Practical Psychiatry Tips for Primary Care Clinicians

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Disclosures

- I have no financial interest or affiliation with any manufacturer of commercial products or providers of commercial services
- Off-label use of medication will be discussed in this presentation.

Objectives

- Review common side effects of psychiatric medication, including antidepressants commonly prescribed in primary care, atypical antipsychotics, mood stabilizers.
- Address patient expectations regarding psychiatric medication.
- Review medication augmentation and switching strategies in the treatment of depression.
- Discuss situations where psychiatric referral is warranted.

Case 1: SSRI Side Effects

- A 38 yo woman contacts your office after having been started on Abilify 10 mg by her psychiatrist. She describes a “weird feeling of restlessness.”
- Abilify was added to augment her previously prescribed fluoxetine. She reports having had sexual side effects since starting the fluoxetine 6 months ago.

Key Concepts in SSRI Side Effect Management

- Be aware that depressed patients are more likely to discontinue their antidepressant early in treatment.
- Initial selection of antidepressant to minimize s/e.
- Consider the initial dosage.
- Consider the impact of alcohol, cannabis, and other drugs of abuse.

SSRI Sexual S/E

- Sildenafil
- Bupropion
- Reduce dosage of SSRI
- Augment with buspirone
- Change medication
- Different class of antidepressant
- Periactin

SSRI Activation

- Increased energy
- Some irritability
- Possibly disrupted sleep

SSRI Apathy/Blunting

Frequently described as apathy, decreased emotional response to situations where emotion would be expected.

Management of blunting

- Lower dose
- Add bupropion
- Add low dose stimulant

Case 1: Outcome

- After discussing options, she agreed to lower the dosage of Abilify to 2.5 mg/day for 2 weeks with a plan to titrate up.
- At the 2-week f/u, she felt better and wanted to stay at the 2.5 mg dosage.
- Regarding the sexual s/e, she reported improvement with the addition of sildenafil.

Case 2: The happy pill?

- A 58 yo man was recently started on escitalopram 10 mg.
- He does not believe that it has been helping. His wife disagrees…

Educating Patients on Antidepressant Use

- Clinical improvement may take 2-4 weeks for most patients.
- The majority of improvement is with the physiological sx of depression.
- Side effects may often be managed by dose reduction, changing how the patient takes the medication, or switching to a different medication.
- Antidepressants are not addictive.
- Do not “cold turkey” your antidepressant.
- Depression responds best to combination of medication and therapy.
- Exercise is crucial.
- Eliminate/reduce alcohol and caffeine.

Case 3: Treatment resistant depression?

- A 45 yo female presents to establish care. She has had 3 previous courses of SSRI without efficacy and is now taking bupropion with minimal improvement.
- She describes her depression as vegetative with hyperphagia, hypersomnia.
- Her mother was always “sad and irritable” and seemed to have mood swings.

Considerations in Treating Depression

- The initial approach
- Switching/Augmentation strategies
- When to refer

Switching Strategies

A common sequence:

1)SSRI

2)SNRI

3)Atypical

4)TCA

5)MAOI

Augmentation Strategies

- Bupropion
- Stimulant
- Buspar
- Abilify
- Lithium
- Thyroid hormone
- Psychotherapy

Time to refer?

- When dx is not clear
- Frequent medication changes without success
- Concern for bipolar disorder
- Persistent suicidal ideation
- Gut feeling of patient and/or clinician

Red Flags for Bipolar Depression

- Family history
- Psychosis
- Seasonal pattern
- Early onset of depression sx
- Multiple antidepressant trials

Case 3: Outcome

- The patient's history suggested a disorder on the bipolar spectrum, likely bipolar II disorder.
- She began lamotrigine 25 mg daily for 2 weeks, then 50 mg for 2 weeks.
- Due to lack of response, the bupropion was discontinued.
- At a 1 month recheck, she was tolerating the lamotrigine with slight improvement. She increased to 100 mg.
- Ultimately the patient experienced remission of sx with 150 mg of lamotrigine.

Concluding Thoughts: Common sense Psychopharmacology in Primary Care

- Use benzodiazepines sparingly
- Make 1 medication change at a time
- Therapy for all!
- When in doubt, taper
- Don’t forget other non-medication treatment options

Thank You!

Feel free to contact me with any questions/feedback!

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