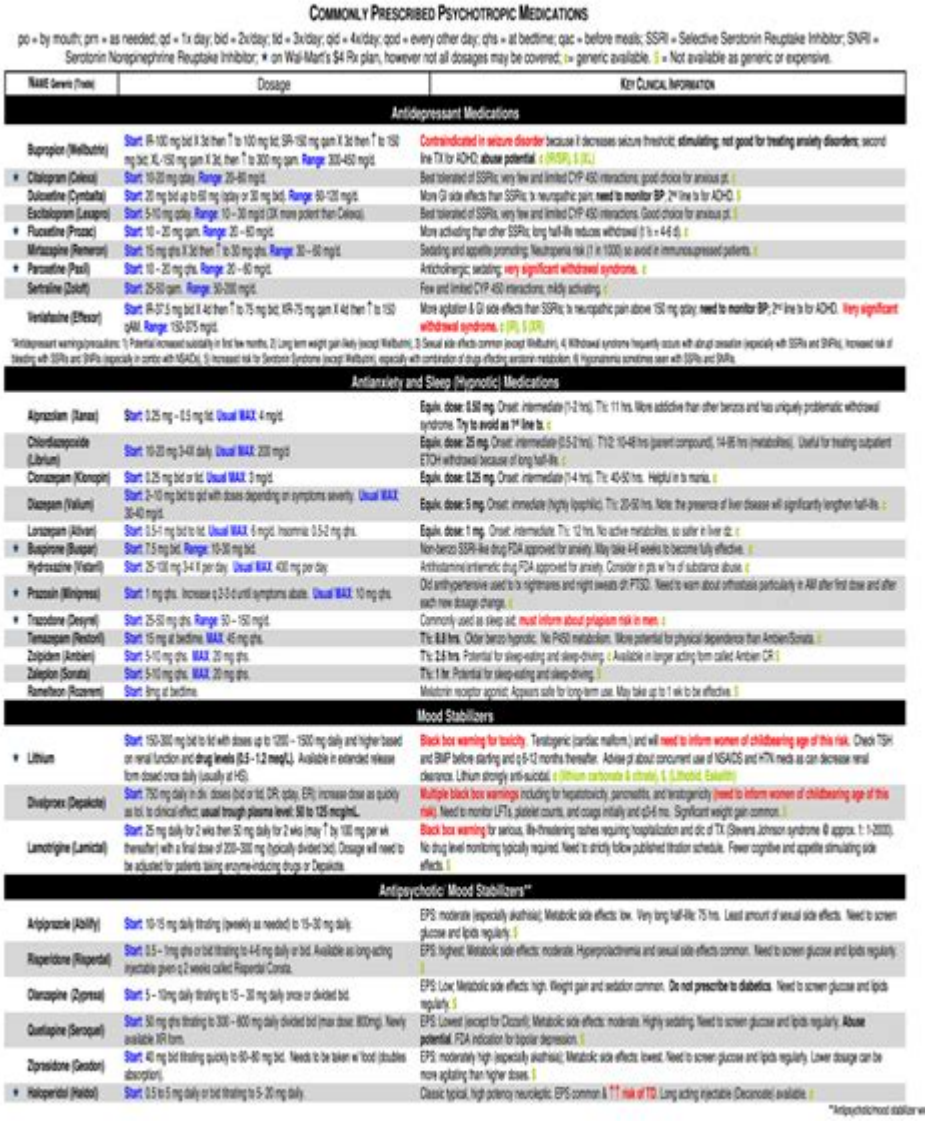
Cheat Sheet For Psychiatric Medications



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: IR-100 mg bid X 3d then ↑ to 100 mg tid; 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. ↓ (H/SR), $ (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. ↓
Duloxetine (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; tx neuropathic pain; need to monitor BP; 2nd line tx for ADHD. $
Escitalopram (Lexapro)	Start: 5-10 mg qday. Range: 10 – 30 mg/d (3X 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 ($ t½ = 4-6 d). ↓
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) so 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: IR-37.5 mg bid X 4d then ↑ to 75 mg bid; XR-75 mg qam X 4d then ↑ to 150 qAM. Range: 150-375 mg/d.	More agitation & GI side effects than SSRIs; tx neuropathic pain above 150 mg qday; need to monitor BP; 2nd line tx for ADHD. Very significant withdrawal syndrome. ↓ (IR), $ (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 drugs effecting serotonin metabolism, 6) Hyponatremia sometimes seen with SSRIs and SNRIs.		
Antianxiety 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). T½: 11 hrs. More addictive than other benzos and has uniquely problematic withdrawal syndrome. Try to avoid as 1st 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). T½2: 10-48 hrs (parent compound), 14-95 hrs (metabolites). Useful for treating outpatient ETOH 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). T½: 40-50 hrs. Helpful in tx 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). T½: 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 T½: 12 hrs. No active metabolites, so safer in liver dz. ↓
★ Buspirone (Buspar)	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. ↓
Hydroxazine (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/ hx of substance abuse. ↓
★ Prazosin (Minipress)	Start: 1 mg qhs. Increase q 3-5 d until symptoms abate. Usual MAX: 10 mg qhs.	Old antihypertensive used to tx nightmares and night sweats d/t PTSD. Need to warn about orthostasis particularly in AM after first dose and after each new dosage change. ↓
★ Trazodone (Desyrel)	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.	T½: 8.8 hrs. Older benzo hypnotic. No P450 metabolism. More potential for physical dependence than Ambien/Sonata. ↓
Zolpidem (Ambien)	Start: 5-10 mg qhs. MAX: 20 mg qhs.	T½: 2.6 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.	T½: 1 hr. Potential for sleep-eating and sleep-driving. $
Ramelteon (Rozerem)	Start: 8mg at bedtime.	Melatonin receptor agonist. Appears 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 (0.8 – 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 mcg/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 coags initially and q3-6 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 (generally 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 15 – 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 Clozaril); 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 agitating than higher doses. $
★ Haloperidol (Haldol)	Start: 0.5 to 5 mg daily or bid titrating to 5- 20 mg daily.	Classic typical, high potency neuroleptic. EPS common & ↑↑ risk of TD. Long acting injectable (Decanoate) available. ↓
		*Antipsychotic/mood stabilizer w

Cheat sheet for psychiatric medications is a vital resource for both healthcare professionals and patients navigating the complex world of mental health treatments. With a plethora of psychiatric medications available, understanding their classifications, mechanisms, dosages, and side effects can be overwhelming. This article serves as a comprehensive cheat sheet, providing essential information about the most commonly prescribed psychiatric medications, their uses, and important considerations.

Categories of Psychiatric Medications

Psychiatric medications can be classified into several categories based on their mechanisms of action and the conditions they treat. Here are the primary categories:

1. **Antidepressants**
2. **Antipsychotics**
3. **Anxiolytics**
4. **Stimulants**
5. **Mood Stabilizers**
6. **Other Agents**

1. Antidepressants

Antidepressants are primarily used to treat depression, anxiety disorders, and certain other conditions. They can be further divided into several subclasses:

- **Selective Serotonin Reuptake Inhibitors (SSRIs)**
  - Examples: Fluoxetine (Prozac), Sertraline (Zoloft), Escitalopram (Lexapro)
  - Mechanism: Increase serotonin levels in the brain by inhibiting reuptake.
  - Common Side Effects: Nausea, insomnia, sexual dysfunction.

- **Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**
  - Examples: Venlafaxine (Effexor), Duloxetine (Cymbalta)
  - Mechanism: Increase serotonin and norepinephrine levels.
  - Common Side Effects: Increased blood pressure, dizziness, sweating.

- **Tricyclic Antidepressants (TCAs)**
  - Examples: Amitriptyline, Nortriptyline (Pamelor)
  - Mechanism: Block reuptake of norepinephrine and serotonin.
  - Common Side Effects: Weight gain, dry mouth, constipation.

- **Monoamine Oxidase Inhibitors (MAOIs)**
    - Examples: Phenelzine (Nardil), Tranylcypromine (Parnate)
    - Mechanism: Inhibit the breakdown of neurotransmitters.
    - Common Side Effects: Hypertensive crisis with tyramine-rich foods.

2. Antipsychotics

Antipsychotics are used to manage symptoms of psychosis, including schizophrenia and bipolar disorder. They are categorized into two groups:

- **First-Generation (Typical) Antipsychotics**
    - Examples: Haloperidol, Chlorpromazine (Thorazine)
    - Mechanism: Primarily block dopamine receptors.
    - Common Side Effects: Extrapyramidal symptoms (EPS), tardive dyskinesia.

- **Second-Generation (Atypical) Antipsychotics**
    - Examples: Risperidone (Risperdal), Quetiapine (Seroquel), Aripiprazole (Abilify)
    - Mechanism: Block both dopamine and serotonin receptors.
    - Common Side Effects: Metabolic syndrome, weight gain, sedation.

3. Anxiolytics

Anxiolytics are primarily used to treat anxiety disorders.

- **Benzodiazepines**

    - Examples: Lorazepam (Ativan), Diazepam (Valium), Alprazolam (Xanax)
    - Mechanism: Enhance the effect of the neurotransmitter GABA.
    - Common Side Effects: Drowsiness, dizziness, dependence.

- **Buspirone**
    - Mechanism: Acts on serotonin and dopamine receptors.
    - Common Side Effects: Dizziness, headache, nausea.

4. Stimulants

Stimulants are commonly prescribed for attention-deficit hyperactivity disorder (ADHD) and narcolepsy.

- **Examples: Methylphenidate (Ritalin, Concerta), Amphetamine (Adderall)**
- Mechanism: Increase levels of norepinephrine and dopamine in the brain.
- Common Side Effects: Insomnia, decreased appetite, increased heart rate.

5. Mood Stabilizers

Mood stabilizers are primarily used to treat bipolar disorder and help manage manic and depressive episodes.

- **Examples: Lithium, Divalproex sodium (Depakote), Lamotrigine (Lamictal)**
- Mechanism: Stabilizes mood and reduces the severity of mood swings.
- Common Side Effects: Weight gain, tremors, kidney issues (for Lithium).

6. Other Agents

This category includes medications that do not fit neatly into the previous classifications but are still important in psychiatric treatment.

- **Antidepressants for specific conditions**
  - Examples: Bupropion (Wellbutrin) for depression and smoking cessation.
  - Mechanism: Inhibits the reuptake of norepinephrine and dopamine.
  - Common Side Effects: Insomnia, dry mouth, increased anxiety.

- **Anticonvulsants**
  - Examples: Carbamazepine (Tegretol), Gabapentin (Neurontin)
  - Used for mood stabilization and anxiety disorders.
  - Common Side Effects: Dizziness, fatigue, rash.

Important Considerations

When prescribing or taking psychiatric medications, several factors need to be taken into account:

1. Dosage and Administration

- Always follow the prescribed dosage and administration instructions.
- Some medications require titration, meaning the dosage may be gradually increased.
- Regular follow-ups with healthcare providers are essential to monitor the effectiveness and side effects.

2. Potential Side Effects

- Patients should be informed about common and serious side effects associated with their medications.
- Awareness of potential drug interactions is crucial, particularly for patients taking multiple

medications.
- Immediate reporting of side effects or unusual symptoms to a healthcare provider is important.

3. Long-Term Management

- Many psychiatric medications may need to be taken long-term for chronic conditions.
- Regular assessments are vital to determine the ongoing need for medication.
- Psychotherapy and lifestyle changes can complement medication for effective management.

4. Patient Education

- Patients should be educated about their medications, including how they work and why they are prescribed.
- Understanding the importance of adherence to medication regimens can improve outcomes.
- Resources for support, such as therapy groups or educational materials, should be provided.

Conclusion

A **cheat sheet for psychiatric medications** serves as an invaluable tool for both healthcare providers and patients. Familiarity with the various classes of medications, their uses, dosages, and side effects can enhance the management of psychiatric conditions. As mental health continues to gain recognition in the medical community, ongoing education and communication will remain critical in optimizing treatment outcomes for individuals facing mental health challenges. Always consult with healthcare professionals for personalized advice and treatment plans tailored to individual needs.

Frequently Asked Questions

What is a cheat sheet for psychiatric medications?

A cheat sheet for psychiatric medications is a concise reference guide that summarizes key information about various psychiatric drugs, including their indications, dosages, side effects, and interactions. It is designed to help healthcare professionals quickly access important details.

What are some common psychiatric medications included in a cheat sheet?

Common psychiatric medications included in a cheat sheet often encompass antidepressants (like SSRIs and SNRIs), mood stabilizers (such as lithium and lamotrigine), antipsychotics (like risperidone and quetiapine), and anxiolytics (such as benzodiazepines).

How can a cheat sheet assist healthcare providers in prescribing psychiatric medications?

A cheat sheet assists healthcare providers by providing quick access to essential information about medications, which can enhance decision-making regarding appropriate prescriptions, monitor potential side effects, and ensure safe medication management for patients.

Are there any risks associated with relying on a cheat sheet for psychiatric medications?

Yes, while cheat sheets can be useful, they should not replace comprehensive clinical knowledge. Risks include oversimplification of complex information, potential for outdated data, and the possibility of missing unique patient considerations or drug interactions.

Where can healthcare professionals find reliable psychiatric medication cheat sheets?

Healthcare professionals can find reliable psychiatric medication cheat sheets through reputable medical websites, professional organizations, continuing education materials, or by creating customized versions based on updated clinical guidelines and drug formularies.

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