Complex cases demand creative solutions

Psychiatric pharmacist Jessica Goren, PharmD, thinks outside the box when it comes to helping patients

BEING a psychiatric pharmacist takes brains, compassion, and creativity. Jessica Goren, PharmD, BCPP, Senior Clinical Pharmacist Specialist with Cambridge Health Alliance in Cambridge, MA, is always looking for new ways to connect with her patients.

Some time ago, Goren was asked to meet with a patient who had schizophrenia. The patient believed that his medications were causing his psychotic feelings. When he skipped a dose, he thought he felt better. In reality, however, the drugs remained at therapeutic levels in his body.

The patient was a math major in college before his illness led him to drop out, so Goren portrayed the importance of staying on his medications as a mathematical problem. She described the pharmacokinetics of the drugs in an analytical way. Once the patient was able to understand the effectiveness of his medications in a framework that was outside of his delusional system, he was able to stay on them.

This is just one example of Goren’s use of ingenuity and acumen when she is called on to counsel patients who have severe mental illnesses such as schizophrenia, bipolar disorder, severe depression, and substance abuse. “The overarching theme of my position is that I am the primary resource for psychotropic medication information across multiple disciplines,” said Goren.

“I am a resource to several departments, in addition to the residency training program. I counsel patients and round with the inpatient psychiatric teams for the adult psychiatric unit and the geriatric psychiatric unit at Cambridge Health Alliance.”

Patient consults
Cambridge Health Alliance is an integrated health system with three hospital campuses and an extensive primary care network that serves the needs of Cambridge-area patients. The system currently has two adult inpatient psychiatric units, one geriatric psychiatric unit, an adolescent psychiatric unit, and a child assessment unit. “There is often hesitation when deal-
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Many faces of MTM

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ing with patients who have psychiatric illnesses. My experience is that they are actually enjoyable to work with,” Goren told Pharmacy Today. “They tend to be a really great population to work with because of their willingness to have an open dialogue.”

There is no typical day when it comes to psychiatric pharmacy. Goren can be found inpatient units 2 days a week rounding with the psychiatrists. She answers drug information questions for the physician and nursing staff and offers recommendations about medication options or addresses concerns such as drug interactions, dosing issues, or cost for patients without insurance. She also meets with patients who are referred to her with questions about complex medication regimens or concerns about their medications. Goren performs consults on some patients, which include a thorough review of medication history, meeting with the patient, and talking with the inpatient and outpatient treatment teams.

“Often I am asked to see a particularly complex patient to provide advice on the management of psychotropic medication issues such as nonresponse to medicine, adverse effects to medicine, or complex medication regimen concerns such as drug interactions or whether the meds can be consolidated,” said Goren.

In one case, Goren was asked to meet with a young woman who had a very atypical presentation because the hospital staff was having a difficult time with her diagnosis. “They told me that she had been on everything and asked me to look at her file,” she said. This wasn’t an easy task—the patient’s medical records were stacked about two feet high. After thorough medication history review, Goren found that not all possible medications had been used.

The patient had tried medications from every class of antidepressants, including most of the selective serotonin reuptake inhibitors, all of the second-generation antipsychotics available at the time, several of the older antipsychotics such as haloperidol and chlorpromazine, benzodiazepines, and lithium, but physicians had been reluctant to start clozapine in this patient because she did not meet the classic criteria for bipolar disorder and many thought she was acting. After the patient started taking the clozapine that Goren recommended, “All the behaviors that people thought were acting went away,” said Goren.

Once the patient’s thoughts were clearer and her mood improved, she was able to cope like the adult everyone expected her to be. “It feels great to see when a patient gets it—that it finally makes sense in a way they can understand and that they trust you,” Goren said. “It means that this patient has a shot at a better life.”

A passion for helping patients

Goren earned her baccalaureate degree in pharmacy from the University of Rhode Island in 1993. “I was really good in math and science and I wanted to study something that I knew I could get a job in once I graduated,” said Goren. “I have so many friends who have jobs that have nothing to do with what they actually studied, so I’m glad I went that route.”

After graduation, Goren’s first job
required her to divide her time between administration work and a patient care and dispensing role. “I really did not like administration. I like telling myself what to do, not other people,” said Goren. “However, I loved working with the patients. In psychiatry, you talk about things that are so personal to patients. I often had a lot of good interactions with the patients so I decided to go back to school to get my PharmD so I could specialize in psychiatry.”

After graduating in 1997 from the University of Rhode Island with a PharmD, Goren completed a residency in psychiatric pharmacy and fellowships in psychopharmacology research. Working in research at McLean Hospital in Belmont, MA, she found herself moving farther away from patient care. “Research was interesting and I liked it, but I wasn’t seeing enough patients,” she said.

In 2005, Goren accepted her current position—a joint appointment at Cambridge Health Alliance and the University of Rhode Island. “I knew there was going to be no shortage of direct patient care,” she said. Plus, the position was newly created. “I got to write my own job description and the pharmacy and the psychiatry administration were both very supportive and helpful. It was a good fit for what I enjoy most in my job.”

In addition to her work at Cambridge Health Alliance, Goren is Associate Professor at the University of Rhode Island and teaches in the residency training program of the psychiatric department at Cambridge Health Alliance. “I really like teaching, especially because my patients are such a disenfranchised population,” said Goren. “The more people learn about them and learn how to treat them appropriately, the better.”

A fresh look

The field of psychiatric pharmacy is complex and carries many unique challenges. “One of the things that I found is that, in order for any clinician to take you seriously, you need data or proof to back up what you are saying,” Goren told Today. “We had one patient on a long-term psychiatric ward who was diagnosed with chronic schizophrenia and was not verbal.” After meeting the patient, Goren told the physician that she thought the patient had obsessive–compulsive disorder (OCD) rather than schizophrenia. The physician told her that they had tried OCD medications without success and had ruled out that diagnosis; however, something didn’t add up for Goren.

“Over time, you learn what different disease states look like,” said Goren. “Sometimes it is pretty obvious, but when you have a patient who has been on a unit for a really long time or has been in and out of the hospital so often that the staff knows them, they don’t look at the patient with fresh eyes.” Goren calls this “chart lore,” in which past treatment is misremembered, and this directly affects patient care.

“For this patient, there was not a therapeutic trial [of OCD medications] in the medical chart,” explained Goren. The challenge of what the evidence shows versus what patients are actually treated with “is an issue beyond just psychiatry, and that is partly my role—to figure out what the evidence base is and how to apply it to the care of an individual patient.” Goren said.

Patient advocate

Goren underscored the fact that counseling patients with mental disorders doesn’t happen only in a hospital setting. “[Community] pharmacists are starting to see psychiatric patients [more frequently], and some of the most commonly prescribed medications are psychotropic medications,” she said.

Pharmacists need to listen to their patients, Goren advised. “I find that one of the biggest complaints I get from patients when I counsel them is that they feel like nobody listens to them—that people tell them take this medicine or to do it this way,” she said. “Pharmacists are in a really great position to be advocates for the patient and encourage them to talk with their treatment provider if they are dissatisfied.”

Pharmacists can also provide insight on simplifying a patient’s medication profile or determine whether the patient is taking medications exactly as prescribed. “It is an amazing population to work with and they are a population that gets neglected by so many other parts of society. They are incredibly appreciative of any sort of pharmacy input,” said Goren.

“One of the things I most commonly hear is that they didn’t know that pharmacists can do this kind of stuff. Psychiatric pharmacy is a great place to feel appreciated for your services.”

—Amy K. Erickson
Contributing writer