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| **Medications** | **Usual Dosages** | **FDA** **approved**/Indications | **Labs/imaging/comments** |
| **Depression:** LFTs, CBC, TFT, UDS, CT-SCAN, PHQ9, HAM-D, MDQ, MMSE, etc.* If the clinical picture is dominated by anxiety, agitation, obsessional, rumination, irritability, aggression, SI, agitation→ first line **fluoxetine, sertraline, paroxetine, fluvoxamine, citalopram, escitalopram**. If apathy, low energy, anhedonia, low motivation→ **bupropion**.
* With sustained vegetative symptoms-->tx w/ antidepressant. w/o sustained vegetative s/s-->psychotherapy
* SSSRIs may have activating effect soon after its started-->transient and will go away.
* Educate patients on time it takes for meds to work. The early indication that meds are working include improved sleep, less daytime fatigue, some emotional control, less crying spells, better frustration tolerance.
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| **Escitalopram/****Lexapro** | 10-20 mg/day,5, 10, 20, 5mg/5ml | **MDD, GAD**, Panic d/o, OCD, PTSD, Social anxiety, PMDD |  |
| **Citalopram/****Celexa** | 20-40 mg/day10, 20, 40 | **MDD**, PMDD, OCD, GAD, PTSD, social anxiety | Baseline electrolytes (K, MG in particular) and periodically. ECG if QT prolongation risk. Ht, wt, BP. Use with caution in 60 yr and older: dose should not exceed 20mg/day |
| **Sertraline/****Zoloft** | 50-200 mg25, 50, 100, 20mg/mL | **MDD, PMDD, Panic d/o, PTSD, Social anxiety, OCD,** GAD |  |
| **Fluoxetine/****Prozac** | 20-80 mg 10, 20, 40, 60, 20mg/5ml | **MDD, OCD, PMDD, Bulimia, Panic d/o,** social anxiety, PTSD |  |
| **Paroxetine/****Paxil** | 20-50mg10, 20, 30, 40, 10mg/5ml | **MDD, OCD, Panic d/o, PTSD, Social anxiety, GAD, PMDD, weight gain, vasomotor symptoms** | \*No pregnant women, taper down slowly d/t discontinuation syndrome. Avoid if there is sensitivity to ACH s/e. |
| **Venlafaxine/****Effexor** | 75-225mg/day37.5, 75, 150, 225 | **MDD, GAD, Social anxiety, Panic d/o,** PTSD, PMDD | Baseline BP/HR and check q session. taper down slowly d/t discontinuation syndrome |
| **Duloxetine/****Cymbalta** | 40-60 mg/day20, 30, 60 | **MDD, DPNP, Fibromyalgia, GAD, Chronic musculoskeletal pain,** neuropathic pain/chronic pain |  |
| **Desvenlafaxine/ Pristiq** | 50-100 mg/day50 | **MDD,** fibromyalgia, GAD, Social anxiety, panic d/o, PTSD, PMDD, vasomotor symptoms |  |
| **Mirtazapine/ Remeron** | 15-45 mg/night | **MDD,** Panic d/o, GAD, PTSD | LFT if there are hepatic abnormalities, baseline wt/BMI/plasma glucose/lipids. Do not give when there’s wt gain issues. Give for anorexia/failure to thrive.  |
| **Bupropion/ Wellbutrin** | 225-400 mg/daySR: 200-450 mg/divided in 2 doses. XL: 150-450 mg | **MDD, Seasonal affective disorder, Nicotine addiction,** Bipolar depression, ADHD, Sexual dysfunction | Baseline BP/HR and periodically after. Don’t give: eating d/o and SZs. Caution w/ TBI, SUD, renal or hepatic impairment, diabetes, HTN. this is good sexual dysfunction  |
| **Vortioxetine/****Trintellix** | 5-20 mg/day5, 10, 15, 20 | **MDD,**  GAD, geriatric depression, cognitive symptoms associated with depression |  |
| **Vilazodone/ Viibryd** | 20-40 mg/day10, 20, 40 mg | **MDD,** anxiety, OCD |  |
| **Doxepin/****Sinequan** | 75-150 mg/day MDD3-6 mg insomnia | **Psychoneurotic depression/anxiety, depression/anxiety r/t alcoholism, depression anxiety r/t organic disease, insomnia, depression** | ECG with cardiac hx, weight, height, BP. Caution with urinary retention, cardiac dx, hepatic impairment, seizure hx, thyroid dx, diabetes, Parkinson’s  |
| **Trazodone/****Desyrel** | 150-600mg/day50, 100, 150, 300 | **Depression,**  Insomnia, anxiety |  |
| **Hydroxyzine/****Atarax** | Anxiety: 50-100/QIDPruritus: 75/daySedation: 50-100 IM10, 25, 50, 100 | **Anxiety, histamine-mediated pruritus, premedication sedation, acute , disturbance/hysteria, anxiety withdrawal symptoms in alcohols, nausea/vomiting,** insomnia |  |
| **ANXIETY:** LFTs, CBC, TFT, UDS, BAI, HAM-A |
| **Buspirone/****Buspar** | 20-30mg/day5,10,15,30 | **Management of anxiety d/os, short term tx of symptoms of anxiety,** mixed anxiety, depression, tx-resistant depression | Caution with renal and hepatic impairment |
| **Bipolar Disorder:** LFTs, uds, cbc, tft, ct-scan, YMRS, MDQ |
| **Lithium** | Levels: .8-1.2300-1200/day | **Bipolar mania,** Bipolar depression, MDD, vascular headache, neutropenia | Thyroid, creatinine, BUN, CBC, BMP, pregnancy test, ECG if over 50 years of age or have cardiac abnormalities- monitoring for kidney function is essential. Routine labs of renal, thyroid, TSH, and calcium need to be monitored for long-term lithium treatment Serum level labs after five days. 12 hour trough serum drug level. Adjust as necessary to reach therapeutic level. **\*No NSAIDS or Ace Inhibitors.** |
| **Valproate/****Depakote** | Levels: 50-1101200-1500 mg/day | **Acute mania/bipolar, complex partial seizures, migraine prophylaxis,** maintenance bipolar, psychosis, schizophrenia (adjunctive)  | CBC and LFTs, baseline measurement of weight. Lab levels after at least 5 days after initiation, 12 hour trough serum drug level. Avoid in pregnant women. \***More effective for rapid cycling than lithium** |
| **Carbamazepine/****Tegretol** | 400-1200mg/dayInitiate 200mg BID(see Stahl for rest) | **Seizures, pain r/t trigeminal neuralgia, Acute mania/mixed mania,** bipolar depression/maintenance, psychosis, schizophrenia (adjunctive) | Before start: CBC, LFT, Kidney function, TFt, asian pts should be screened for HLA-B 1502 allele. |
| **Lamotrigine****/Lamictal** | 100-200mg/day25 mg x 2 weeks50 mg x 2 weeks100 mg x 1 week200 mg x 1 week | **Maintenance bipolar I, partial seizures, other seizures,** bipolar depression, bipolar mania, psychosis schizophrenia adjunct, MDD adjunct,  | Cr at baseline, ophthalmic exam if prolonged tx. Caution with hepatic and significant renal impairment. \*Always educate patients on the s/s of Steven Johnson Syndrome- life threatening |
| **Topiramate/****topamax** | IR: 50-300 mg/day | **Seizures, migraine prophylactic, wt management,** bipolar d/o, binge eating, psychotropic drug related wt gain. bipolar | Baseline and periodic serum bicarb |
| **Schizophrenia/bipolar:** LFTs, UDS, CBC,TFT, CT scan, ht, wt, lipid panel, bp, hr, BMI, wt circumference,. PANSS, AIMS |
| **Aripiprazole/****Abilify** | 15-30mg/day for schizo/bipolar2-10 mg w/ SSRI5-15 mg autism | **Schizophrenia, acute mania, bipolar maintenance, depression adjunct, autism-related irritability, tourette’s disorder, acute agitation r/t schizophrenia or bipolar disorder,** bipolar depression, bx disturbances in dementias, impulse control | Baseline wt, BMI, fasting Lipid panel, waist circumference, BP, fasting plasma glucose for first 3 months then quarterly. Personal/family history of DM, obesity, dyslipidemia, HTN, cardiovascular disease |
| **Olanzapine/****Zyprexa** | 10-20 mg/day2.5, 5, 10, 20 mg | **Schizophrenia,acute mania/bipolar, bipolar maintenance, acute agitation r/t bipolar I mania, bipolar depression (combination with fluoxetine),** bx disturbances in dementia | Baseline wt, BMI, fasting Lipid panel, waist circumference, BP, fasting plasma glucose for first 3 months then quarterly. Personal/family history of DM, obesity, dyslipidemia, HTN, cardiovascular disease |
| **Lurasidone/****Latuda** | 40-80 mg/day schizo20-60 mg/day bipolar depression,(up to 120 mg/day) | **Schizophrenia, bipolar depression,** acute mania, bipolar maintenance, bx disturbances in dementia, children and adol, impulse control | Baseline wt, BMI, fasting Lipid panel, waist circumference, BP, fasting plasma glucose for first 3 months then quarterly.Personal/family history of DM, obesity, dyslipidemia, HTN, cardiovascular disease |
| **Quetiapine/****Seroquel** | 400-800 mg/schizo and bipolar300 mg for bipolar depression25, 50, 100, 300, 400 | **Schizophrenia, acute mania, bipolar maintenance, bipolar depression, depression,** mixed mania, bx disturbance r/t dementia, parkinson’s and lewy body dementia, severe tx-resistant anxiety | Baseline wt, BMI, fasting Lipid panel, waist circumference, BP, fasting plasma glucose for first 3 months then quarterly.Personal/family history of DM, obesity, dyslipidemia, HTN, cardiovascular disease |
| **risperidone/****risperdal** | 2-8 mg/day0.25, 0.5, 1,2,3,4,6 | **Schizophrenia, acute mania, autism-related irritability, bipolar maintenance,** bipolar depression, bx disturbances r/t dementias, children and adol, impulse control | Baseline wt, BMI, fasting Lipid panel, waist circumference, BP, fasting plasma glucose for first 3 months then quarterly. Monitor prolactin levels. |
| **Brexpiprazole/****Rexulti** | 2-4 mg schizophrenia2 mg depression0.25, 0.5, 1, 2, 3, 4 | **Schizophrenia, tx-resistant depression,** acute mania, bipolar maintenance, bipolar depression,  | Baseline wt, BMI, fasting Lipid panel, waist circumference, BP, fasting plasma glucose for first 3 months then quarterly. Personal/family history of DM, obesity, dyslipidemia, HTN, cardiovascular disease |
| **Cariprazine/****Vraylar** | Schizophrenia: 1.5-6mg/dayBipolar Mania: 3-6 mg/day | **Schizophrenia, Acute Mania,** bipolar maintenance, bipolar depression, treatment resistant depression, bx disturbances in dementia, bx disturbances in children and adolescents, impulse control | Baseline wt, BMI, fasting Lipid panel, waist circumference, BP, fasting plasma glucose for first 3 months then quarterly. Personal/family history of DM, obesity, dyslipidemia, HTN, cardiovascular disease |
| **Ziprasidone/****Geodon** | 40-200 mg/day (in divided doses) schizophrenia80-160 mg/day (divided doses) bipolar10-20 mg IM20, 40, 60, 80 mg | **Schizophrenia, acute agitation in schizophrenia (IM), acute mania/mixed mania, bipolar maintenance** | EKG at initiation and change of doseBaseline wt, BMI, fasting Lipid panel, waist circumference, BP, fasting plasma glucose for first 3 months then quarterly. Personal/family history of DM, obesity, dyslipidemia, HTN, cardiovascular disease |
| **Clozapine/****Clozaril** | 12.5, 25, 100, 200 mg up to 500 mg/day | **Tx-resistant Schizophrenia,** tx-resistant bipolar d/o, violent aggressive patient w/ psychosis and | Lower ANC threshold for starting clozapine: >1500 for the general population, check ANC every week during the first six months. Weekly troponin I/T and CRP for the first month. Baseline wt, BMI, fasting Lipid panel, waist circumference, BP, fasting plasma glucose for first 3 months then quarterly. Personal/family history of DM, obesity, dyslipidemia, HTN, cardiovascular disease |
| **Amphetamine/****Adderall** | Narcolepsy: 5-60 mg/day ADHD: 5-40 mg/dayObesity: 30 mg/day\*divided doses5, 7.5, 10, 12.5, 15, 20,30 | **ADHD, narcolepsy, exogenous obesity** | Height, weight, BP/HR. Access for presence of cardiac disease; consider whether EKG is indicated. Be careful with foster children and children exposed to drugs in utero, might consider baseline EKG. |
| **Lisdexamfetamine/Vyvanse** | Long acting, first lineADHD: 30-70 mg/dayBinge eating: 50-70 mg/day. 10,20, 30, 40, 50, 60, 70 | **ADHD, Binge eating d/o,** tx-resistant depression | Height, weight BP/HR\*Less likely to abuse- must be activated into its active form in the GI tract |
| **Methylphenidate/****Ritalin** | 2-4 hr. duration of action Shorter acting. First line for adults. Max dose 60 mg/day. Divide doses, start with 5 mg bid, SR: 20-30mg/BIDLA: 8 hours duration of action, 20mg once a day | **ADHD, narcolepsy,** tx-resistant depression | Height, weight, BP/HR Access for presence of cardiac disease; consider whether EKG is indicated. Be careful with foster children and children exposed to drugs in utero, might consider baseline EKG. |
| **Methylphenidate****/concerta** | Up to 12 hours duration of action. 18mg/day | **ADHD, narcolepsy,** tx-resistant depression | Height, weight, BP/HR. Access for presence of cardiac disease; consider whether EKG is indicated.  |
| **Methylphenidate****/focalin** | Onset of action: 30 min, can take weeks for therapeutic benefits2.5-10 mg/BID  | **ADHD,** narcolepsy, tx-resistant depression | Height, weight, BP/HR. Access for presence of cardiac disease; consider whether EKG is indicated.  |
| **Atomoxetine****/Strattera** | Adults: 40-100mg/day adults. 10, 18, 25, 40, 60, 80, 100 | **ADHD,** tx-resistant depression | BP/HR |
| **Clonidine/****Kapvay** | ADHD: ER, 0.1-0.4/dayOpioid: 0.1mg TID | **ADHD, HTN,** Tourette’s, substance withdrawal (opiates and alcohol), anxiety d/o, PTSD, social anxiety\*watch for rebound htn after dc | BP/HR |
| **Guanfacine** | Tenex, intuniv (long acting)IR: 1-2mg/day/at bedtimeER: 1-4mg/day | **ADHD, HTN,** ODD, conduct disorder, pervasive developmental d/o, motor tics, Tourette’s | BP/HR \*watch for rebound htn after dcInconsistency can lead to side effects of agitation.  |