

MEDICATION FACT BOOK FOR PSYCHIATRIC PRACTICE

SEVENTH EDITION



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SEVENTH EDITION

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Introduction

HOW TO USE THIS BOOK

Medication information is presented in three ways in this book:

- *Fact sheets.* In-depth information for select medications, somatic treatments, and side effects. There are 173 fact sheets in this book. The medication fact sheets don't cover all psychiatric medications, but we have included most of the commonly prescribed and newer medications.
- *Quick-scan medication tables.* These are most often located at the beginning of each therapeutic category and list the very basics: generic and brand names, available strengths, starting doses, and target doses. These tables contain most of the commonly prescribed psychiatric medications.
- *Treatment algorithms.* These quick-reference decision trees can serve as a memory aid and help in clinical decision making. They don't cover every medical nuance but serve as general overviews.

CHANGES AND ADDITIONS TO THE SEVENTH EDITION

Included in this edition are 10 new fact sheets. We've updated all medication fact sheets to reflect availability of newer strengths and formulations, as well as generics. We've added some information on pregnancy and lactation to many medication fact sheets; more details can still be found in the appendices. The fact sheets also reflect new clinical data where available. We've expanded our coverage of several categories of medications, including the Natural Treatments chapter. We've also updated our treatment algorithms to reflect current evidence and practice. Most notably, we've put together Patient Fact Sheets for some of the most used medications. You may consider using these as part of your informed consent or patient education process. These can be found and downloaded online.

CATEGORIES OF MEDICATIONS

We did our best to categorize medications rationally. However, in some cases a medication can fall into more than one category. In such cases, we categorized the medication with the types of disorders for which it is most often used. If you're having trouble finding a medication in a particular chapter, look in the index to find its page number.

MORE ON THE MEDICATION FACT SHEETS

The goal of these fact sheets is to provide need-to-know information (on a single page) that can be easily and quickly absorbed during a busy day of seeing patients. Please refer to the *PDR (Physicians' Desk Reference)* when you need more in-depth information.

For the most part, each fact sheet contains the following information:

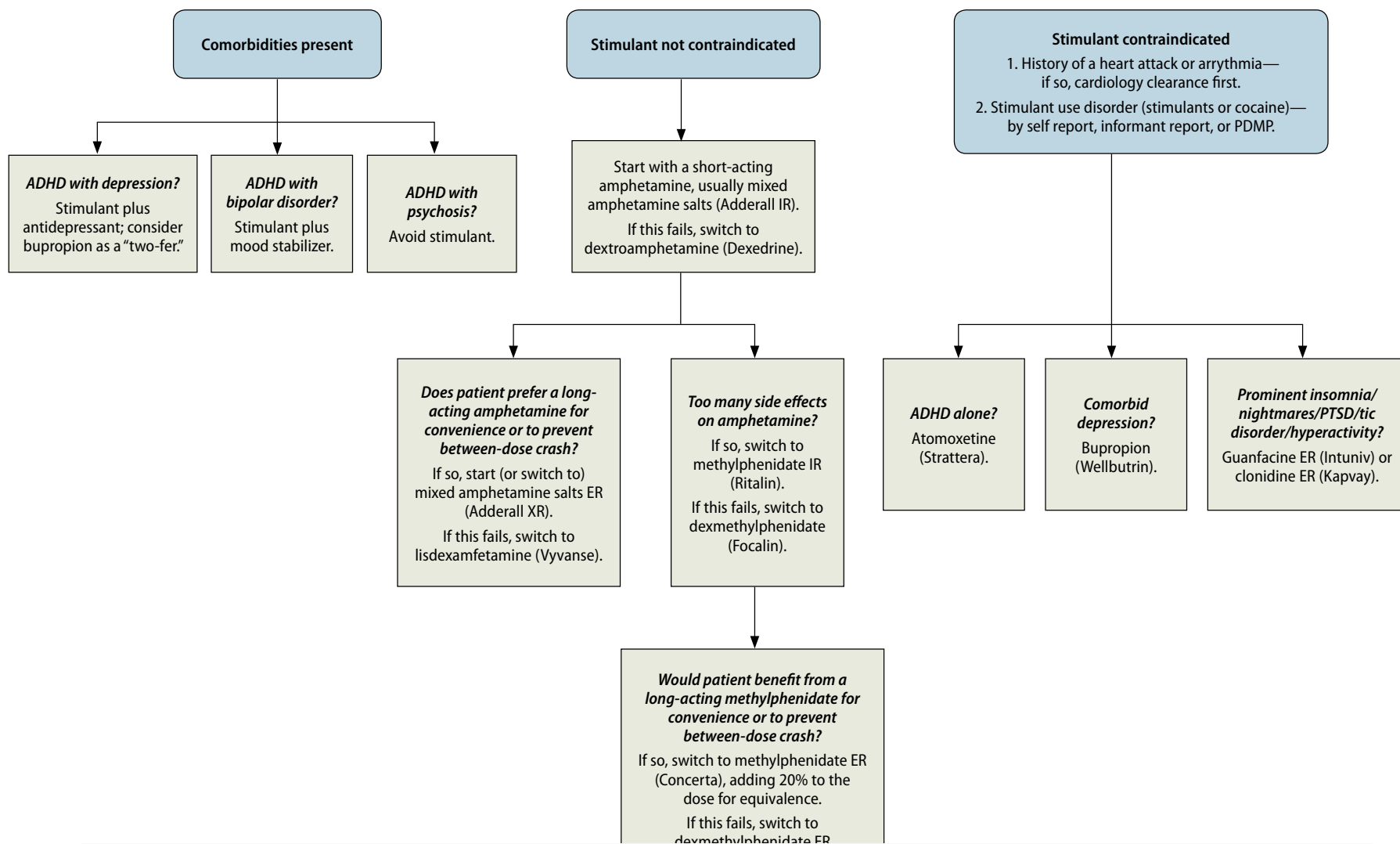
- *Drug names.* Each sheet lists both brand and generic names.
- *Generic availability.* **We include a [G] or (G) if a drug is available as a generic.**
- *Bottom line.* **We begin with a super-condensed summary, including our overall assessment of the drug's value in clinical practice. If you're in a rush, you can get the basics from this alone.**
- *FDA-approved indications.* Psychiatric indications are in bold.
- *Off-label uses.* We list the more common off-label uses, based on both the medical literature and our clinical

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- *Lab monitoring recommendations.* We include the usual routine monitoring measures for each medication. Of course, you may need to think beyond the "routine" if the clinical picture warrants it.
- *Cost information.* We obtained pricing information for a one-month supply of a common dosing regimen from the website GoodRx (www.goodrx.com), accessed in September 2023. These are the prices patients would have to pay if they had no insurance (GoodRx also offers coupons to purchase certain medications at reduced prices). Because of wide variations in price depending on the pharmacy, we list price categories rather than the price in dollars. The categories are:

Adult ADHD Treatment Algorithm



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DESVENLAFAXINE (Pristiq) Fact Sheet [G]

Bottom Line:

Desvenlafaxine is the active metabolite of venlafaxine, and it has some minor advantages in terms of drug interactions, ease of dosing, and longer half-life. One disadvantage is lack of FDA approval for anxiety disorders. At least for depression, since desvenlafaxine is now available in a low-cost generic version, some clinicians prefer it over venlafaxine XR.

FDA Indications:

Major depression.

Off-Label Uses:

Fibromyalgia; vasomotor symptoms of menopause; generalized anxiety disorder (GAD); social anxiety disorder; panic disorder; PTSD; PMDD.

Dosage Forms:

ER tablets (G): 25 mg, 50 mg, 100 mg.

Dosage Guidance:

Start 50 mg QD, usually best in the morning due to risk of insomnia. Some patients require increase to 100 mg QD, but dosing above this is not recommended as it only increases side effects without being more efficacious.

Monitoring: Periodic blood pressure.

Cost: \$

Side Effects:

- Most common: Nausea, dizziness, insomnia, excessive sweating, constipation, dry mouth, somnolence, decreased appetite, anxiety, sexual side effects.
- Serious but rare: Dose-related increases in systolic and diastolic blood pressure (as likely with desvenlafaxine as venlafaxine). Monitor BP regularly, and if increases are sustained, consider reducing dose or discontinuing.
- Pregnancy/breastfeeding: Less data than other antidepressants; considered safe in breastfeeding.

Mechanism, Pharmacokinetics, and Drug Interactions:

- Serotonin and norepinephrine reuptake inhibitor.
- Active metabolite of venlafaxine, metabolized primarily through conjugation and oxidation via CYP3A4 (minor). Minimally inhibits CYP2D6; $t_{1/2}$: 11 hours.
- Avoid use with MAOIs, other serotonergic medications. Not likely to cause other clinically significant interactions.

Clinical Pearls:

- Potential advantages vs venlafaxine: not significantly metabolized by 2D6, so less concern about drug interactions; less dosage titration needed (starting dose is usually effective, occasionally need to increase to 100 mg daily); longer

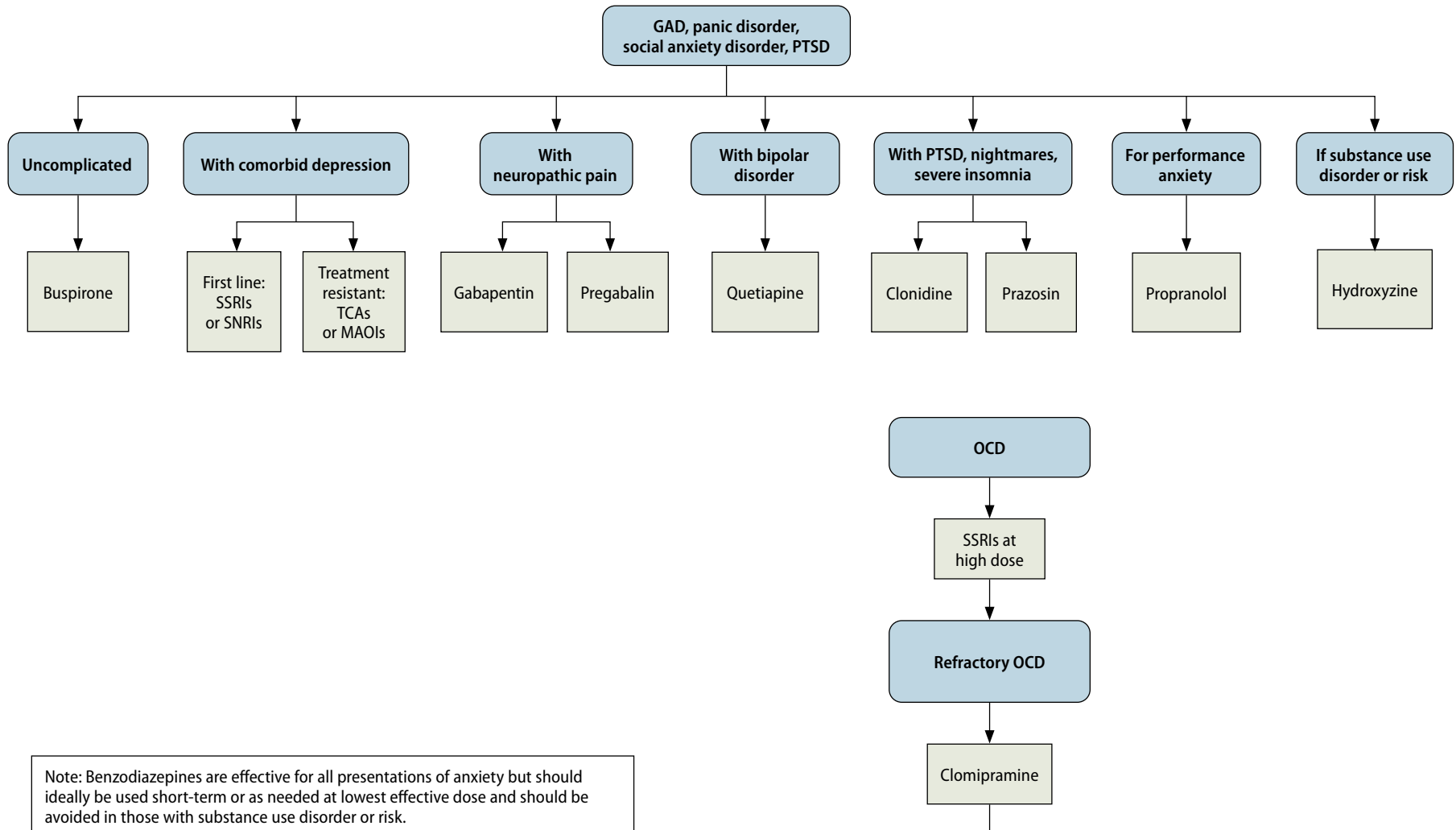
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Fun Fact:

Desvenlafaxine's manufacturer withdrew its application for approval in the European Union, where regulatory bodies had said that desvenlafaxine was likely less effective than venlafaxine with no advantages in terms of safety and tolerability.

Anxiety Treatment Algorithm



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Bruxism

Characteristics: Involuntary grinding of teeth, which especially occurs during sleep but can also occur in the daytime. In 5% of cases this can cause severe health problems, such as destruction of tooth structure, temporomandibular joint dysfunction, myofascial pain, and sleep disturbances.

Meds That Cause It: A variety of medications, including antidepressants (especially SSRIs and the SNRI venlafaxine), psychostimulants, and antipsychotics; drugs of abuse such as methamphetamine, cocaine, and ecstasy.

Mechanism: Unclear, but likely involves central dopaminergic and serotonergic systems.

General Management:

- Reduce dose or switch medication.
- Wear dental guards at night.
- Treat anxiety, which worsens bruxism.
- Decrease or stop using tobacco, caffeine, and alcohol.

First-Line Medications:

Buspirone (BuSpar) 10 mg BID or TID.

Second-Line Medications:

- Benzodiazepines, such as clonazepam (Klonopin) 0.5–1 mg at bedtime.
- Gabapentin (Neurontin) 300 mg at bedtime.

Clinical Pearls:

- Frequency of bruxism varies from day to day, but symptoms are usually induced or worsened by anxiety and stress.
- Watching and waiting may be indicated as spontaneous remission can occur after one month.
- Botulinum toxin (Botox) injections into the masseter muscle are effective for persistent bruxism.
- Risk factors include obstructive sleep apnea and parasomnias, anxiety, heavy alcohol use, loud snoring, caffeine intake, smoking, and other psychiatric and neurologic disorders.

Fun Fact:

People with bruxism are referred to as “bruxists” or “bruxers.”

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APPENDIX G: ANTICHOLINERGIC AGENTS OFTEN USED IN PSYCHIATRY

Medications with a high anticholinergic “load” can negatively affect memory and cognition, particularly in the elderly. This is often a dose-related effect, with a potential for high doses to cause confusion and delirium. Use alternatives to these medications when possible, especially in older patients or those with dementia.

Appendix Table G: Some Commonly Used Highly Anticholinergic Medications

Therapeutic Class	Medication
Antidepressants	Amitriptyline (Elavil) Amoxapine (Asendin) Clomipramine (Anafranil) Desipramine (Norpramin) Doxepin >6 mg (Sinequan) Imipramine (Tofranil) Nortriptyline (Pamelor) Paroxetine (Paxil) Protriptyline (Vivactil) Trimipramine (Surmontil)
Antiemetics	Prochlorperazine (Compazine) Promethazine (Phenergan)
Antihistamines (first generation)	Brompheniramine (Dimetapp) Chlorpheniramine (Chlor-Trimeton) Cyproheptadine (Periactin) Dicyclomine (Bentyl) Dimenhydrinate (Dramamine) Diphenhydramine (Benadryl) Doxylamine (Unisom) Hydroxyzine (Vistaril, Atarax) Meclizine (Antivert)
Antimuscarinics (urinary incontinence)	Fesoterodine (Toviaz) Oxybutynin (Ditropan) Tolterodine (Detrol)
Antiparkinsonian agents	Benzotropine (Cogentin) Trihexyphenidyl (Artane)
Antipsychotics	Chlorpromazine (Thorazine) Clozapine (Clozaril) Loxapine (Loxitane) Olanzapine (Zyprexa) Perphenazine (Trilafon) Thioridazine (Mellaril) Trifluoperazine (Stelazine)
Skeletal muscle relaxants	Cyclobenzaprine (Flexeril) Methocarbamol (Robaxin) Orphenadrine (Norflex)

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ARIPIPRAZOLE (Abilify) Fact Sheet for Patients

Generic Name: Aripiprazole (ay-ri-PIP-ra-zole)

Brand Names: Abilify, Abilify Asimtufii, Abilify Maintena, Abilify MyCite, Aristada, Aristada Initio

What Does It Treat?

Aripiprazole is used to treat certain mental/mood disorders such as bipolar disorder, schizophrenia, Tourette's syndrome, and irritability associated with autistic disorder. It can also be used in combination with other medications to treat depression.

How Does It Work?

Aripiprazole is a second-generation antipsychotic. It works by helping to restore the balance of certain natural chemicals in the brain (neurotransmitters) such as dopamine and serotonin.

How Do I Take It?

Aripiprazole is available as a tablet, an orally disintegrating tablet, a liquid, and an injectable solution. The dose varies depending on the condition being treated and should be determined by your health care provider.

What Is the Dose?

The dose of aripiprazole varies depending on the condition being treated. For instance, for schizophrenia and bipolar disorder, the usual dose starts at 10-15 mg per day for adults and can be adjusted based on the response to treatment. Lower doses are typically used for major depression. It is important to follow your health care provider's instructions regarding the dose.

How Long Will I Take It?

The length of time you'll need to take aripiprazole can vary. It depends on how your body responds to the medication and the specifics of your condition. Your health care provider will guide you on this, but usually it's taken for several months or longer.

What If I Miss a Dose?

If you forget to take a dose of aripiprazole, take it as soon as you remember. However, if it's close to the time for your next dose, skip the missed dose and just take the next one at its regular time. Don't double up on doses.

What Are Possible Side Effects?

- Most common: Sedation, an uneasy feeling, sleep problems (insomnia), tremors.
- Serious but rare: Neuroleptic malignant syndrome (fever, muscle stiffness, confusion), tardive dyskinesia (uncontrolled movements), difficulty swallowing, lightheadedness or fainting, high blood sugar, high cholesterol/triglyceride levels.

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Remember, this fact sheet provides general information about this medication. For more specific guidance and instructions, consult your health care provider.

LORAZEPAM (Ativan) Fact Sheet for Patients

Generic Name: Lorazepam (lor-A-ze-pam)

Brand Names: Ativan, Loreev XR

What Does It Treat?

Lorazepam is used to treat anxiety disorders. It can also be used to treat insomnia and seizures, and to provide sedation before medical procedures.

How Does It Work?

Lorazepam belongs to a class of medications called benzodiazepines. It works by enhancing the activity of a neurotransmitter in the brain called gamma-aminobutyric acid (GABA), which helps to reduce excessive electrical activity and promote relaxation.

How Do I Take It?

Lorazepam is available as a tablet, an extended-release capsule, and a concentrate (liquid) to take by mouth. It is also available as an injectable solution. Follow your health care provider's instructions on dosing and schedule.

What is the Dose?

The dose of lorazepam varies depending on the condition being treated. The typical dosage, used for anxiety, is 1-4 mg per day in divided doses. The dosing depends on both the condition being treated and the product being used and should be determined by your health care provider.

How Long Will I Take It?

The duration of lorazepam treatment depends on your specific condition and how well you respond to the medication. It is meant to be used for short-term relief of acute symptoms. Your health care provider will determine the right duration for you.

What If I Miss a Dose?

If you forget to take a dose of lorazepam, take it as soon as you remember. However, if it is close to the time for your next dose, skip the missed dose and continue with your regular dosing schedule. Do not take extra doses to make up for the missed one.

What Are Possible Side Effects?

- Most common: Drowsiness, dizziness, loss of coordination, fatigue.
- Serious but rare: Slurred speech, memory problems, increased agitation, worsening of depression, respiratory depression (unusually slow or shallow breathing).

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- Do not take more lorazepam than prescribed to you and do not abruptly stop taking this medication as it may lead to withdrawal symptoms. Follow your health care provider's guidance for gradually reducing the dosage.
- Remember, this fact sheet provides general information about this medication. For more specific guidance and instructions, consult your health care provider.*

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The *Medication Fact Book* is a comprehensive reference guide covering all the important facts, from cost to pharmacokinetics, about the most commonly prescribed medications in psychiatry. Composed of single-page, reader-friendly fact sheets, treatment algorithms, and quick-scan medication tables, this book offers guidance, clinical pearls, and bottom-line assessments of more than 100 of the most common medications you use and are asked about in your practice.

Get the information you need at a glance:

- Off-label uses
- Dosages and generic availability
- Mechanisms of action
- Cost information
- Bottom-line impressions

This revised edition features:

- 173 fact sheets
- 33 reference tables
- Plus, eight appendices and 10 treatment algorithms

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