

Psychiatric Medications: Pearls and Pitfalls

Rule #1

The majority of medications used in patients with psychiatric diagnoses have more than one use.

Without access to the patient's medical record, to review the diagnosis as stated by the practitioner, care should be taken in assuming what the drug is being used for.

This is especially true for the newer "atypical" antipsychotics. The "atypical" antipsychotics were developed to replace the original ("typical") antipsychotics (e.g., haloperidol, thioridazine) used for patients with schizophrenia. Since their introduction, their use has expanded to include the management of: depression, bi-polar disorder, attention deficit hyperactivity disorder, and insomnia (in patients with post-traumatic stress disorder).

Clomipramine (Anafranil[®]) is listed as a tricyclic antidepressant (TCA) but is one of the first-line drugs for the management of obsessive-compulsive disorders (in patients without depression).

The selective serotonic re-uptake inhibitors (SSRI's) are antidepressants that are used to treat other psychiatric conditions. Examples include: panic disorders, pre-menstrual dysphoric disorder, management of social phobia disorders, bulimia, and obsessive-compulsive disorder.

Stimulants (e.g., amphetamines) can be used for attention-deficit-hyperactivity disorder, augmentation therapy for treatment-resistant depression, or weight loss.

Rule #2

Patients may be unreliable historians.

In many cases, patient's 1) haven't been told what their diagnosis is, 2) were told but cannot accurately relate this information back, 3) were told using lay language that, although selected so as to be understandable to them, was "dummied" down so much as to be inaccurate from a medical point of view (e.g., they tell you they take an anxiety medication when their actual diagnosis is schizophrenia).

Rule #3

Not all "psychiatric" medications are used for psychiatric conditions, and some non-psychiatric medications are used to treat psychiatric conditions.

The benzodiazepines, used to treat “anxiety”, are also used as anticonvulsants or to treat insomnia or muscle spasms in patients without psychiatric conditions. Imipramine (Tofranil®), a tricyclic antidepressant, is used in children to manage bed-wetting. Tricyclic antidepressants are used to manage pain or treat insomnia in patients without depression. The antidepressant, bupropion (Wellbutrin®), is used for smoking cessation. The antipsychotic, chlorpromazine, is approved for the treatment of intractable hiccups and the antipsychotic, prochlorperazine, is approved for the treatment of nausea and vomiting.

Anticonvulsants (i.e., drugs used to treat seizures) and thyroid replacement medication (e.g., Synthroid®) are examples of drugs used to augment other psychiatric medications. Hydroxyzine (Vistaril®) can be used for anxiety or for allergy-induced itching. Many similar examples exist.

Rule #4

Just because a patient is being treated with a medication for a psychiatric condition, doesn't mean the patient has that psychiatric condition.

Unfortunately, access to psychiatric services is not available to all individuals in all geographic locations. Poor insurance coverage and limited availability of specialists hinder care. Family practitioners may or may not be accurate diagnosticians.

Rule #5

Do not use the number of medications a patient is on, or the dose, as a guide to the severity of his/her psychiatric condition.

Poor access to unified care can result in therapeutic duplication of medications. Poor understanding of therapy changes can result in the patient not stopping one therapy when another one is added. Some patients have more side effects than others, leading to auxiliary therapies to manage those side effects (e.g., anxiety or insomnia leading to the addition of a psychiatric medication with sedative properties). Poor understanding of the appropriate step-wise approach to psychiatric condition management can result in the prescribing of multiple medications when one medication (properly selected and at the correct dose) would do.

Dose adjustments are based on patient tolerance and weight in addition to response to therapy.

Rule #6

Know your drug resources.

The “package insert” can be a starting point. This information can usually be found by going to <http://www.Google.com> and typing in the brand name of the drug followed by the words “prescribing information” (e.g., Abilify[®] prescribing information).

Many drug websites just essentially re-write the package insert information. Examples include:

www.drugs.com
www.rxlist.com

Prescribing information, and the above websites, contain information on: possible indications, dosing, side effects, pharmacokinetics (i.e., timing of when the drug is absorbed and eliminated for example), and mechanism of action.

Black box warnings on prescribing information must be interpreted carefully. A warning is not necessarily a contraindication (sometimes it is, sometimes it is not). Some warnings appear secondary to political pressure, some warnings that should appear do not because no one has been there to push the issue.

Remember: this information provides data available at the time the drug came to market and may not include all of the adverse effect information determined to exist afterwards. For new drugs, some adverse effect information is assumed but not verified (for legal reasons, the drug companies was to cover all of their bases).

Rule #7

Drug tables are only a quick guide; always verify the information.

The pharmaceutical field is constantly changing. Drugs go off the market, drugs come on the market. Brand names are discontinued, generic counterparts are still available (e.g., Elavil[®] and Haldol[®] haven’t been available for years, generics of these drugs are still widely available and in common use).

Tables from websites may or may not be accurate. If the information came from outside of the United States, the table may list drugs not available in this country. If the table was not proofed by a pharmacist, the information may be inaccurate.

The following is a guide only. Drugs are listed by overall class and not by use. (As many drugs have more than one use, to list this way would be inaccurate.):

Atypical Antipsychotics	
Generic Name	Brand Name
Aripiprazole	Abilify [®]
Clozapine	Clozaril [®]
Olanzapine	Zyprexa [®]
Paliperidone	Invega [®]
Quetiapine	Seroquel [®]
Risperidone	Risperdal [®]
Ziprasidone	Geodon [®]

Selective Serotonin Reuptake Inhibitors (SSRIs)	
Generic Name	Brand Name
Citalopram	Celexa [®]
Escitalopram	Lexapro [®]
Fluoxetine	Prozac [®] , Sarafem [®]
Fluvoxamine	Luvox [®]
Paroxetine	Paxil [®]
Sertraline	Zoloft [®]

Tricyclic Antidepressants (TCAs)	
Generic Name	Brand Name
Amitriptyline	Endep [®] (Elavil [®] discontinued)
Clomipramine	Anafranil [®]
Desipramine	Norpramin [®]
Doxepin	Prudoxin [®] , Zonalon [®]
Imipramine	Tofranil [®]
Nortriptyline	Pamelor [®]
Protriptyline	Vivactil [®]
Trimipramine	Surmontil [®]

Miscellaneous Agents (e.g., Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) and others)	
Generic Name	Brand Name
Bupropion	Wellbutrin [®] Aminoketone
Duloxetine	Cymbalta [®] SNRI
Lithium	Lithobid [®]
Mirtazapine	Remeron [®] Tetracyclic
Nefazodone	N/A SNRI+
Venlafaxine	Effexor [®] SNRI

Benzodiazepines (BZDPs)	
Generic Name	Brand Name
Alprazolam	Xanax [®]
Chlordiazepoxide	Librium [®]
Clorazepate	Tranxene [®]
Diazepam	Valium [®]
Estazolam	Pro-Som [®]
Flurazepam	Dalmane [®]
Lorazepam	Ativan [®]
Midazolam	Versed [®] (injection only)
Oxazepam	Serax [®]
Quazepam	Doral [®]
Temazepam	Restoril [®]
Triazolam	Halcion [®]

“Typical” Antipsychotics	
Generic Name	Brand Name
Chlorpromazine	(Thorazine [®] discontinued)
Fluphenazine	(Prolixin [®] discontinued)
Haloperidol	(Haldol [®] discontinued)
Perphenazine	(Trilafon [®] discontinued)
Prochlorperazine	(Compazine [®] discontinued)
Thioridazine	(Mellaril [®] discontinued)
Thiothixene	Navane [®]
Trifluoperazine	(Stelazine [®] discontinued)

Non-Benzodiazepine Hypnotics	
Generic Name	Brand Name
Buspirone	Buspar [®]
Eszopiclone	Lunesta [®]
Ramelteon	Rozerem [®]
Zaleplon	Sonata [®]
Zolpidem	Ambien [®]

Note:

When writing documents, generic names are always lower case and brand names are always capitalized. Exceptions include the use of the generic name in a table (if the entire list is capitalized) or when the generic name starts a sentence. Convention dictates that the generic name is always listed first with the brand name in parenthesis immediately following (e.g., diazepam (Valium[®])).

Unless one knows that the brand name product was involved (e.g., one has the prescription bottle or the drug is not available generically), the brand name should not be used in documents or in court. Use of the brand name, while often more easily recognizable to others, implicates the manufacturer of that brand name product which may have legal implications.

Comments Regarding Attention-Deficit-Hyperactivity-Disorder (ADHD)

The number of pediatric and adult patients being treated for ADHD is increasing. Therapies include, but are not limited to:

Methylphenidate (Ritalin [®] , Concerta [®] , others); dexamethylphenidate (Focalin [®])	Valproic Acid (Depakote)
Dextromphetamine/amphetamine (Adderall [®])	Atypical Antipsychotics
Atomoxetine (Strattera [®])	Oxcarbazepine (Trileptal [®])
Clonidine (Catapres [®])	Selective Serotonin Reuptake Inhibitors
Guanfacine (Tenex [®])	Serotonin Norepinephrine Reuptake Inhibitors
Lithium	Benzodiazepines

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This information is not intended to replace the use of an expert witness but rather as a guide during the screening process.

To find a Board Certified Psychiatric Pharmacist, search using the website:

http://www.bpsweb.org/resources/find_bcp.cfm