

## chapter twenty-five

# psychiatric pharmacist



### Psychiatric Pharmacist Checkpoint

Are you able to respect mentally ill people and empathize with their problems?

Do you exude self-confidence?

Do you have the patience to explain pharmacotherapy in great detail?

*If so, read on*

### A TRUE TALE

Each year, 23 percent of adult Americans suffer from diagnosable mental disorders, of which anxiety disorders are the most common. Four of the ten leading causes of disability in the United States are mental disorders and approximately a fourth of total hospital admissions in the U.S. are psychiatric admissions.

As startling as these statistics may seem, the bright side is that ongoing research in this area has led to increasingly successful treatment for a growing number of affected people. Most people with mental illness recover well with appropriate ongoing treatment and support. On the team for treating these types of conditions are psychiatric pharmacists like Sara Grimsley Augustin, PharmD, BCPP.



No one in Sara Grimsley Augustin's family ever had any connection to pharmacy. Her mom is a teacher and her dad is a game warden. Her stepfather is an accountant and her stepmother is a banker. But the 36-year-old, eldest of three girls and native of the small town of Waverly, Tennessee was always

interested in science. She chose pharmacy, among the various healthcare related professions she was considering, during her first year of undergraduate studies at the University of Tennessee at Knoxville. Although that choice was made rather quickly, as she was feeling pressure to declare a major, she's never been sorry. "Pharmacy turned out to be the perfect career choice for me."

Dr. Augustin enrolled in Mercer University Southern School of Pharmacy in Atlanta in 1985. In 1989, she received her doctorate degree in pharmacy (while working for three years part-time at Boyles Drug Company in Atlanta) and in the next year completed a post-doctoral residency in psychiatric pharmacy there. Since then she has been on the faculty. She became a board certified psychiatric pharmacist (BCPP) in February 1997.

### Profiling the job

It wasn't until her last year of pharmacy school, during her clinical psychiatry clerkship, that Dr. Augustin found her true niche in pharmacy: dealing with the pharmaceutical care needs of mentally ill patients. Although she had

always been fascinated by psychology and psychiatry, she wasn't previously aware of this area of specialization in pharmacy. She quickly learned about the many activities psychiatric pharmacists can be involved in and realized this was the specialty for her. "Psychiatric pharmacists can have a real impact on patients, providing education about medications, monitoring for side effects of medications, and making recommendations to improve the outcomes of drug therapy," she says. A big problem in the area of psychiatry is that mentally ill individuals often stop taking the medications, which are necessary for the control of chronic illnesses, such as schizophrenia and

"In the past decade there has been an explosion in the number of medications available to treat psychiatric disorders, as well as an increased awareness about the numbers of people suffering from these illnesses."

bipolar disorder. Whether because of adverse effects, poor understanding of a medication's potential benefits, or poor recognition of their illness, non-compliance signals a gap in treatment. Pharmacists can play a vital role in filling this gap by identifying and addressing reasons for the discontinuation of pharmacotherapy, leading cause of relapse of mental illness and hospitalization.

### **A day in the life**

Dr. Augustin's area of practice in psychiatric pharmacy involves a lot of teaching. In fact, much of her week is devoted to teaching fourth-year pharmacy students in the clinical psychiatry clerkship program at the Georgia Regional Hospital of Atlanta, a 250-bed state psychiatric facility. This is an elective advanced practice experience, and four to six students usually sign up for the clerkship she precepts each five-week session. While Dr. Augustin works for the pharmacy school, she uses the hospital, which is 20 minutes away, as a training site. Her students go there every day; Dr. Augustin meets them there several days a week. Under her direction, students become experienced at interacting with and providing medication counseling to the psychiatric patients there. They also learn to work with members of the treatment team (comprising psychiatrists, psychologists, nurses, social workers, activity therapists, and other staff) to develop and carry out the individualized treatment plan for each patient. Various units throughout the hospital are designated for treating specialized psychiatric populations, such as children, adolescents, developmentally disabled clients,



### **Did you know?**

The treatment success rate for a first episode of schizophrenia is 60 percent, 65 to 70 percent for major depression, and 80 percent for bipolar disorder.

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*“My job reminds me every day how devastating mental illness can be to both the individual and their whole family. It destroys lives. Much of the suffering can be alleviated by successful pharmacotherapy, and fortunately, society is gaining a better appreciation of this.”*

Sara Grimsley Augustin,  
PharmD, BCPP

the elderly, and those with substance abuse problems. Currently, the adult forensic psychiatry units are frequently utilized for student clerkship training. These units are devoted to treating patients with legal issues, such as those found not guilty of a crime for reasons of insanity or those deemed incompetent to stand trial because of their mental illness. “One of the most important things students learn on this rotation is to give up the stereotypic fears about people who are mentally ill. They quickly realize that even psychotic criminals are human beings with medically treatable conditions and deserve to be dealt with honestly, respectfully and compassionately.”



Other activities of the clerkship include conducting patient medication education groups and attending group meetings on specific topics, such as depression, anxiety disorders, substance abuse, schizophrenia, and epilepsy, during which students present patient cases for discussion. These meetings are held two to three times weekly with Dr. Augustin or her colleague.

Dr. Augustin also teaches a number of psychiatry and neurology-related courses to second and third-year students. Her lecture topics include obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, social anxiety disorder, postpartum depression, premenstrual dysphoric disorder, insomnia, narcolepsy, anorexia and bulimia nervosa, obesity, weight loss and seizure disorders. She is faculty coordinator for the required clinical pharmacokinetics course and teaches the pharmacokinetics of antidepressants, lithium, and anticonvulsants in that course. Dr. Augustin also teaches an elective substance abuse course, in which she lectures on alcoholism, drug testing, and abuse of substances such as cocaine, amphetamines, ecstasy, heroin, inhalants, anabolic steroids, and prescription medications.

Because she teaches different courses, Dr. Augustin’s classroom teaching load is much heavier at certain times of the year. Sometimes she teaches four hours a day four days a week, sometimes she doesn’t teach for weeks. “I’m on whenever my topic comes up,” she says. There are about 520 pharmacy students in the pharmacy program. Dr. Augustin will ultimately teach every one of them.

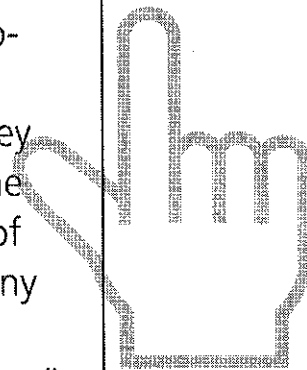
With such a focus on teaching psychiatric pharmacy, Dr. Augustin's work largely reflects that of an academic. She also conducts research, writes papers for publication in professional pharmacy journals and textbooks, and serves on various committees of the pharmacy school, such as the Curriculum Committee, the Admissions Interview Committee, and the Honors Awards and Scholarships Committee. But the part she likes best is teaching psychiatric issues, particularly helping students gain a better understanding of various mental illnesses and their treatments. Dr. Augustin has enormous freedom, doesn't overwork ("I probably average 45 hours a week," she says), has excellent benefits and vacation (22 days a year), and is constantly stimulated. "My job allows me to continue learning. I must keep up with what is current."

Dr. Augustin is a member of several professional pharmacy organizations, using her expertise in psychiatry to serve as a reviewer for manuscripts submitted for publication in a variety of pharmacy journals. She is a member of the national Board of Pharmaceutical Specialties Council on Psychiatric Pharmacy, which is responsible for developing and administering standards for board certification in psychiatric pharmacy. There are currently 352 board certified psychiatric pharmacists (BCPP) around the world; she predicts this number will grow as more people realize the value of this level of specialty practice.

Dr. Augustin, recently married to a research scientist with a pharmaceutical company, also spends one morning a week as a clinical pharmacy consultant to the neurobehavioral unit — a private brain injury rehabilitation program. The patients in this program have severe psychiatric and behavioral

problems, secondary to traumatic brain injuries most commonly due to car accidents, falls, or assaults. "We use a combination of medications and behavioral therapies to control their psychiatric symptoms so they can continue with other aspects of their rehabilitation. The effects of psychiatric medications in patients with brain injuries are often very different from what we see in people without such injuries, so this can be a very challenging population to treat." The 10 to 15 patients in this small program may remain several months to several years.

"Years ago, electroconvulsive therapy and non-pharmacological treatments were shots in the dark. While they were very effective for some disorders, thanks to years of research there are now many chances to be effectively treated in a less invasive way."



## PATIENT POINT OF VIEW

The 20-year-old schizophrenic male had been hearing voices telling him to kill family members and harm himself. He thought the television and radio personalities were talking to and about him and he had become paranoid about everyone. He'd been on the acute psychiatric unit for several weeks and had initially resisted taking medication because he thought the care providers were trying to poison him. When finally convinced to try an antipsychotic medication, he suffered distressing side effects (acute muscle spasms and hand tremors). Interpreting this experience as proof the medication was poison, the young man refused to take any more. Dr. Augustin worked with the patient, finally convincing him to try another antipsychotic medication, and within a short time his psychosis resolved. Shortly thereafter, he was discharged from the hospital and was able to get his first real job. He and his family were educated about schizophrenia and the importance of medications in its treatment. Dr. Augustin cites this as an instance in which a psychiatric pharmacist can really make a difference in a patient's life.



## fast facts

### What do you need?

- Ability to work as part of a multidisciplinary team
- A broad knowledge of psychiatric disorders and treatments
- A interest in interacting with psychiatric patients

### What's it take?

- A current, active license to practice pharmacy
- Bachelor of Science (BS) or Doctor of Pharmacy (PharmD) degree\*
- One-year residency in psychiatric pharmacy is preferred
- Certification as a Board Certified Psychiatric Pharmacist (BCPP) is preferred

### Where will you practice?

- Psychiatric hospitals
- Hospitals
- Universities
- Home health care
- Nursing home care
- Acute care facilities
- Ambulatory care facilities

\*Students graduating after Spring 2004 will be required to have a PharmD degree