

COMMONLY PRESCRIBED PSYCHOTROPIC MEDICATIONS

po = by mouth; prn = as needed; qd = 1x/day; bid = 2x/day; tid = 3x/day; qid = 4x/day; qod = every other day; qhs = at bedtime; qac = before meals; SSRI = Selective Serotonin Reuptake Inhibitor; SNRI = Serotonin Norepinephrine Reuptake Inhibitor; * on Wal-Mart's \$4 Rx plan, however not all dosages may be covered; < = generic available; \$ = Not available as generic or expensive.

NAME/Generic (Trade)	Dosage	Key Clinical Information
Antidepressant Medications		
Bupropion (Wellbutrin)	Start: 15-100 mg bid X 3d then ↑ to 100 mg bid; SR-150 mg qam X 3d then ↑ to 150 mg bid; XL-150 mg qam X 3d, then ↑ to 300 mg qam. Range: 300-450 mg/d.	Contraindicated in seizure disorder because it decreases seizure threshold; stimulating, not good for treating anxiety disorders; second line Tx for ADHD; abuse potential: < (SR/SP), \$ (XL).
• Citalopram (Celexa)	Start: 10-20 mg qday. Range: 20-60 mg/d.	Best tolerated of SSRIs; very few and limited CYP-450 interactions; good choice for anxious pt. <
Desvenlafaxine (Cymbalta)	Start: 20 mg bid up to 60 mg (qday or 30 mg bid). Range: 60-120 mg/d.	More GI side effects than SSRIs; > neuropathic pain; need to monitor BP ; 2 nd line tx for ADHD. <
Escitalopram (Lexapro)	Start: 5-10 mg qday. Range: 10-30 mg/d (30 mg more potent than Celexa).	Best tolerated of SSRIs; very few and limited CYP-450 interactions. Good choice for anxious pt. <
• Fluoxetine (Prozac)	Start: 10 - 20 mg qam. Range: 20 - 60 mg/d.	More activating than other SSRIs; long half-life reduces withdrawal (t _{1/2} = 44 h). <
Mirtazapine (Remeron)	Start: 15 mg qhs X 3d then ↑ to 30 mg qhs. Range: 30 - 60 mg/d.	Sedating and appetite promoting; Neutropenia risk (1 in 1000); to avoid in immunosuppressed patients. <
• Paroxetine (Paxil)	Start: 10 - 20 mg qhs. Range: 20 - 60 mg/d.	Anticholinergic; sedating; very significant withdrawal syndrome . <
Sertraline (Zoloft)	Start: 25-50 qam. Range: 50-200 mg/d.	Few and limited CYP-450 interactions; mildly activating. <
Venlafaxine (Effexor)	Start: 15-37.5 mg bid X 4d then ↑ to 75 mg bid; SR-75 mg qam X 4d then ↑ to 150 qAM. Range: 150-375 mg/d.	More agitation & GI side effects than SSRIs; > neuropathic pain above 150 mg qday; need to monitor BP ; 2 nd line tx for ADHD. Very significant withdrawal syndrome . < (SR), \$ (XR)
* Antidepressant warnings/precautions: 1) Potential increased suicidality in first few months. 2) Long-term weight gain likely (except Wellbutrin). 3) Sexual side effects common (except Wellbutrin). 4) Withdrawal syndrome frequently occurs with abrupt cessation (especially with SSRIs and SNRIs); increased risk of bleeding with SSRIs and SNRIs (especially in combo with NSAIDs). 5) Increased risk for Serotonin Syndrome (except Wellbutrin), especially with combination of drug affecting serotonin metabolism. 6) Hyponatremia sometimes seen with SSRIs and SNRIs.		
Anxiolytic and Sleep (Hypnotic) Medications		
Alprazolam (Xanax)	Start: 0.25 mg - 0.5 mg tid. Usual MAX: 4 mg/d.	Equiv. dose: 0.50 mg. Onset: intermediate (1-2 hrs). T _{1/2} : 11 hrs. More addictive than other benzos and has uniquely problematic withdrawal syndrome. Try to avoid as 1 st line tx. <
Chlordiazepoxide (Librium)	Start: 10-20 mg 3-4x daily. Usual MAX: 200 mg/d.	Equiv. dose: 25 mg. Onset: intermediate (0.5-2 hrs). T _{1/2} : 10-40 hrs (parent compound), 14-66 hrs (metabolites). Useful for treating outpatient ETCH withdrawal because of long half-life. <
Clonazepam (Klonopin)	Start: 0.25 mg bid or tid. Usual MAX: 3 mg/d.	Equiv. dose: 0.25 mg. Onset: intermediate (1-4 hrs). T _{1/2} : 40-50 hrs. Helpful in b.mania. <
Diazepam (Valium)	Start: 2-10 mg bid to qid with doses depending on symptoms/severity. Usual MAX: 30-40 mg/d.	Equiv. dose: 5 mg. Onset: immediate (highly lipophilic). T _{1/2} : 20-50 hrs. Note: the presence of liver disease will significantly lengthen half-life. <
Lorazepam (Ativan)	Start: 0.5-1 mg bid to tid. Usual MAX: 6 mg/d. Insomnia: 0.5-2 mg qhs.	Equiv. dose: 1 mg. Onset: intermediate. T _{1/2} : 12 hrs. No active metabolites, so safer in liver dz. <
• Buspiron (Buapar)	Start: 7.5 mg bid. Range: 10-30 mg bid.	Non-benzo SSRI-like drug FDA approved for anxiety. May take 4-6 weeks to become fully effective. <
Hydroxyzine (Vistaril)	Start: 25-100 mg 3-4 x per day. Usual MAX: 400 mg per day.	Antihistamine/antiemetic drug FDA approved for anxiety. Consider in pts w/ h/o substance abuse. <
• Prozac (Fluoxetine)	Start: 1 mg qhs. Increase q 2-3 d until symptoms abate. Usual MAX: 10 mg qhs.	Old antihypertensive used to tx nightmares and night sweats in PTSD. Need to warn about orthostasis particularly in AM after first dose and after each new dosage change. <
• Zolpidem (Ambien)	Start: 25-50 mg qhs. Range: 50 - 150 mg/d.	Commonly used as sleep aid; must inform about priapism risk in men . <
Temazepam (Restoril)	Start: 15 mg at bedtime. MAX: 45 mg qhs.	T _{1/2} : 8-11 hrs. Older benzo/hypnotic. No P450 metabolism. More potential for physical dependence than Ambien/Sonata. <
Zolpidem (Ambien)	Start: 5-10 mg qhs. MAX: 25 mg qhs.	T _{1/2} : 2-4 hrs. Potential for sleep-eating and sleep-driving. < Available in longer acting form called Ambien CR. <
Zaleplon (Sonata)	Start: 5-10 mg qhs. MAX: 20 mg qhs.	T _{1/2} : 1 hr. Potential for sleep-eating and sleep-driving. <
Ramelteon (Rozerem)	Start: 8mg at bedtime.	Melatonin receptor agonist; Apparent safe for long-term use. May take up to 1 wk to be effective. <
Mood Stabilizers		
• Lithium	Start: 150-300 mg bid to tid with doses up to 1200 - 1500 mg daily and higher based on renal function and drug levels (0.5 - 1.2 meq/L). Available in extended release form dosed once daily (usually at HS).	Black box warning for toxicity. Teratogenic (cardiac malform.) and will need to inform women of childbearing age of this risk . Check TSH and BMP before starting and q 6-12 months thereafter. Advise pt about concurrent use of NSAIDs and HTN meds as can decrease renal clearance. Lithium strongly anti-suicidal. < (Lithium carbonate & citrate), \$ (Lithobid, Eskalith)
Divalproex (Depakote)	Start: 750 mg daily in div. doses (bid or tid; DR, qday; ER) increase dose as quickly as tol. to clinical effect; usual trough plasma level: 50 to 125 mg/mL.	Multiple black box warnings including for hepatotoxicity, pancreatitis, and teratogenicity (need to inform women of childbearing age of this risk). Need to monitor LFTs, platelet counts, and coag initially and q 4-6 mo. Significant weight gain common. <
Lamotrigine (Lamictal)	Start: 25 mg daily for 2 wks then 50 mg daily for 2 wks (may ↑ by 100 mg per wk thereafter) with a final dose of 200-300 mg (typically divided bid). Dosage will need to be adjusted for patients taking enzyme-inducing drugs or Depakote.	Black box warning for serious, life-threatening rashes requiring hospitalization and d/c of Tx (Stevens Johnson syndrome. @ approx. 1: 1-2000). No drug level monitoring typically required. Need to strictly follow published titration schedule. Fewer cognitive and appetite stimulating side effects. <
Antipsychotic/ Mood Stabilizers**		
Aripiprazole (Abilify)	Start: 10-15 mg daily titrating (p/weekly as needed) to 15-30 mg daily.	EPS: moderate (especially akathisia); Metabolic side effects: low. Very long half-life: 75 hrs. Least amount of sexual side effects. Need to screen glucose and lipids regularly. <
Risperidone (Risperdal)	Start: 0.5 - 1mg qhs or bid titrating to 4-6 mg daily or bid. Available as long-acting injectable given q 2 weeks called Risperdal Consta.	EPS: highest; Metabolic side effects: moderate. Hyperprolactinemia and sexual side-effects common. Need to screen glucose and lipids regularly. <
Olanzapine (Zyprexa)	Start: 5 - 10mg daily titrating to 10 - 30 mg daily once or divided bid.	EPS: Low; Metabolic side effects: high. Weight gain and sedation common. Do not prescribe to diabetics . Need to screen glucose and lipids regularly. <
Quetiapine (Seroquel)	Start: 50 mg qhs titrating to 300 - 800 mg daily divided bid (max dose: 800mg). Newly available XR form.	EPS: Lowest (except for D/court); Metabolic side effects: moderate. Highly sedating. Need to screen glucose and lipids regularly. Abuse potential . FDA indication for bipolar depression. <
Ziprasidone (Geodon)	Start: 40 mg bid titrating quickly to 60-80 mg bid. Needs to be taken w/ food (doubles absorption).	EPS: moderately high (especially akathisia); Metabolic side effects: lowest. Need to screen glucose and lipids regularly. Lower dosage can be more activating than higher doses. <
• Haloperidol (Haldol)	Start: 0.5 to 5 mg daily or bid titrating to 5-30 mg daily.	Classic typical, high potency neuroleptic. EPS common & ↑↑ risk of TD . Long acting injectable (Decamolol) available. <

**Antipsychotic/mood stabilizer w/

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PT Brinkman

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The Psychiatry Resident Handbook Sallie G. De Golia, M.D., M.P.H., Raziya Wang, M.D., 2023-03-31 The Psychiatry Resident Handbook delivers a holistic approach for making the most of the training years addressing issues of identity clinical practice skill building career development and balancing work and a personal life

Mind the Science Jonathan N. Stea, 2024 In Mind the Science Jonathan N Stea provides a takedown of mental health misinformation and pseudoscience to educate and embolden readers who wish to make informed decisions about their mental health Readers are empowered to protect themselves from mental health scams charlatanry and poor or misguided health practices that thrive in the multi trillion dollar wellness industry By the end readers will be better positioned to identify mental health misinformation to steer clear of misguided and predatory practices and to understand what mental

health really means *Self-Care for People with ADHD* Sasha Hamdani,2023-01-03 When you have ADHD it can be hard to stay on top of your wellness Self Care for People with ADHD is here to help This book can help you engage in some neurodiverse self care without pretending to be neurotypical You ll find more than 100 tips to accepting yourself destigmatizing ADHD finding your community and taking care of your physical and mental health You ll find solutions for managing the negative aspects of ADHD as well as ideas to bring out the positive aspects *The Writer's Guide to Psychology* Carolyn Kaufman,2010-12-01 An accurate and accessible survey of modern psychological theory and practice this reference offers professional writers practical advice for incorporating psychological elements into their work With easy to understand explanations and definitions this book is an invaluable resource for any writer wishing to add realistic details to scenes that depict psychologists mental illnesses and disorders and psychotherapeutic treatments Designed around the needs of professional fiction and nonfiction writers this is an easy to use resource that includes historical and modern psychological treatments and terms and refutes popularly held misconceptions *Dual Diagnosis* Katie Evans,J. Michael Sullivan,2012-01-20 Updated for today s health care climate the revised and expanded second edition of this popular volume offers a thorough introduction to clinical work with this difficult to treat population Providing a unique synthesis of chemical dependency and mental health models the book articulates a framework for assessment and treatment and describes a range of effective counseling and motivational strategies for adolescents and adults The second edition includes discussions of the latest developments in treatment sample treatment plans increased coverage of ways to incorporate 12 step concepts into mental health interventions and a new section on trauma based disorders in addicted female adolescents The practical utility of the volume is enhanced by clinical vignettes clearly presented tables and reproducible forms **Medical Transcription For Dummies** Anne Martinez,2012-12-06 The fast and easy way to explore a medical transcription career Flexibility is one of the most enticing aspects of a career in medical transcription Perfect for in the office at home or on vacation medical transcriptionists can often create lifestyle appropriate schedules The transcription field also appeals as a part time post retirement income source for ex healthcare industry workers If you re interested in a career in this growing field Medical Transcription For Dummies serves as an accessible entry point With guidance on getting through training and certification and exploring opportunities within the myriad different kinds of employment arrangements Medical Transcription For Dummies gives you everything you need to get started in medical transcription Guides you on getting though medical transcription training and certification Includes expert advice and tips on how to approach complex medical jargon and understand procedures Plain English explanations of medical terminology anatomy and physiology diagnostic procedures pharmacology and treatment assessments Whether used as a classroom supplement or a desk reference students and professionals alike can benefit from Medical Transcription For Dummies *Depression For Dummies* Laura L. Smith,Charles H. Elliott,2021-04-06 The good news on beating the blues Do you want the good the bad or the best news first

OK the bad news is that an estimated 264 million people worldwide suffer from a depressive illness The good news is that we know how to defeat these illnesses better than ever before using a growing range of highly effective psychotherapies medications and other therapeutic methods that are improving all the time And the best news because of these advances the majority of people no longer need to suffer the debilitating and sometimes dangerous effects of long term depressive illness The new edition of Depression For Dummies shows how you can make this happen for you by providing the latest and best information on how to banish the noontime demon and bring the sunshine back into your world In this friendly cheerful no nonsense guide leading clinical psychologists Laura L Smith and Charles H Elliot give you the straight talk on what you face and proven practical advice on how to punch back and win Showing you how to know your enemy they demystify common types of depression explain its physical effects and help identify the kind you have Armed in this way you can take firmer steps toward the lifestyle changes as well as therapy or medication that will put you back in control Learn about different forms of depression Build simple daily habits into your life that help banish the blues Understand conventional alternative and experimental therapies Move on avoid relapses and stay happy Whatever your level of depression occasional bouts or long term this book gives you the insight the tools and the inner strength and persistence to put enjoyment back in your life

The Cumulative Book Index, 1996 A world list of books in the English language **Psychiatric Drugs** Gilbert Honigfeld, Alfreda Howard, 1978 **Prescribing Mental Health Medication** Christopher M. Doran, 2003 Prescribing Mental Health Medication is a text for nursing and medical practitioners who are learning how to diagnose and treat mental disorders with medication Skills based it focuses on the following key issues how to start and stop medication how to dose when to change medication dealing with particular kinds of patients specific illnesses and their medication special populations and conditions the management of side effects practical issues such as monitoring medication with blood levels administrative issues such as record keeping Publisher's description **Condensed Psychopharmacology 2016** Leonard Rappa, 2015-09-17 This is a 2016 pocket guide of psychiatric medications It functions as a quick resource for health care professionals and students whom have involvement with psychiatric patients and their medications It serves to give the clinician a foothold in an environment that differs from other experiences in medicine with unique terminology and disease states This reference covers the core medications used in general psychiatry practice from a pharmaceutical standpoint The handbook begins with a brief introduction of terminology and psychiatric legal parameters to medication doses black box warnings side effects drug interactions and most importantly monitoring parameters Also included is a simple guide to make pharmaceutical interventions on patients drug therapy Disease states such as Anxiety Attention Deficit Hyperactivity Disorder Bipolar Disorder Major Depression Geropsychiatry Pregnancy and Lactation Schizophrenia Seizure Disorders Substance Abuse and many more are reviewed Best of all the most important information for each is provided in summative and easily indexed formats so you can find the information you need as rapidly as you need it This could be the best quick

reference for important psychopharmacologic information you'll ever own **No-Nonsense Guide to Psychiatric Drugs**

Moirra Dolan, 2017-05-05 Have you ever experienced brain fog, strange moods, or suicidal thinking while on a prescription medication? Do you wonder if your doctor gave you all the necessary warnings about the mental effects of what has been prescribed? Do you sometimes think you might not need to be on all those drugs? Chances are you have not been given the opportunity for Informed Consent because you were not told what is really known and not known about what the drug is doing in the body and brain, its possible side mental effects, what's known and not known about its safety, and the actual evidence regarding how well it works or not. Any drug that causes changes in mind, mood, emotion, or behavior is by definition a psychotropic agent regardless of whether it is prescribed in a psychiatric setting. Psychiatric drugs have the potential to cause the very things they claim to treat, or worse. Even common non-psychiatric medications can have profound mental effects. In today's assembly-line health care with ten-minute office visits, often with only a non-physician assistant or nurse, the quick fix of dispensing a prescription almost never includes a thorough discussion of the factors you would really need to make a well-considered decision about accepting a drug. This user-friendly no-nonsense guide empowers the health care consumer with the basics in order to make informed decisions about psychiatric drugs and other meds with unsuspected mind-bending effects. Dr. Dolan is passionate about patient empowerment and believes being an informed consumer is the only protection against becoming a victim of your medications. *Psychiatric Medications Made Simple* Charles Tadelesh Prada, Judith Victoria Perkins, *Psychiatric Medications Made Simple: A Practical Psychopharmacology Guide for Mental Health Clinicians* Transform complex psychopharmacology into practical knowledge you can use immediately. This comprehensive guide bridges the gap between prescribers and non-prescribing mental health professionals, providing essential medication knowledge without overwhelming medical jargon. Designed specifically for therapists, counselors, social workers, psychiatric nurses, and psychology students who work with clients taking psychiatric medications. Learn to recognize therapeutic effects, identify concerning side effects, and collaborate effectively with prescribers, all explained through clear analogies and real-world clinical examples. What sets this psychopharmacology guide apart? Plain language explanations of how psychiatric medications actually work. Simple analogies that make complex mechanisms memorable and understandable. Practical tools for recognizing both therapeutic effects and adverse reactions. Clear protocols for when to contact prescribers versus emergency services. Real case studies demonstrating medication management in clinical practice. Quick reference guides for dosing, monitoring, schedules, and drug interactions. Special population considerations for pediatric, geriatric, and pregnant clients. Comprehensive coverage includes Antidepressants, SSRIs, SNRIs, atypical antidepressants, TCAs, MAOIs, Mood stabilizers, lithium, anticonvulsants, monitoring protocols, Antipsychotics, first and second generation, metabolic monitoring, Anxiety medications, benzodiazepines, alternatives, safe tapering, ADHD medications, stimulants and non-stimulants, Sleep aids, and cognitive enhancers. Each chapter provides practical psychopharmacology knowledge, including medication selection.

principles side effect management strategies adherence support techniques and patient education templates you can implement immediately Stop feeling lost when clients discuss their psychiatric medications This practical psychopharmacology guide empowers non prescribing clinicians to become confident knowledgeable members of the mental health treatment team Written by experienced clinicians for real world practice not academic theory Whether you re a seasoned therapist wanting to better understand client medications or a mental health student building foundational psychopharmacology knowledge this guide provides the practical tools and clear explanations you need to enhance client care and improve treatment outcomes **Prescribing Mental Health Medication** Christopher Doran MD,2021-08-17 Prescribing Mental Health Medication is a comprehensive text for all practitioners who treat mental disorders with medication This new third edition is fully updated and includes a variety of additional chapters Prescribing Mental Health Medication covers the latest digital methodologies including Internet based mental health treatment electronic medical records and prescriber use of social media Including information on all psychotropic medications in use in the United States and the United Kingdom the book incorporates clinical tips sample dialogues for talking about mental health medications to patients and information specifically relevant in primary care settings It looks at how to determine if medication is needed proper dosing and how to start stop and change medication specific mental health symptoms and appropriate medication special populations including non adherent patients medication abusers those mixing alcohol and psychotropics confused patients children adolescents pregnant women and seniors management of medication side effects and avoidance of medication risk prescription of generic preparations organizing a prescriptive office and record keeping The additional chapters in this new edition of Prescribing Mental Health Medication cover topics such as combining specific medications combining medications and psychological therapies use of natural substances in mental health treatment successfully managing patient relapse and appropriate prescriptions of potentially controversial medications such as stimulants and benzodiazepines This practical text explains the entire process of medication assessment management and follow up for general medical practitioners mental health practitioners students residents prescribing nurses and others perfecting this skill *Consumer's Guide to Psychiatric Drugs* John D. Preston,Mary C. Talaga,John H. O'Neal,2004-03 This lay reference on psychiatric drugs outlines treatment options and tells patients what to expect Illustrations Pocket Guide to Psychiatric Medications for Depression American Psychiatric Association,2018-01-09 An indispensable guide to medications for the treatment of depression including vital information on the approved indications usual dosages and maximum dosages for antidepressant medications *Psychiatric Medications* American Psychiatric Association,1993 *Psychiatric Medications* Kenneth J. Bender,1990-05-01 There is increasing evidence that mental health problems are influenced by biochemical factors and that suffering from these problems can be relieved through medication which when paired with psychotherapy is a vital resource that facilitates the client s ability to change This guide provides practical information about the use of

medication for mental health problems which drugs to use when brand and generic names how the medication works common dosages and side effects **Kaplan and Sadock's Pocket Handbook of Psychiatric Drug Treatment** Samoon Ahmad, 2023-04-14 Now in vibrant full color Kaplan and Sadock's Pocket Handbook of Psychiatric Drug Treatment 8th Edition remains your reference of choice for easy to find information on the full spectrum of psychiatric drug therapies Written by Dr Samoon Ahmad this trusted resource provides a wealth of data for each drug presenting information in a clear concise manner for quick efficient retrieval This edition brings you fully up to date in the field with new information on cannabis psychedelics psychotropic medicines and medical comorbidities genetics and pharmacogenomics testing and more

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