
4. **Rescue:** Add an antidote to counteract the side effect, eg., Cogentin for EPS
5. **Replace:** Stop the offending medication and either switch to a different one or stop all meds.