

Medicines To Treat Psychiatric Disorders



Allina Health

Questions About Your Medicines

You may have questions about your medicines. Use this booklet and the questions below to write down answers to your questions.

What is your diagnosis?

What are the names of your medicines?

What does each medicine do?

How long will it take for each medicine to work?

How should you take your medicines?

What does your insurance provider cover?

How will you pay for them? (If you are unable to pay for your medicine, talk with your health care provider.):

Whom to call:

Health care provider

Pharmacy

Health insurance

Medicines to Treat Psychiatric Disorders

Medicine can be an effective part of treatment for psychiatric disorders. Before you fill any prescription, be sure you know:

- the reason for its use, what benefits it should provide, its side effects or dangers, and alternatives to it
- the brand and generic names of your medicine.

For your child, make sure you know how the medicine works as well as the correct dosage. It is important to find a health care provider who will work well with you.

Before recommending any medicine, your health care provider will give you (or your child) an exam that may include psychological tests and lab tests. He or she may want you to meet with other medical specialists.

Medicines Target Brain Chemicals

Medicines affect the following brain chemicals (neurotransmitters).

- **Serotonin** is your “feel good” chemical. It plays a major role in improving mood. It affects your sleep, anxiety, appetite, pain perception, sex drive and agitation.
- **Dopamine** plays a major role in your movement and coordination, motivation, energy and pleasure.
- **Norepinephrine** is responsible for the “fight or flight” response. It plays a role in your arousal, wakefulness, attention, stimulation, mood, thinking and sleep.
- **GABA** is the “rest and relax” chemical. When your brain is too active, this chemical is released to help calm things down.

When Medicines May Be Prescribed

Psychiatric medicines may be prescribed for the following disorders.

- **Specific fears (phobias) or general anxiety:** Phobias and anxiety attacks include strong feelings of fear or dread. This can cause a racing heart, dizziness, shakiness, numbness and tingling, among other symptoms. General anxiety may be intense worrying and distress about everyday activities or events.
- **Obsessive-compulsive disorder (OCD):** OCD includes anxious thoughts or rituals that feel like they cannot be controlled.
- **Post-traumatic stress disorder (PTSD):** PTSD can occur after living through a scary or terrible event. It can include flashbacks, nightmares and intense distress when exposed to anything that reminds you of the event. PTSD can occur right away, many months or many years after the event.
- **Attention deficit (hyperactivity) disorder:** Attention deficit includes a short attention span, trouble concentrating, being easily distracted, losing things and being restless.
- **Depression:** Depression includes lasting feelings of sadness, low mood, irritability, hopelessness, unworthiness and guilt, inability to feel pleasure, a decline in the ability to work or do school work, changes in sleeping and eating patterns, or thoughts of death and suicide.
- **Eating disorder:** The two most common types of eating disorders are self-starvation (anorexia nervosa), binge eating and vomiting (bulimia), or both.

- **Bipolar disorder (manic depression):** Bipolar disorder includes cycling mood changes: severe low (depression) and severe high (mania). The swings can last a long time or happen suddenly.
 - In the **depression phase** a person may have problems concentrating or sleeping (or both), have a lack of energy, feel sad or hopeless, feel guilt or have feelings of suicide.
 - In the **manic phase** a person may have a lot of energy, be talkative, have a short attention span, be irritable, impulsive, not sleep much and make unrealistic plans.
- **Psychosis and schizophrenia:** Psychosis and schizophrenia symptoms include:
 - irrational beliefs (delusions)
 - paranoia
 - seeing, hearing, feeling or smelling things that do not exist (hallucinations)
 - social withdrawal and loss of contact with reality
 - unusual thought processes
 - strange behaviors
 - rituals
 - decline in personal habits (self-care and hygiene).

How Long You May Need to Take Medicine

Some people may need to take medicine for a short time, such as 4 to 9 months. Other people may have a more serious condition and need medicine for a long time, maybe even the rest of their lives.

You and your health care provider will work together to find the right medicine and dose.

Types of Medicines

Medicines can help treat psychiatric disorders because they change chemicals in the brain, which improve symptoms. Some major types of psychiatric medicines include:

- **antidepressants:** These are used to treat serious depression, phobias, anxiety disorders, bedwetting, some bulimic-type eating disorders, PTSD and obsessive-compulsive disorder.
 - Selective serotonin reuptake inhibitor (SSRI) medicines raise serotonin levels.
 - These medicines include fluoxetine (Prozac[®]), sertraline (Zoloft[®]), fluvoxamine (Luvox[®]), paroxetine (Paxil[®]), citalopram (Celexa[®]), escitalopram (Lexapro[®]) and vilazodone (Viibryd[®]).
 - Serotonin norepinephrine inhibitor (SNRI) medicines increase levels of serotonin and norepinephrine.
 - These medicines include duloxetine (Cymbalta[®]), desvenlafaxine (Pristiq[®]), milnacipran (Savella[®]) and venlafaxine (Effexor[®]).
 - Dopamine reuptake inhibitor (DNI) medicines increase levels of norepinephrine and dopamine.
 - These medicines include bupropion (Wellbutrin[®]) and Zyban[®].
 - Tetracyclic medicines increase levels of norepinephrine and serotonin.
 - These medicines include mirtazapine (Remeron[®]).
 - Tricyclic antidepressant medicines prevent the reabsorption (reuptake) of serotonin, norepinephrine and dopamine. These may be used when other medicines do not work.

- These medicines include amitriptyline (Elavil[®]), amoxapine (Asendin[®]), clomipramine (Anafranil[®]), doxepin (Sinequan[®]), imipramine (Tofranil[®]) and nortriptyline (Pamelor[®]).
- **stimulants:** These can be helpful for treating attention deficit hyperactivity disorder (ADHD).
 - These stimulant medicines include methylphenidate (Ritalin[®]), dextroamphetamine (Dexedrine[®]), amphetamine (Adderall[®]), lisdexamfetamine (Vyvanse[®]) and dexmethyl-phenidate (Focalin[®]). Strattera[®], a nonstimulant medicine, is also used to treat ADHD.
- **anticonvulsant medicines:** These are used stabilize moods. Blood tests are used to check levels of the medicine.
 - These medicines include valproate (Depakote[®], Depakene[®]), carbamazepine (Tegretol[®]), oxcarbazepine (Trileptal[®]), lamotrigine (Lamictal[®]) and topiramate (Topamax[®]).
- **lithium:** Lithium is a salt that has been shown to stabilize changes in moods. These medicines are helpful in treating and preventing manic-depressive episodes. Blood tests will be needed to check levels of the medicine. Avoid using nonsteroidal anti-inflammatory drugs such as ibuprofen.
 - These lithium medicines include Eskalith[®], Eskalith SR[®] and Lithobid[®].
- **anti-anxiety medicines:** These medicines are for specific situations that cause high anxiety. They are often effective for short-term use.
 - These anti-anxiety medicines include lorazepam (Ativan[®]), buspirone (BuSpar[®]), clonazepam (Klonopin[®]), gabapentin (Neurontin[®]), hydroxyzine (Vistaril[®]) and alprazolam (Xanax[®]).

- **medicines to quit smoking:** These medicines work to break your nicotine habit.
 - Nicotine replacement medicines include Nicoderm[®], Nicorette[®] and Nicorol[®]. They have the same effects on your nervous system as smoking but your body does not absorb the nicotine.
 - An effective non-nicotine medicine is varenicline (Chantix[®]). Chantix helps lessen the effects of withdrawal.
- **substance abuse treatment medicines:** These medicines work to help break your addiction to drugs, including alcohol.
 - Disulfiram (Antabuse[®]) prevents alcohol from being broken down. It causes upset stomach (nausea), diarrhea and abdominal cramping.
 - Naltrexone (ReVia[®] and Vivitrol[®]) work to reduce cravings.
 - Acamprosate (Campral[®]) blocks withdrawal and cravings.
- **antipsychotic medicines (also called neuroleptic medicines):** These are used to treat schizophrenia, psychotic symptoms that go along with other disorders, thought disorders, severe obsessive-compulsive disorder and dissociative symptoms. The medicines are also being used to treat bipolar mania and depression, and to help antidepressants work in severe depression.
 - Older antipsychotic medicines include chlorpromazine (Thorazine[®]), haloperidol (Haldol[®]), perphenazine (Etrafon[®], Trilafon[®]) and fluphenazine (Prolixin[®]).
 - Newer medicines include clozapine (Clozaril[®]), risperidone (Risperdal[®]), olanzapine (Zyprexa[®]), quetiapine (Seroquel[®]), aripiprazole (Abilify[®]), lurasidone (Latuda[®]), asenapine (Saphris[®]), iloperidone (Fanapt[®]), Invega[®] (paliperidone) and ziprasidone (Geodon[®]).

Side Effects of Antipsychotic Medicines

The most common side effects include:

- muscle stiffness, restlessness and movements you cannot stop (tremors)
- feeling jittery
- fatigue or falling asleep (sedation)
- dizziness or balance problems
- blurry vision
- weight gain or weight loss
- problems passing urine
- being sensitive to light and sun
- increased thirst, urination and hunger (high blood glucose)
- diabetes
- breast swelling or tenderness
- high cholesterol.

Call your health care provider if you have any side effects.

There are other medicines he or she can order for you that may be able to reduce or control your side effects.

Severe Side Effects

Severe side effects need to be treated right away.

They include:

- **tardive dyskinesia.** This movement disorder affects different parts of the body. In adults it usually affects the tongue or mouth.
 - You may be barely able to notice it.
 - You may have movements of your mouth, tongue, arms, legs or body from your waist to your neck.
 - You may have trouble swallowing, breathing or both. This is rare.

The disorder goes away in about half of people after they stop taking the medicine. You are at a higher risk for this disorder if you have taken high doses of neuroleptic medicines for a long time.

- **neuroleptic malignant syndrome (rare).** It causes confusion, high fever, unstable blood pressure and pulse, and stiff muscles. This is an emergency. Call 911.

If you have severe side effects, call your health care provider right away. Keep your regular appointments with your health care team.

To help avoid severe side effects:

- have regular blood tests at least once a year so your health care provider can check your weight, blood glucose and cholesterol
- do not be in the sun for too long. When you are outside in hot weather, drink lots of water to avoid getting dehydrated. If you are thirsty, have a dry mouth, are tired and cannot pass urine, call your health care provider right away.

How to Take Your Medicine

- Take it as directed. Take it on schedule. Do not skip doses.
- If you miss a dose, take it as soon as you can. If you do not remember to take it until it is time for your next dose, skip the missed dose and return to your regular schedule. Never double up on doses.
- Keep it in its original container.
- Do not share your medicine with anyone else. Do not take medicine prescribed to anyone else.
- Do not take a different dose or stop taking it without your health care provider's OK.
- If you are pregnant, talk with your health care provider before you take any medicines.
- Stand up slowly from lying or sitting to avoid a drop in your blood pressure.
- Wear sunscreen, hat, sunglasses and proper clothing when you are in the sun.
- Do not drink alcohol or take over-the-counter medicines that cause you to become sleepy.
- Do not drive or run machinery until you know how your body reacts to the medicine.
- Tell your health care provider the names of all the over-the-counter medicines, herbals, vitamins and other supplements you take.

General Side Effects

Psychiatric medicines have side effects that range from annoying to severe. The most common side effects include:

- dry mouth
- nausea, diarrhea
- increased sleepiness
- hand tremors, muscle twitching
- dizziness when standing up
- constipation
- increased appetite that causes weight changes
- blurred vision
- restlessness, agitation.

The side effects should last just a short time. If they do not, talk with your health care provider. **Psychiatric medicine should be used as part of an overall plan of treatment, with ongoing evaluation and, in most cases, psychotherapy.**

Psychiatric symptoms can reappear at any time even if you are taking your prescribed medicine.

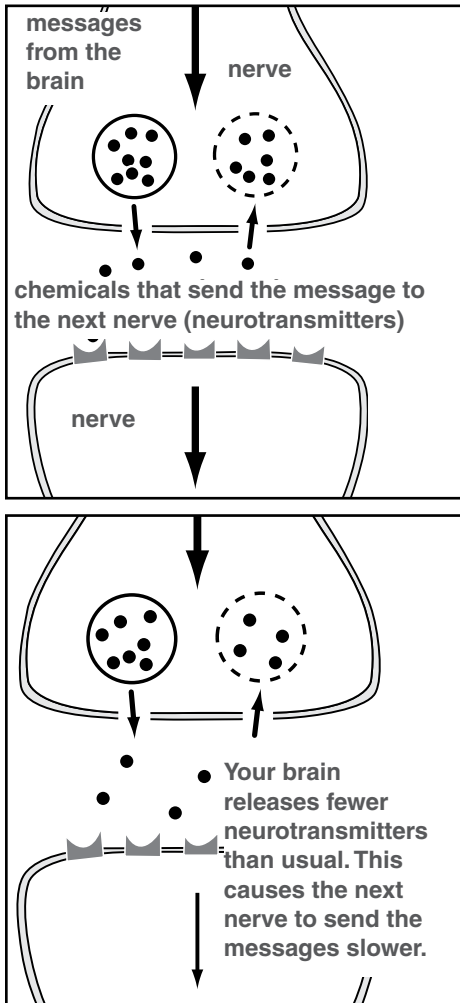
It may take up to 6 weeks for you to notice the effects of your medicine. Do not stop taking your medicine until you have talked with your health care provider.

Important: Go to the nearest hospital Emergency Department or call 911 if at any time you feel like hurting yourself or others.

Treatment for Depression

Antidepressants to treat depression

How depression medicine works

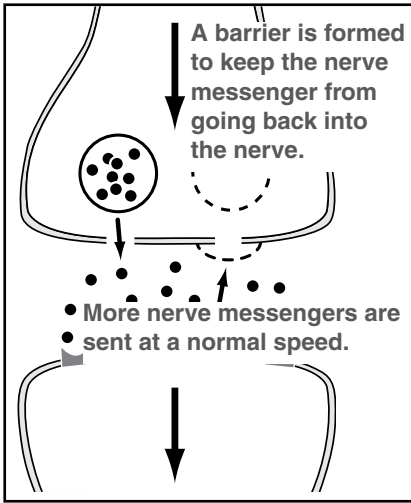


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Chemical messengers (neurotransmitters) in your brain carry messages (nerve impulses) from one nerve to another. Three such messengers are serotonin, norepinephrine and dopamine. They are responsible for how you feel (your moods).

During depression, your brain releases fewer neurotransmitters than usual. This affects how messages get carried to certain areas of the brain.

Medicines that treat depression increase the availability of neurotransmitters to transmit messages between neurons. Medicines do not "add" anything to your brain chemistry. They allow normal brain chemistry to "work" as it should.



There are many different types of antidepressant medicines, each of which affect the messengers differently:

- selective serotonin reuptake inhibitors (SSRIs) target serotonin and keep the nerves from reabsorbing it (Prozac[®], Lexapro[®], Celexa[®], Zoloft[®] and Paxil[®] are included).
- other antidepressants (there are several other medicines that target neurotransmitters:

- selective norepinephrine reuptake inhibitors (SNRIs) (Wellbutrin[®] and Effexor[®] are included)
- tricyclic antidepressants (prevent the nerves from reabsorbing the neurotransmitters)
- monoamine oxidase (MAO) inhibitors (slow down the breakdown of neurotransmitters).

How to Read a Medicine Label

- Read the labels of all prescription and over-the-counter medicines you take. Ask your pharmacist or health care provider if the medicines are safe for you.
- Read the list of ingredients to make sure you do not have any allergies.
- Look at the expiration date. Do not take outdated medicines of any kind.
- Have all of your medicines filled at one pharmacy.

Suicidal Thoughts and Antidepressant Medicines

People (adults and kids) who are severely depressed often think about suicide but do not have the energy to act on their thoughts. One of the risks when someone starts taking an antidepressant medicine is that he or she may still have thoughts of suicide but now has the energy to act upon those thoughts. It is important to understand that the feelings or impulses of suicide will go away.

Know what to do when suicidal thoughts or urges to harm yourself occur. Develop a crisis plan with phone numbers of people who can support and help you, including emergency numbers and numbers of your health care team. Refer to this plan and do not hesitate to call the numbers listed in your plan.

Choose a coping skill that helps you feel better or that distracts you. Call your health care provider at any time you feel suicidal or have any other concerns.

If you have a child who is taking an antidepressant, you need to understand this suicide risk and talk with your child. Encourage him or her to be open and talk with you or another trusted adult about any feelings of suicide he or she has. Have a crisis plan in place. Call or talk with your health care provider at any time you have an urgent concern or if you have any other specific questions.

Keep all of your regularly scheduled appointments with your health care provider so you can talk about your symptoms and medicines, and ask questions.

Keep a List of Your Medicines

Keep a list of all of your medicines and allergies in your wallet in case of emergency. If you need to visit a health care provider other than your own, he or she will have a record of what you are taking.

Use the chart on pages 16 to track your medicines: prescription, over-the-counter medicines, herbals, vitamins and other supplements. Use the chart on page 17 to list your medicine allergies.

Make an Appointment With Your Primary Care Provider or Psychiatrist in 30 Days

Please make an appointment with your primary care provider or psychiatrist 14 to 30 days after you leave the hospital (discharge).

You will not be able to refill your prescriptions if you do not make and keep this appointment.

Whom to Contact for More Information

Talk with your health care provider or a nurse if you have questions about this medicine or about your health.

For other resources visit:

- **Allina Health:** allinahealth.org/mentalhealth
- **Mental Health Consumer/Survivor Network:**
mhcsn.net 651-637-2800 or 1-800-483-2007
- **Substance Abuse and Mental Health Services Administration:**
samhsa.gov
- **National Institutes of Health:** nih.gov

Date	Medicine	Dose	Morning	Lunch	Afternoon	Dinner	Bedtime	Purpose

Medicine Allergies

Medicine	Allergy Symptoms
Example: amoxicillin	rash on upper body



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