

## **PRESENTER – Materials Needed for Module 8**

**❖ 2010 Update Psychotropic Drugs (PDF)**

## **PRESENTER - Use of Medications by People with Developmental Disabilities**

Approximately 35 to 50% of people with DD receive psychotropic medication 65% of psychotropic medications prescribed are antipsychotics.

[www.iidc.indiana.edu/training/](http://www.iidc.indiana.edu/training/)

The most common types of medications prescribed for people with developmental disabilities include: antipsychotic, anti-anxiety, antidepressant, stimulant, and antiepileptic drugs.

### **Antipsychotic and Antianxiety Drugs**

Antipsychotic and antianxiety drugs are medications most frequently prescribed for people with developmental disabilities. They may be prescribed for conditions associated with aggressive, destructive and/or self-abusive behaviors. Antipsychotic drugs are generally strong or major tranquilizers. Antianxiety drugs refer generally to minor tranquilizers. Antipsychotic drugs are generally prescribed more often than antianxiety drugs.

### **Antidepressant Drugs**

Antidepressant drugs are frequently prescribed for the treatment of depression in adults. This is especially true when the symptoms include psychomotor disabilities, sleep disorders, loss of appetite, weight loss, and constipation. They may be prescribed for conditions associated with behavioral problems such as hyperactivity and aggression.

### **Stimulant Medications**

These are generally prescribed to treat minimal brain dysfunction, hyperactivity and attention deficit disorders. The intended outcome is to improve the attention span of the individual. They may be prescribed for individuals who demonstrate short attention spans, aggression toward others, impulsiveness, and restlessness.

**Antiepilepsy Drugs**

Antiepileptic drugs are used in the treatment of seizure disorders. People with developmental disabilities have an increased incidence of epilepsy. The percentage of individuals with developmental disabilities who also have epilepsy increases with the severity of disability. Antiepileptic drugs can be successful in the treatment of epilepsy; however only 50% of people can achieve complete seizure control through use of these medications. The nature and unpredictability of the side effects associated with the drugs also require that they be closely monitored.

## **PRESENTER - Ten Medication Tips to Remember**

A drug is a chemical substance used in the medical treatment of a person. When taken in prescribed or recommended dosages, the chemical is designed to benefit the person using it by relieving symptoms or curing an illness.

Two major classifications of drugs are prescription and non-prescription. When taken with a prescribed medication, non-prescription drugs may alter the effect of the prescribed medication. For this reason, it is critical that you consult the physician or pharmacist when using non-prescription drugs if a prescription drug is already being used.

Taking any medication poses some potential risk. These risks are referred to as side effects.

## **PRESENTER - Assistive/Corrective Devices & Prosthesis**

### **What is a TTY?**

A TTY is also known as a TDD (Telecommunications Device for the Deaf)

**HOW IT WORKS:** This device 'rings' via flashing light or the more recent vibrating wrist band that resembles a watch. The TTY consists of a keyboard, which hold somewhere from 20 to 30 character keys, a display screen, and a modem. The letters that the TTY user types into the machine are turned into electrical signals that can travel over regular telephone lines. When the signals reach their destination (in this case another TTY) they are converted back into letters which appear on a display screen, are printed out on paper or both. Some of the newer TTYs are even equipped with answering machines.

**WHO USES IT:** The TTY has 4 million users nationwide. 3 million of these users are hearing impaired and the other 1 million have severe speech impairments.

**ADVANTAGES:** Without a means of Telecommunication, the deaf were, in a sense, isolated from many people and services. Life without a telephone substitute involved many miles of driving to deliver and relay messages. (Which was very time consuming and frustrating.) The TTY gives deaf people the luxury of just being able to pick up the phone and chat. It also provided an easier way to connect to police and fire stations in case of emergency. And with the later creation of MRCs (message relay centers) the TTY users could connect to any phone anywhere in the world.

**DISADVANTAGES:** TTY users must know how to type. The alarmingly high spelling error rate of 5-6% (10% of which is TTY machine related as in the malfunction of a key) sometimes causes a problem in communication. One half million of TTY users communicate using ASL (American Sign Language) or which there is no written counterpart. ASL also has a grammatical system which differs greatly from that of Standard English. If a TTY user is especially "chatty", the other party must just sit quietly until the "chatty" person sends the message, which they must then read and respond to. A conversation such as this would end up taking much longer than the average phone call.

## **PRESENTER - Assistive/Corrective Devices & Prosthesis**

### **Illinois Relay Center**

phone: 1-800-526-0857

TTY: 1-800-526-0844

web: [www.itactty.org](http://www.itactty.org)

Illinois Relay Center enables people who have speech impairments or who are deaf or hard of hearing who use a TDD/TTY to contact persons without a TDD/TTY, and vice-versa, at no cost. Operates 24 hours a day, seven days a week

### **Video Relay Service**

Video Relay Service (VRS) is a form of Telecommunications Relay Service (TRS) that enables persons with hearing disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation. Because the conversation between the VRS user and the CA flows much more quickly than with a text-based TRS call, VRS has become an enormously popular form of TRS. For more information about other forms of TRS, see the FCC’s consumer fact sheet at [www.fcc.gov/cgb/consumerfacts/trs.html](http://www.fcc.gov/cgb/consumerfacts/trs.html).

### **Orthotics**

An orthopedic appliance or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body.

**AFO - Ankle Foot Orthosis**; orthotic device for the lower limb that encloses the ankle and foot and does not extend above the knee. **Cervical** - a rigid plastic orthosis that encircles the neck and supports the chin and the back of the head. **KAFO** - Knee Ankle Foot Orthosis; orthotic device for the lower limb that extends from above the knee to the ankle and foot. **LSO** - Lumbosacral Orthosis; spinal orthosis that encircles the body in the lumbosacral region



**Photo Phone**

The Photo Phone allows you to dial a number simply by pressing a picture. It has a built-in amplifier and large, easy-to-see keypad.

**47C**

## **PRESENTER - Assistive/Corrective Devices & Prosthesis**

### **Adaptive Eating Devices**

#### **Seating**

- Proper positioning is essential not only to successfully developing and practicing eating skills, but also for safety. People with oral motor or swallowing difficulties are at greater risk of aspiration, which is food or drink getting into the lungs. They need to be seated so the food doesn't slip back in their mouths before they are prepared to swallow. Their hips, knees and ankles should all be at a 90 degree angle during the meal. The eating surface should be flat and stable.

#### **Plates**

- High-edged plates help people with fine motor skill deficits scoop up food more easily by allowing them to push the utensil against the edge of the plate. High edges are also helpful to people with visual impairments, giving them tactile feedback through the utensil so they know where the edge of the plate is. Plates should be made of durable materials such as plastic so they don't break if they are knocked off the eating surface.

#### **Eating Utensils**

- People who find it difficult to grip normal silverware can get utensils with built-up handles which make them easier to grip, or get adaptive sleeves which can be put over normal spoons and forks. If the person cannot grip at all, utensils with Velcro can be strapped directly to the person's hand.

Weighted spoons and forks provide extra tactile feedback, which may be necessary for certain neurological disorders. Angled spoons require less wrist movement, so they may be appropriate for people with limited wrist mobility.

#### **Cups**

- Mugs with built-up handles can be gripped better than normal handles. Lightweight plastic cups are easier to lift than ceramic or glass vessels and won't break if dropped. Sippy cups won't spill as much if knocked over. For older children or adults who don't want to drink from a cup made for toddlers, sport cups serve the same purpose, though they may not have the handles sippy cups do.

#### **Mats**

- Non-skid mats placed under dishes keep them from sliding around, making it easier for the person to find the plate when needed and reducing the chance of messes. The same mats can be put on the chair seat to prevent slippage.