

## PSYCHOTROPIC MEDICATIONS HELPFUL OR A HAZARD?

Effectively Managing Psychiatric Medications  
in the Medically Ill Patient

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### ANTIDEPRESSANTS

- Most commonly prescribed are the SSRI's such as fluoxetine, citalopram, sertraline, escitalopram
- Other types of antidepressants include SNRI's (venlafaxine, duloxetine), atypical agents (mirtazipine, bupropion)
- Used, but not frequently, are MAO-I's and tricyclics ( nortriptyline, doxepin)
- Stimulants (methylphenidate)

### USES FOR ANTIDEPRESSANTS

- Management of depression
- Management of anxiety
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder
- Panic Attacks

### COMMON SIDE EFFECTS OF ANTIDEPRESSANTS

- Serotonin Syndrome
- Suicidal thoughts
- Anticholinergic
- SIADH(syndrome of inappropriate antidiuretic hormone secretion)
- Sexual
- Weight gain
- Sweating
- Gastrointestinal
- Apathy
- Discontinuation symptoms

### ANTI-ANXIETY MEDICATIONS (ANXIOLYTICS)

- Primarily to be used for **short-term** management of anxiety
- As a controlled substance, monitoring by the provider of patient use is essential.
- Common anxiolytics: lorazepam, diazepam, alprazolam, clonazepam
- Other medications used for management of anxiety include hydroxyzine, gabapentin, buspirone

### WORDS OF CAUTION FOR ANXIOLYTICS

- Withdrawal syndromes: risk of seizure, delirium
- Dependence

### ANTIPSYCHOTICS

- These medications changed the practice of psychiatry when first introduced in the mid-1950's
- Atypical antipsychotics (quetiapine, risperidone, olanzapine) are used more frequently today than the typicals (haloperidol, fluphenazine) primarily because of a different side effect profile.
- Special caution must be taken with clozapine, provider must be registered with the Clozapine REMS program.
- Off-label use

### COMMON SIDE EFFECTS OF ANTIPSYCHOTICS

- Anticholinergic
- Extrapyramidal: pseudoparkinsonism, akathisia, dystonic reactions, tardive dyskinesia
- Sedation
- Neuroleptic Malignant syndrome
- QTc prolongation
- Metabolic
- Hyperprolactinemia
- Postural hypotension

### MANAGEMENT CONCERNS FOR THE PROVIDER CARING FOR THE PATIENT

- Antidepressants and Antipsychotics: dosage, length of time on the medication, target symptoms, Black Box warnings, tolerability, when to change antidepressants or antipsychotics, augment with another drug, how to cross taper, renal function, liver function, what labs to monitor, drug interactions.

### MOOD STABILIZERS

- Used to treat primarily bipolar disorder and some personality disorders with mood lability as a symptom
- Lithium: first line treatment for Bipolar Disorder. Requires regular monitoring for blood levels.
- Anticonvulsants: Valproic acid, Carbamazepine, Oxcarbazepine, Lamotrigine.

### SPECIAL CONSIDERATIONS

- Lithium: Must monitor renal and thyroid functioning. Sodium/water balance. Tremor. Early signs of toxicity. Pregnancy test.
- Valproic Acid: Hyperammonemia, Thrombocytopenia, Tremor, Signs of toxicity. Pregnancy test
- Lamotrigine: Rash
- Carbamazepine: Blood dyscrasias, Pregnancy test, Genotype screening HLA-B in patients of Asian descent, Sodium.
- Oxcarbazepine: Sodium
- Drug interactions

### NEWER PSYCHOTROPIC MEDICATIONS

Antipsychotics:  
Asenapine  
Lurasidone  
Cariprazine  
Brexipiprazole

Antidepressants:  
Vilazodone  
Trazodone Extended Release  
Milnacipran  
Levomilnacipran  
Vortioxetine

**MAINTAINING PSYCHIATRIC  
STABILITY WHEN PATIENT IS  
MEDICALLY ILL**

- ◉ Has patient been compliant with medication?
- ◉ Should medications be discontinued or dosage reduced?
- ◉ Possible discontinuation issues
- ◉ Restarting medications