

# Pharmacology: Symptoms in TBI, Reducing Anxiety I/DD

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

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# Purposes

- **Symptom relief**
- **Increase function**
  - **Decrease avoidance & withdrawal**
  - **Increase participation**
  - **Effective autonomy**
- **Safety**
  - **Prevent dyscontrol**
- **Pharmacological efficacy**

# Pharmacologic Strategy

- **First, do no harm**
- **Identify sequence of arousal(s)**
  - **Background level anxiety?**
  - **Sleep patterns & content**
  - **Reactivity patterns**
  - **Specific v. Generalized**
  - **Panic symptoms and prevalence**

# Background Anxiety

- **Generalized worry, repetitive thoughts, strong avoidance, critical self-valuation**
- **SSRI: can activate/sedate (dose accordingly)**
  - Disengagement from surroundings (is a +/-)
  - Zoloft, Paxil, Lexapro, Effexor (less)
- **TCA: can measure serum levels; sedating**
  - EKG – monitor for cardiac conduction
  - Imipramine, Desipramine, Amitriptyline, Nortriptyline
- **Benzodiazepines: longer acting**
  - clonazepam; diazepam

# Sleep issues

- **Difficulty falling asleep due to worries / obsessive thinking; dream / nightmares; fear of dying**
- **TCA**
  - **REM suppression; sedating**
- **SSRI**
  - **Zoloft, Luvox, Remeron**
- **Prazosin**
  - **1 mg – 6 mg**
- **+/- antipsychotics, lithium**
- **Melatonin: pharmaceutical grade (3-6 mg)**

# Issues of Reactivity

- **Impulsive response to arousal**
  - **Propranolol (80 – 480 mg; divided bid -qid)**
  - **Clonidine (0.05 – 0.3 tid)**
- **Disinhibition**
  - **Watch for benzodiazepine effects**
- **Paranoid ideation**
  - **Antipsychotics (usually less sedating type)**
    - **risperidone, haloperidol, thiothixene**
- **Over-medication**
- **Dis-engagement:** side effect of SSRI, high doses

# Specific v. Generalized

- **Specific situations**
  - **Beta-blocker**
  - **Benzodiazepine: short-acting**
  - **Modulation of standing dose**
  - **PRN: AED, antipsychotic, BZD**
- **Generalized**
  - **Daily, maintenance strategy**
  - **SSRI, TCA, etc.**

# Panic symptoms

- **Solo symptom**
  - **Frequency**
  - **Severity: functional impairment**
  - **Psychological response**
- **On top of existing anxiety: prn; modulate dose**
- **Do Nothing??...complementary strategies (re-breathe)**
  - **psychology / meaning of fear**
- **BZD: alprazolam**
- **SSRI: paxil, lexapro** [weakly effective, usually]
- **TCA: imipramine**

# Communication with patients

- **Review context and strategy**
- **Engagement is key to reducing rather than amplifying responses**
- **Provide next concrete step they CAN accomplish [keep in mind a long-range goal]**
- **Encourage awareness, flexible control, efficacy, appreciation for body's somatic communication**
  - **Discourage avoidance, seeing fear as problem**

# Summary

- **Review and record symptoms**
- **Engage patient in becoming collaborator**
- **Dates, duration, effects, efficacy of ALL modalities**
- **Encourage complementary medicine strategies**
- **Expect change over time: waxing and waning symptoms; increase self-efficacy**