# Psychiatric Medications: What Therapists Should Know

Jessica Murphy, PMHNP, AGACNP

# Objectives

1. Feel comfortable asking pts about psychotropic medications because therapy + meds = best outcomes for many disorders
2. Meds are a great tool, not the answer
3. When medication might be necessary vs. when therapy alone may be effective
4. Help to reducing stigma of mental health medications
5. Collaboration reduces stigma and improves adherence
6. Identify red flags / suicide thinking
7. Common side effects with meds - you are often the first to notice these

# What does a prescriber visit look like?

- H&P - 60 minutes
- Follow up - 30 min
- Practice styles

# Core Medication Classes Therapists Encounter

1. Antidepressants (SSRI, SNRIs, atypicals)
2. Antipsychotics
3. Mood Stabilizers
4. ADHD Meds/Stimulants
5. Anxiolytics
6. Sleep meds

# SSRI, SNRI - Antidepressants

SSRI/SNRI

- Med ex: fluoxetine, sertraline, effexor, pristiq
- Common: GI upset, sexual dysfunction, sleep effects
- Red flags: mania activation, suicidality (adolescents)
- Therapists can normalize the “4-6 week” lag before benefit

Therapist roles:

- normalize expectations, encourage adherence, note activation/worsening

# Atypical/Typical Antipsychotics

– Medications: rexulti, abilify, vraylar, haldol, risperidone

- Used beyond schizophrenia (bipolar, adjunct in depression at low doses)

– Side effects: weight gain, body movement changes (TD, bradykinesia), akathisia

- Emergency: Lethargy, akathisia, significant mood change

# ADHD - Stimulant vs nonstimulant

- Stimulants: effective, misuse/diversion concerns - Schedule 2 drugs - XR vs IR

- Non-stimulants : Only FDA approved for adults atomoxetine, viloxazine (qelbree)

- non-stimulants not effective in adults but kids: clonidine, guanfacine

Therapy role:

- Support executive function strategies
- Monitoring for misuse !!!!

# Med Misuse - Red flags?

- Schedule 2 drugs
- -XR vs IR
- Pill Counts
- Drug Screens
- Locking meds up
- Dizziness, palpitations, syncope - all signs of potential misuse
- PDMP - needing frequent refills

# Mood stabalizers

Depakote, Lamotragine, Carbamazpine, Lithium

FDA approved for Bipolar Disorder, Schizoaffective Disorder

Off label: BPD, C-PTSD, anger issues

Therapist roles: Track mood swings, Encourage med adherence, Flag noncompliance

Side effects: Rash (lamotrigine)

# Anxiolitics

- Therapists remain center of treatment
- Benzodiazepines: Short term, rapid relief ***
  - Abuse Potential
  - Cannot be used with ETOH or Opiate
- Buspirone - non-sedating. Works for GAD
- Hydroxyzine: Antihistamine can be used as needed
  - Excessive sedation, dizziness/lethargy in elderly
- Beta Blockers (propranolol) - performance anxiety, physiological symptoms
- Others: gabapentin/pregabalin

# Sleep aids

**Common Agents**

- **Trazodone** → antidepressant at low dose, often first-line off-label for insomnia. “hangover”
- **Doxepin (low-dose)** → FDA-approved for sleep maintenance. Risk of low blood pressure.
- **Mirtazapine** → sedating antidepressant, can increase appetite/weight gain. “hangover “
- **Ramelteon** → melatonin receptor agonist, good for sleep initiation, no abuse potential
- **Others:** zolpidem, eszopiclone, temazepam (controlled substances; risk of dependency)
  a. Z- risk of sleep walking

Therapists Role: Screen for daytime impairment. Sleep hygiene. Normalize the fatigue in the am - it gets better)

# VAPING!!!

September 1

- Nicotine patches
- Lozenges prn
- Gum prn

# When to reach out urgently

Same day communication/Severe

- **SUICIDALITY!!!**
- Acute psychosis
- Severe mania
- EPS

Medication side effects can look like mental health symptoms (akathisia vs anxiety, SSRI activation vs mania)

When to communicate with prescriber within the next couple days

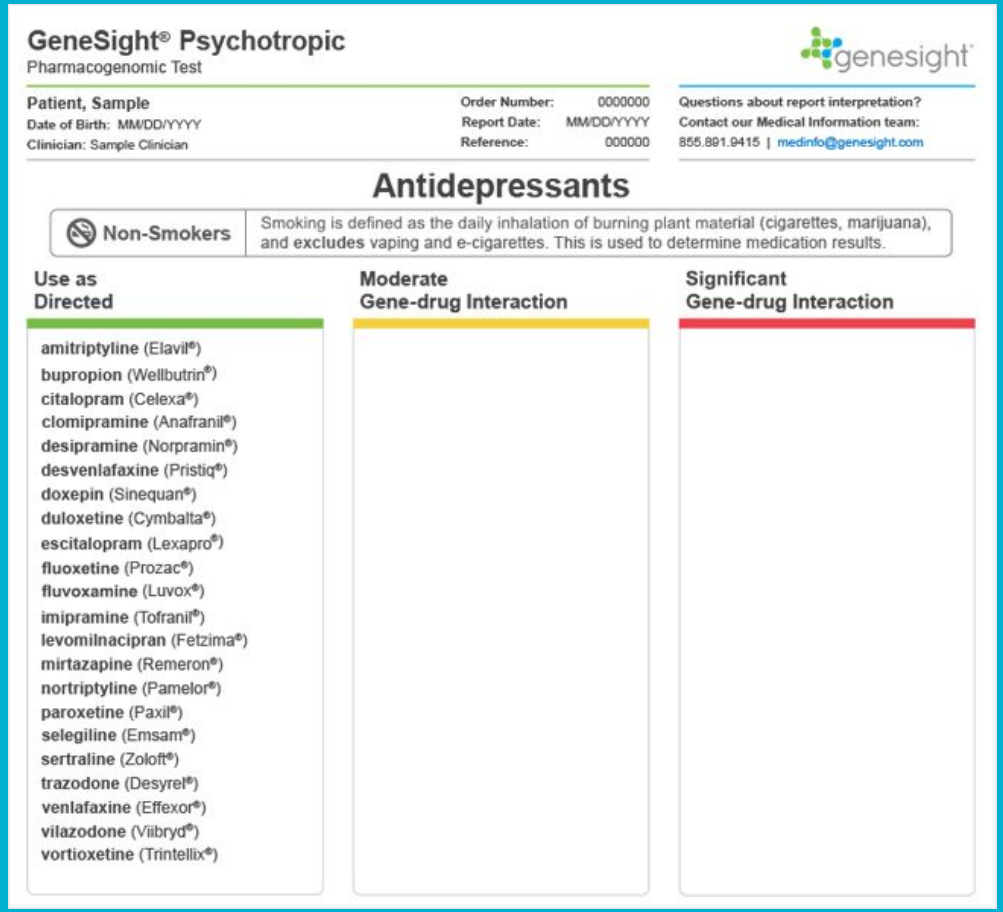
- Worsening symptoms
- Adherence issues
- Side effect burden

# Suicidality – Why the therapist should notify Prescriber

Notifying the prescriber isn't about handing off care—it's about making sure the whole team is aligned to support the patient safely.

- Safety Risk - Suicidal thoughts can escalate quicckly, medications can increase or decrease risk. This information is needed to asses risk, ensure patient has right level of support
- Treatment Planning
- Collaboration allows adjustments: med changes, increased monitor, higher level of care

# Gene-site testing



**GeneSight® Psychotropic**
Pharmacogenomic Test

genesight

**Patient, Sample**
Date of Birth: MM/DD/YYYY
Clinician: Sample Clinician

Order Number: 0000000
Report Date: MM/DD/YYYY
Reference: 000000

Questions about report interpretation?
Contact our Medical Information team:
855.891.9415 | medinfo@genesight.com

## Antidepressants

**Non-Smokers** — Smoking is defined as the daily inhalation of burning plant material (cigarettes, marijuana), and **excludes** vaping and e-cigarettes. This is used to determine medication results.

| Use as Directed | Moderate Gene-drug Interaction | Significant Gene-drug Interaction |
|---|---|---|
| **amitriptyline** (Elavil®) | | |
| **bupropion** (Wellbutrin®) | | |
| **citalopram** (Celexa®) | | |
| **clomipramine** (Anafranil®) | | |
| **desipramine** (Norpramin®) | | |
| **desvenlafaxine** (Pristiq®) | | |
| **doxepin** (Sinequan®) | | |
| **duloxetine** (Cymbalta®) | | |
| **escitalopram** (Lexapro®) | | |
| **fluoxetine** (Prozac®) | | |
| **fluvoxamine** (Luvox®) | | |
| **imipramine** (Tofranil®) | | |
| **levomilnacipran** (Fetzima®) | | |
| **mirtazapine** (Remeron®) | | |
| **nortriptyline** (Pamelor®) | | |
| **paroxetine** (Paxil®) | | |
| **selegiline** (Emsam®) | | |
| **sertraline** (Zoloft®) | | |
| **trazodone** (Desyrel®) | | |
| **venlafaxine** (Effexor®) | | |
| **vilazodone** (Viibryd®) | | |
| **vortioxetine** (Trintellix®) | | |

# When is collaboration necessary

Therapy plus meds = best results

- OCD
- PTSD
- BPD
- Eating disorders
- Bipolar Disorder
- Schizophrenia & other psychotic Disorders

# Practical Integration in Therapy

- How to ask about medications in session
- Encouraging adherence reducing stigma
- Recognizing psychosocial barriers (cost, side effects, ambivalence)
- Using therapy time to reinforce coping skills while meds begin to work

# Questions?!