

Psychopharmacology #3: Treating mood disorders

10-30-2012

**A.M.B.E.R. clinic
Albuquerque Multidisciplinary Behavioral Evaluation for Recovery and
Resiliency**

**Alya Reeve, MD, MPH
University Of New Mexico Health Sciences Center
Professor of Psychiatry, Neurology and Pediatrics
PI, Continuum of Care**

Definitions

- **Major Depression**
 - at least 2 weeks; vegetative symptoms; worthlessness; hopelessness; helplessness
 - +/- psychotic symptoms – bodily decomposition; hallucinations
- **Dysthymia**
 - dysphoria
- **Existential depression**
- **Mania**
 - hypomania
- **Pharmacotherapy:**
 - use of medications to treat symptoms, with the intent of improving the functioning and well-being of the patient

When should we start Rx?

- **Duration and severity of symptoms are met**
- **Functioning has significant impairment**
- **Risk of injury to self or others**

Clinical strategy

- **Assure competence to provide informed consent**
- **Review medication choices and side effects**
- **Discuss time frames & expectations**
- **Document how condition may be relevant, but affected by TBI or ID**

Choices

- **SSRI: usually well-tolerated**
 - **Zoloft**
 - **Paxil**
 - **Celexa**
 - **Luvox**
 - **Prozac**
 - **Other: Remeron**

Choices

- **SNRI**
 - **Effexor**
 - **Wellbutrin**
- **TCA**
 - **Amitriptyline**
 - **Imipramine**
 - **Clomipramine**
- **MAOI**
 - **Parnate**
 - **Nardil**

Duration?...

- **Two – four weeks, at a dose to get a response**
- **Maintain for at least six months**
- **If history of recurrent episodes, then chronic maintenance required**
 - **lower dose often used**
- **Patient expectations, participation**

Issues of monitoring

- **Laboratory studies**
- **Involuntary movements**
- **Changes in mentation; vegetative symptoms**
- **Compliance**

Complementarity

- **Sleep aids**
 - herbal, medication, sleep hygiene
- **Augmentation**
 - antipsychotics
 - lithium
 - AEDs
- **Herbal preparations**
 - St John's Wort
 - Lavendar, etc

Summary

- **Assure criteria met**
- **Start low, go slow or fast depending upon individual patient**
- **Monitor regularly**
- **Expect the unexpected**
- **Review understandings with the patient**
- **Include other conditions/events**

Next presentation:

11-13-2012

resources and back issues can be found at

Continuum of Care website:

<http://som.unm.edu/coc/Training/powerpointnew.html>