OASIS · AT A GLANCE

Medication Management and Finding a Qualified Psychiatrist

Polypharmacy risk, what a real medication review looks like, how to track outcomes and side effects, and the five questions to bring to every psychiatry visit. The list the appointment is built around.

BY JIM PALASTY · OASIS FOR AUTISM · 9 MIN READ

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QUESTIONS PER VISIT

Five questions to ask at every visit. Bring them written down. Lead with them. They turn a fifteen-minute med check into a real medication review.

How it works

THREE STEPS

List every medication

Name, dose, prescriber, start date, indication, and current evidence of benefit. One page. Bring to every visit.

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Outcomes and side effects

Behavior log, side-effect checklist, sleep and appetite log. Three months of data per medication change before deciding it works.

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Five questions every visit

Is each med still needed? Is each med working? Side effects? Interactions? What is the deprescribing plan if any?

The five questions to ask every visit

Still needed?	Is each medication still indicated for an active problem?
Working?	Is there documented evidence each is helping, or is it inertia?
Side effects?	What side effects has the family observed since the last visit?
Interactions?	Has the medication list been screened against new prescriptions?
Deprescribing?	What is the plan to taper any medication no longer demonstrably helping?
Labs due?	Metabolic screen, A1c, lipids, AIMS exam for antipsychotics
Next visit?	When, what will be reviewed, what evidence will the family bring

WHAT IT LOOKS LIKE

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When we changed psychiatrists, the new one spent the first appointment doing nothing but reviewing the medication list. Our son had been on seven psychotropic medications across four prescribers. Two had been added during a hospitalization in 2014 and never reviewed since. By the end of the first year with the new psychiatrist, we were down to three medications and our son was clearly more himself. The hospital meds had been doing nothing for ten years. Nobody had asked.

BRUCE, KALAMAZOO

What matters, at a glance

The polypharmacy default

Autistic adults with co-occurring intellectual disability are prescribed multiple psychotropic medications at substantially elevated rates compared with the general population. Medications accumulate across years and prescribers, often without anyone asking whether each is still needed.

Medication audit, one page

Name, dose, prescriber, start date, indication, evidence of benefit, side effects. Every visit. Update before the appointment. The audit is what makes a medication review actually happen.

The fifteen-minute med check

Standard psychiatry visits for stable patients are fifteen minutes. Without preparation, the visit is a refill. With the five-question list, the visit becomes a real review.

Trial period per change

Most medication changes need three months of stable observation before efficacy can be judged. Avoid stacking changes; one change, three months, then decide.

Side-effect surveillance

Weight, metabolic labs (glucose, lipids, A1c), tardive movements, sedation, GI symptoms, mood change. The clinician orders the labs; the family tracks the observable signs.

Deprescribing is real

A good psychiatrist proposes deprescribing when a medication has stopped working or was never working. The willingness to deprescribe is a quality signal worth screening for.

BRING THESE · CHECK AS YOU GO

- [ ] One-page medication audit complete
- [ ] Comprehensive review appointment scheduled
- [ ] Side-effect log started
- [ ] Quarterly review on calendar
- [ ] Dual-diagnosis psychiatrist identified
- [ ] Five questions written down for the visit
- [ ] Metabolic lab schedule documented

YOUR MOVE

Finding and working with a qualified psychiatrist

1. Identify candidate psychiatrists trained in dual diagnosis (NADD, DM-ID-2) or with documented developmental disabilities experience.
2. Schedule a comprehensive medication review (not a standard fifteen-minute med check) as the first appointment.
3. Bring the one-page medication audit. Lead the visit with the audit.
4. Ask the five questions. Document the answers.
5. Calendar quarterly med-check appointments with the audit updated before each one.

Psychiatry that does not deprescribe is psychiatry that only adds. The capacity to remove medications is a qualification, not a luxury.

RESOURCES NAMED IN THIS POST

oasisforautism.com · https://oasisforautism.com

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