

## 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
<b>Antidepressant Medications</b>		
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. <b>Range:</b> 300-450 mg/d.	<b>Contraindicated in seizure disorder</b> because it decreases seizure threshold; stimulating, not good for treating anxiety disorders; second line Tx for ADHD; abuse potential: < (SR/SL), > (XL).
• Citalopram (Celexa)	Start: 10-20 mg qday. <b>Range:</b> 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). <b>Range:</b> 60-120 mg/d.	More GI side effects than SSRIs; > neuropathic pain; <b>need to monitor BP</b> ; 2 <sup>nd</sup> line tx for ADHD. >
Escitalopram (Lexapro)	Start: 5-10 mg qday. <b>Range:</b> 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. <b>Range:</b> 20 - 60 mg/d.	More activating than other SSRIs; long half-life reduces withdrawal (t <sub>1/2</sub> = 44 h). <
Mirtazapine (Remeron)	Start: 15 mg qhs X 3d then ↑ to 30 mg qhs. <b>Range:</b> 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. <b>Range:</b> 20 - 60 mg/d.	Anticholinergic; sedating; <b>very significant withdrawal syndrome</b> . <
Sertraline (Zoloft)	Start: 25-50 qam. <b>Range:</b> 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; XR-75 mg qam X 4d then ↑ to 150 qAM. <b>Range:</b> 150-375 mg/d.	More agitation & GI side effects than SSRIs; > neuropathic pain above 150 mg qday; <b>need to monitor BP</b> ; 2 <sup>nd</sup> line tx for ADHD. <b>Very significant withdrawal syndrome</b> . < (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.		
<b>Anxiolytic and Sleep (Hypnotic) Medications</b>		
Alprazolam (Xanax)	Start: 0.25 mg - 0.5 mg tid. <b>Usual MAX:</b> 4 mg/d.	Equm. dose: 0.50 mg. Onset: intermediate (1-2 hrs). T <sub>1/2</sub> : 11 hrs. More addictive than other benzos and has uniquely problematic withdrawal syndrome. Try to avoid as 1 <sup>st</sup> line tx. <
Chlordiazepoxide (Librium)	Start: 10-20 mg 3-4x daily. <b>Usual MAX:</b> 200 mg/d.	Equm. dose: 25 mg. Onset: intermediate (0.5-2 hrs). T <sub>1/2</sub> : 10-40 hrs (parent compound), 14-36 hrs (metabolites). Useful for treating outpatient ETCH withdrawal because of long half-life. <
Clonazepam (Klonopin)	Start: 0.25 mg bid or tid. <b>Usual MAX:</b> 3 mg/d.	Equm. dose: 0.25 mg. Onset: intermediate (1-4 hrs). T <sub>1/2</sub> : 40-50 hrs. Helpful in b.mania. <
Diazepam (Valium)	Start: 2-10 mg bid to qid with doses depending on symptoms/severity. <b>Usual MAX:</b> 30-40 mg/d.	Equm. dose: 5 mg. Onset: immediate (highly lipophilic). T <sub>1/2</sub> : 20-50 hrs. Note: the presence of liver disease will significantly lengthen half-life. <
Lorazepam (Ativan)	Start: 0.5-1 mg bid to tid. <b>Usual MAX:</b> 6 mg/d. Insomnia: 0.5-2 mg qhs.	Equm. dose: 1 mg. Onset: intermediate. T <sub>1/2</sub> : 12 hrs. No active metabolites, so safer in liver dz. <
• Buspiron (Buapar)	Start: 7.5 mg bid. <b>Range:</b> 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. <b>Usual MAX:</b> 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. <b>Usual MAX:</b> 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. <b>Range:</b> 50 - 150 mg/d.	Commonly used as sleep aid; <b>must inform about priapism risk in men</b> . <
• Zolpidem (Ambien)	Start: 15 mg at bedtime. <b>MAX:</b> 45 mg qhs.	T <sub>1/2</sub> : 8-11 hrs. Older benzo/hypnotic. No P450 metabolism. More potential for physical dependence than Ambien/ Sonata. >
Zaleplon (Sonata)	Start: 5-10 mg qhs. <b>MAX:</b> 25 mg qhs.	T <sub>1/2</sub> : 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. <b>MAX:</b> 25 mg qhs.	T <sub>1/2</sub> : 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. <
<b>Mood Stabilizers</b>		
• 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).	<b>Black box warning for toxicity.</b> Teratogenic (cardiac malform.) and will <b>need to inform women of childbearing age of this risk</b> . 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. < ( <b>Lithium carbonate &amp; citrate</b> ), < ( <b>Lithobid, Eskalith</b> )
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.	<b>Multiple black box warnings</b> including for hepatotoxicity, pancreatitis, and teratogenicity ( <b>need to inform women of childbearing age of this risk</b> ). 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.	<b>Black box warning</b> for serious, life-threatening rashes requiring hospitalization and d/c of Tx (Stevens Johnson syndrome, @ approx. 1: 10,000). No drug level monitoring typically required. Need to strictly follow published titration schedule. Fewer cognitive and appetite stimulating side effects. <
<b>Antipsychotic/ Mood Stabilizers**</b>		
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. <b>Do not prescribe to diabetics</b> . 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/cant); Metabolic side effects: moderate. Highly sedating. Need to screen glucose and lipids regularly. <b>Abuse potential</b> . 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 & <b>↑↑ risk of TD</b> . Long acting injectable (Decamolol) available. <

\*\*Antipsychotic/mood stabilizer w/

# Psych Medication Cheat Sheet

**Christopher M. Doran**

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the author's name.

## **Psych Medication Cheat Sheet:**

## Reviewing **Psych Medication Cheat Sheet**: Unlocking the Spellbinding Force of Linguistics

In a fast-paced world fueled by information and interconnectivity, the spellbinding force of linguistics has acquired newfound prominence. Its capacity to evoke emotions, stimulate contemplation, and stimulate metamorphosis is truly astonishing. Within the pages of "**Psych Medication Cheat Sheet**," an enthralling opus penned by a very acclaimed wordsmith, readers attempt an immersive expedition to unravel the intricate significance of language and its indelible imprint on our lives. Throughout this assessment, we shall delve to the book is central motifs, appraise its distinctive narrative style, and gauge its overarching influence on the minds of its readers.

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