
PSYCHOTHERAPEUTIC MEDICATIONS 2004

What Every Counselor
Should Know

- Generic and Brand Drug Names
- Purpose
- Usual Dose and Frequency
- Potential Side Effects
- Emergency Conditions
- Cautions
- Addiction Treatment Medications

Unifying science, education and services to transform lives.



The Addiction Technology Transfer Center Network
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Charles G. Curie, MA, ACSW, served as the SAMHSA Administrator. H. Westley Clark, MD, JD, MPH, served as CSAT Director and Karl D. White, EdD, served as the CSAT Project Officer.

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2004 NOTE TO PRACTITIONERS:

Name brand medications have a limited patent. When the patent expires, the medication may be made as a generic. The generic name of a medication is the **actual name of the drug and never changes**. Many different manufacturers can make a generic drug. Each manufacturer uses the same active ingredient but they may vary the color, size, or shape of the drug. If a client says his or her medication “looks different” AND he or she is experiencing new side effects, contact the prescriber immediately.

Manufacturers may also make several forms of a single drug with only slight variations. Several drugs have been made in an extended release form (CR, ER, SR, and XR). Extended release drugs act over a long period of time and do not have to be dosed as often.

A new formulation for drugs is a quick dissolving tablet that can be taken without water. These tablets quickly dissolve in the mouth. Some patent drugs that have been formulated as quick dissolving tablets are Remeron Sol Tab, Risperdal and Zyprexa Zydis.

ANTIPSYCHOTICS/NEUROLEPTICS

DRUG NAMES

GENERIC

BRAND

Traditional antipsychotics

chlorpromazine	Thorazine, Largactil
fluphenazine	Prolixen+, Permitil
haloperidol	Haldol
loxapine	Loxitane, Daxolin
mesoridazine	Serentil
molindone	Moban, Lindone
perphenazine	Trilafon, Etrafon
pimozide	Orap
thioridazine	Mellaril
thiothixene	Navane
trifluoperazine	Stelazine

Novel or atypical antipsychotics

aripiprazole	Abilify
clozapine	Clozaril+
olanzapine	Zyprexa, Zyprexa Zydis
quetiapine fumarate	Seroquel*
risperidone	Risperdal
risperidone long-acting injection	Risperdal Consta
ziprasidone	Geodon

+Can cause a serious side effect in the blood system; must have regular blood tests to monitor potential side effects.

*Seroquel is often used for insomnia.

PURPOSE

Antipsychotics are most typically used for persons who experience psychotic symptoms because of having some form of schizophrenia, severe depression or bipolar disorder. They may be used to treat brief psychotic episodes caused by drugs of abuse or other conditions.

Psychotic symptoms may include being out of touch with reality, "hearing voices," and having untrue ideas (e.g., thinking you are a famous person, thinking someone is out to hurt you, etc.). These medications work against the symptoms to stop them or make them milder. In some cases these medications can shorten the course of the illness or prevent it from happening again.

The newest antipsychotic medications—Geodon, Risperdal, Seroquel, and Zyprexa—are showing positive effects across a range of disorders. These medications seem to have a mood stabilizing effect. They are used for managing bipolar disorders and relieving anxiety.

USUAL DOSE & FREQUENCY

All drugs have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. How much medicine and how often to take it are specified on the prescription bottle. Many medications are taken once a day. Some are taken at bedtime to reduce the sleepiness side effect. Some medications are taken in pill form or liquid form. Others medications are given by injection once or twice per month to insure that the medication is taken reliably. It is important to take medications on schedule. It is important that the person talks to their doctor so that they know about side effects of medications and what they need to do to monitor their health.

Prolixen, like other medications marked with +, can cause serious side effects in the blood system called blood dyscrasias. (Blood dyscrasias are characterized by abnormalities or irregularities in the blood cells.) Persons taking any medications marked with a + may need to have blood tests on a regular basis to check for these blood disorders.

Novel or atypical antipsychotics like Clozaril, Risperdal, Seroquel, and Zyprexa are different from traditional antipsychotics. These drugs are more powerful with treatment-resistant schizophrenia but may also be used with severe depression or other psychiatric illness. Atypical antipsychotics work in a slightly different way than traditional antipsychotics and, while they produce different side effects, they are less likely to produce the serious side effects associated with traditional antipsychotics.

Atypical antipsychotics can produce serious side effects in high dosages. Persons taking Clozaril must have a blood test **every two weeks** in order to monitor for a potential side effect, agranulocytosis, which is a serious blood disorder. Risperdal, Seroquel and Zyprexa, when taken in low dosage, have fewer clinical side effects than traditional antipsychotics.

POTENTIAL SIDE EFFECTS

Tardive Dyskinesia

- Involuntary movements of the tongue or mouth
- Jerky, purposeless movements of legs, arms or entire body
- Usually seen with long-term treatment using traditional antipsychotic medications; sometimes seen with atypical antipsychotic medications
- More often seen in women
- Risk increases with age and length of time on medication

Neuroleptic Malignant Syndrome

- Blood pressure up and down
- Dazed and confused
- Difficulty breathing
- Muscle stiffness
- Rapid heart rate
- Sweating and shakiness
- Temperature above normal

Other

- Blurred vision
- Changes in sexual functioning
- Constipation
- Diminished enthusiasm
- Dizziness
- Drowsiness
- Dry mouth
- Lowered blood pressure
- Muscle rigidity
- Nasal congestion
- Restlessness
- Sensitivity to bright light
- Slowed heart rate
- Slurred speech
- Upset stomach
- Weight gain

Note: Any side effects that bother a person need to be reported to the physician and discussed.

Anticholinergic/antiparkinsonian medications like Cogentin or Artane may be prescribed in order to control movement difficulties associated with the use of antipsychotic medications.

Abilify is a new antipsychotic released in December 2002. The medication acts as both an enhancer and an inhibitor of dopamine production by “sensing” when there is too little or too much dopamine in the brain. Useful in the treatment of schizophrenia and other psychotic disorders, side effects include headache, anxiety and insomnia.

Risperdal Consta, approved in November 2003, is an injection of microencapsulated medication that releases into the body at a constant level. An injection is usually given every two weeks. Side effects are similar to those for Risperdal.

EMERGENCY CONDITIONS

Contact physician and/or seek emergency medical assistance if person experiences involuntary muscle movements, painful muscle spasms, difficulty in urinating, eye pain, skin rash or the symptoms noted under Neuroleptic Malignant Syndrome and Tardive Dyskinesia.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken, including over-the-counter preparations.
- Persons taking antipsychotic drugs should not increase their dose unless this has been **checked with their physician and a change is ordered**.
- If a woman thinks she may be or might get pregnant, she must talk with her doctor about the safety of this medication before starting or continuing the treatment.

ANTIMANIC MEDICATIONS

DRUG NAMES

GENERIC

BRAND

Lithium products

lithium carbonate	Eskalith, Eskalith CR, Lithane, Lithobid, Lithonate, Lithotabs
lithium citrate	Cibalith

Anticonvulsant products

carbamazepine	Tegretol
divalproex sodium	Depakote, Depakote Sprinkle, Depakote ER
gabapentin	Neurontin
lamotrigine	Lamictal
levetiracetam	Keppra+
oxcarbazepine	Trileptal
tiagabine hydrochloride	Gabitril
topiramate	Topamax, Topamax Sprinkle
valproate sodium	Depakene, Depacon
valproic acid	Depakene

Other (see Antipsychotics/Neuroleptics for side effects)

olanzapine	Zyprexa, Zyprexa Zydis
quetiapine fumarate	Seroquel
risperidone	Risperdal
ziprasidone	Geodon

+Keppra is noted for causing mood changes, primarily depression and anger in some persons. This may limit its use as a mood stabilizer.

PURPOSE

Antimanic drugs are used to control the mood swings of bipolar (manic-depressive) illness. Bipolar illness is characterized by cycling mood changes from severe highs (mania) to severe lows (depression). Mood cycles may be predominantly manic or depressive with normal moods occurring between cycles. The "highs" and "lows" vary in intensity, frequency and severity. Mania, if left untreated, may worsen into a psychotic state, and depression may result in thoughts of suicide.

Antimanic medications even-out the mood swings so that the person operates in a more moderate zone. By leveling mood swings, some of the suicidal and other self-harming behaviors seen with bipolar disorder can be decreased.

USUAL DOSE & FREQUENCY

All drugs have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. How much medicine and how often to take it are specified on the prescription bottle. Most medications in this class are given two to four times per day. Some extended release formulations may be given every 12 hours. Dosage is determined by the active amount of the drug found in the person's blood after taking the medication and by their response to the medication. Expect a check of monthly blood levels until the person is well established at their optimal dose.

POTENTIAL SIDE EFFECTS

- Blurred vision
- Coma*
- Diarrhea*
- Drowsiness
- Fatigue
- Hand tremor*
- Increased thirst and urination*
- Inflammation of the pancreas
- Irregular heart beats
- Kidney damage*
- Liver inflammation (hepatitis)
- Nausea or vomiting
- Problems with the blood (both red and white blood cells)
- Rash and skin changes
- Seizures
- Under or overactive thyroid*
- Weakness
- Weight gain

*Primarily with lithium products

Note: Persons taking lithium may require more fluids than they did before. However, too much fluid in a person's diet can "wash" the lithium out of their system. Too little fluid can allow the lithium to concentrate in their system. Persons taking any antimanic drugs should have blood levels tested regularly to check the drug concentration level in their body.

EMERGENCY CONDITIONS

Lithium overdose is a life-threatening emergency. Signs of lithium toxicity may include nausea, vomiting, diarrhea, drowsiness, mental dullness, slurred speech, confusion, dizziness, muscle twitching, irregular heartbeat and blurred vision.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken, including over-the-counter preparations.
- Persons taking antimanic drugs should not increase their dose unless this has been ***checked with their physician and a change is ordered.***
- Take medications as ordered and at the prescribed times.
- Persons taking antimanic drugs should not use alcohol or street drugs.
- Lithium can cause birth defects in the first three months of pregnancy.
- Thyroid function must be monitored if a person takes lithium.
- Heavy sweating or use of products that cause excessive urination (i.e., coffee, tea and some high caffeine sodas) can lower the level of lithium in the blood.
- Blood tests need to be conducted every one to two months to check the drug level in the person's body.
- Use of these drugs will lower the effectiveness of birth control medications.
- If a woman thinks she may be or might get pregnant, she must talk with her doctor about the safety of this medication before starting or continuing the treatment.

ANTIDEPRESSANT MEDICATIONS

DRUG NAMES

GENERIC

BRAND

Monoamine Oxidase (MAO) Inhibitors

isocarboxazid	Marplan
phenelzine	Nardil
tranylcypromine	Parnate

Tricyclics & quatracyclics

amitriptyline	Elavil
amoxapine	Asendin
clomipramine	Anafranil
desipramine	Nopramin, Pertofrane
doxepin	Sinequan
imipramine	Tofranil
maprotiline	Ludiomil
nortriptyline	Pamelor
protriptyline	Vivactil

SSRIs - Selective Serotonin Reuptake Inhibitors

citalopram	Celexa
escitalopram oxalate	Lexapro
fluoxetine	Prozac, Prozac Weekly, Sarafem
fluvoxamine	Luvox
paroxetine	Paxil, Paxil CR
sertraline	Zoloft

Others

bupropion	Wellbutrin, Wellbutrin SR
mirtazapine	Remeron, Remeron SolTab
nefazodone	Serzone
trazodone	Desyrel
venlafaxine	Effexor, Effexor ER

PURPOSE

Antidepressant medications are used for moderate to serious depressions, but they can also be very helpful for milder depressions such as dysthymia. Most antidepressants must be taken for a period of at least three to four weeks to reduce or take away the symptoms of depression. Treatment for depression should continue for two years before discontinuing. Discontinuing antidepressant therapy before the depression is completely resolved may result in the client becoming medication

resistant. Untreated depression may result in suicide. Therefore, treatment for depression must be taken as seriously as treatment for any other major life-threatening illness.

Types of antidepressants

Tricyclic and quatracyclic antidepressants (named for their chemical structures) are more commonly used for treatment of major depressions than monoamine oxidase (MAO) inhibitors. MAO inhibitors are used for “atypical depressions” which produce symptoms like oversleeping, anxiety or panic attacks, and phobias. MAO inhibitors may also be used when a person does not respond to other antidepressants. MAO inhibitors, tricyclics and quatracyclics keep norepinephrine and serotonin at the right levels to reduce symptoms of depression.

The most frequently used class of antidepressants is the Selective Serotonin Reuptake Inhibitors (SSRIs). The SSRIs keep serotonin at the right level to reduce symptoms of depression. Prozac Weekly is an extended release formula of Prozac that can be dosed once a week. Sarafem is fluoxetine under another label used for treatment of Premenstrual Dysphoric Disorder. Other new antidepressants work on both the serotonin and norepinephrine levels (Effexor, Serzone, Remeron, and Desyrel). Wellbutrin is an antidepressant unrelated to other antidepressants. Wellbutrin has more effect on norepinephrine and dopamine levels than on serotonin levels.

USUAL DOSE & FREQUENCY

All drugs have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. How much medicine and how often to take it are specified on the prescription bottle. Several factors are considered before an antidepressant is prescribed: the type of drug, the person’s individual body chemistry, weight, and age. Persons are usually started on a low dose and the dosage is slowly raised until the optimal effects are reached without the appearance of troublesome side effects.

POTENTIAL SIDE EFFECTS

MAO Inhibitors

- Blood cell problems (both white and red cells)
- Dizziness when changing position
- Fluid retention
- Headache
- High blood pressure crisis
- Insomnia
- Lack of appetite
- Rapid heart beat

Tricyclics & quatracyclics

- Allergic reactions
- Blood cell problems (both white and red cells)
- Blurred vision
- Change in sexual desire
- Changes in heartbeat and rhythm
- Constipation
- Decrease in sexual ability
- Difficulty with urination
- Dizziness when changing position
- Dry mouth
- Fatigue
- Heart block
- Increased sweating
- Kidney failure (with Asendin)
- Muscle twitches
- Neuroleptic Malignant Syndrome (with Asendin)
- Seizures
- Stroke
- Weakness
- Weight gain

POTENTIAL SIDE EFFECTS *continued*

SSRIs

- Anxiety, agitation or nervousness
- Change in sexual desire
- Confusion
- Decrease in sexual ability
- Diarrhea or loose stools
- Dizziness
- Dry mouth
- Headache
- Heart rhythm changes
- Increased sweating
- Insomnia or sleepiness
- Lack or increase of appetite
- Liver function disturbances (with Serzone)
- Shakiness
- Stomach upset
- Taste disturbances (with Wellbutrin)
- Weight loss or gain

EMERGENCY CONDITIONS

An overdose of any of the MAO inhibitors, tricyclics, quatracyclics or other antidepressants is serious and potentially life threatening, and ***must be reported to a physician immediately***. While the potential for a fatal outcome is less with the SSRIs, the idea that a person has attempted suicide should be dealt with as an emergency situation that needs immediate intervention.

Symptoms of tricyclics and quatracyclics overdose may include rapid heartbeat, dilated pupils, flushed face, agitation, loss of consciousness, seizures, irregular heartbeat, heart and breathing stop, and death.

CAUTIONS

- Withdrawal from SSRIs and other new antidepressants can cause flu-like symptoms. Discontinuing antidepressant therapy should be done gradually under a physician's care.
- Doctors and pharmacists should be told about all medications being taken, including over-the-counter preparations.
- Persons taking antidepressant drugs should not increase their dose unless this has been **checked with their physician and a change is ordered**.
- Take medications as ordered and at the prescribed times.
- Persons taking MAO inhibitors must avoid all foods with high levels of tryptophan or tyramine (e.g., aged cheese, wine, beer, chicken liver, chocolate, bananas, soy sauce, meat tenderizers, salami, bologna, and pickled fish). Also, avoid high levels of caffeine. If eaten, these foods may react with the MAO inhibitors to raise blood pressure to dangerous levels.
- Check all medications with a physician or pharmacist before taking if you are using MAO inhibitor antidepressants.
- Many drugs interact with MAO inhibitors. Do not take any other medication without your physician's or pharmacist's knowledge. Even a simple over-the-counter cold medicine can cause life-threatening side effects.
- Persons taking antidepressant drugs should not use alcohol or street drugs.
- If there is little to no change after three to four weeks, talk to the doctor about raising the dose or changing the antidepressant.
- Treatment with antidepressants usually lasts a minimum of nine to twelve months. Many consumers are on long-term antidepressant therapy to avoid the frequency and severity of depressive episodes.
- If a woman thinks she may be or might get pregnant, she must talk with her doctor about the safety of this medication before starting or continuing the treatment.

ANTI-ANXIETY MEDICATIONS

DRUG NAMES

GENERIC

BRAND

Benzodiazepines

alprazolam	Xanax
chlordiazepoxide	Librium, Libritabs, Librax
clonazepam	Klonopin
clorazepate	Tranxene
diazepam	Valium
lorazepam	Ativan
oxazepam	Serax

Beta-blockers

propranolol	Inderal
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Other (see Antipsychotics/Neuroleptics for side effects)

buspirone	BuSpar
hydroxazine embonate	Atarax
hydroxazine pamoate	Vistaril
olanzapine	Zyprexa, Zyprexa Zydis
quetiapine fumarate	Seroquel
risperidone	Risperdal

PURPOSE

Anti-anxiety medications are used to help calm and relax the anxious person as well as remove troubling symptoms associated with generalized anxiety disorder, post-traumatic stress disorder, panic, phobia, and obsessive-compulsive disorders. The most common anxiety medications are the benzodiazepines. Benzodiazepines have a depressant effect on the central nervous system and act relatively fast.

Beta-blockers work on the central nervous system to reduce the flight/fight response. Inderal is occasionally prescribed for performance anxiety and is non-addictive.

BuSpar works in the brain through the serotonin system to induce calm. BuSpar takes about three to four weeks to successfully combat anxiety. It is not addictive.

Atarax and Vistaril are antihistamines that use the drowsiness side effect of the antihistamine group to calm and relax. Vistaril and Atarax work within an hour of being taken and, like BuSpar, are not addictive.

Low doses of Risperdal, Seroquel, and Zyprexa may be used as non-addictive antianxiety medications. Their special formulation works to reduce anxiety and help the person think more clearly.

USUAL DOSE & FREQUENCY

All drugs have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. How much medicine and how often to take it are specified on the prescription bottle. Inderal is taken as needed for performance anxiety or regularly if it is being used for treatment of a heart condition. All other antianxiety medications are usually given two to three times per day. Persons are usually started on a low dose of medication which is raised gradually over time until symptoms are removed or diminished. Major factors considered in establishing the correct dose are individual body chemistry, weight, and ability to tolerate the medication.

Clients taking benzodiazepines for longer than four to eight weeks will develop physical tolerance to the medication. When the medication is discontinued, the client will need to be slowly tapered off medication to avoid withdrawal symptoms. Abrupt withdrawal from regular use of benzodiazepines may be a life-threatening situation. This is why benzodiazepines are usually prescribed for brief periods—days or weeks—and sometimes intermittently for stressful situations or anxiety attacks. Ongoing or continuous use of benzodiazepines is not usually recommended for most people.

Beta-blockers act on the sympathetic nervous system and are not considered addictive. These medications may enhance the effects of other psychotropic medications.

BuSpar is used regularly to treat anxiety and is considered safe for long-term therapy.

Vistaril and Atarax are used to reduce anxiety because they are safe non-addictive medications. They may be used for longer-term therapy. Vistaril and Atarax will enhance the sedative effect of other drugs that cause drowsiness.

POTENTIAL SIDE EFFECTS

- Blood cell irregularities
- Constipation
- Depression
- Drowsiness or lightheadedness
- Dry mouth
- Fatigue
- Heart collapse
- Loss of coordination
- Memory impairment (Inderal)
- Mental slowing or confusion
- Slowed heart beat (Valium)
- Stomach upset
- Suppressed breathing
- Weight gain

POTENTIAL FOR ABUSE OR DEPENDENCE


Somewhere between 11-15% of the American public takes a form of antianxiety medication—including benzodiazepines—at least once each year.

Benzodiazepines cause physical dependence in almost everyone who uses the medication for longer than six months. However, becoming physically dependent on benzodiazepines does not necessarily mean a person will become psychologically dependent on the medication.

Less than 1% of those who take benzodiazepines develop a substance abuse problem. Most people can be gradually withdrawn from the medication—when indicated—and will not develop psychological dependence. In general, abuse and dependence occur at lower rates with long-acting antianxiety medications (e.g., Klonopin, Serax, and Tranxene). Abuse and dependence are more likely to occur with faster-acting, high-potency antianxiety medications (e.g., Ativan, Valium, and Xanax).

Factors Related to Risk in Developing Dependency on Medication:

Less than 1% of persons *who do not have a current substance abuse problem or a history of substance abuse* becomes dependent on antianxiety medications. These clients are more likely to skip doses, take lower doses than prescribed, or decrease their dose over time. These clients are at **little or no risk**.



Persons with a prior history of substance abuse or dependence who are in recovery are NOT at increased risk of becoming dependent on antianxiety medications. They are at **low risk**.

Clients with a history of abusing antianxiety medications or those who are opiate users are at **higher risk** of becoming dependent on antianxiety medications. Some studies indicate there is a moderately higher risk for alcohol dependent persons to become dependent on antianxiety medications.

EMERGENCY CONDITIONS

High doses of Valium can cause slowed heartbeat, suppression of breathing, and stop the heart from beating.

Withdrawal from regular use of any of the benzodiazepines and similar medications must be done slowly over a month's time. Abrupt withdrawal from these drugs can cause a life-threatening withdrawal syndrome which includes hallucinations, delusions and delirium, disorientation, difficulty breathing, hyperactivity and *grand mal seizures*. To avoid these acute withdrawal symptoms, a protocol for decreasing or tapering off doses of benzodiazepine is needed.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken, including over-the-counter preparations.
- Persons taking antianxiety drugs should not increase their dose unless this has been **checked with their physician and a change is ordered**.
- Persons should not discontinue use of these medications without talking to a doctor.
- Persons taking antianxiety medication should not use alcohol or street drugs.
- Using alcohol in combination with benzodiazepines may result in breathing failure and sudden death.
- If a woman thinks she may be or might get pregnant, she must talk with her doctor about the safety of this medication before starting or continuing the treatment.

STIMULANT MEDICATIONS

DRUG NAMES

GENERIC

d-amphetamine

l & d-amphetamine

methamphetamine

methylphenidate

BRAND

Dexedrine

Adderall, Adderall CII,
Adderall XR

Desoxyn

Ritalin, Ritalin SR, Concerta,
Metadate ER,

Metadate CD, Methylin ER,
Focalin

Non-stimulants for ADHD

atomoxetine

bupropion

guanfacine

modafinil

pemoline

Strattera

Wellbutrin, Wellbutrin SR

Tenex

Provigil

Cylert

PURPOSE

Stimulants are used to treat Attention Deficit/Hyperactivity Disorder (ADHD), which is typically diagnosed in childhood but is also found in adults. ADHD exhibits with short attention span, excessive activity, impulsivity, and emotional development below the level expected for the person's age. Other conditions that may be treated with stimulants are narcolepsy, obesity and sometimes depression. Persons with ADHD generally report that they feel "normal" when taking stimulants. They cite increased concentration, focus, and ability to stay on task and behave appropriately when taking the medications.

Non-stimulants for ADHD

Strattera is a non-stimulant medication. It works by leaving more norepinephrine in the brain, which reduces the symptoms associated with ADHD. Tenex and Wellbutrin are non-stimulants that have been used successfully to treat symptoms of ADHD. The advantage of these medications is that they are non-addictive.

USUAL DOSE & FREQUENCY

All drugs have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. How much medicine and how often to take it are specified on the prescription bottle. With stimulants there may be periods when the medication is not to be taken.

POTENTIAL SIDE EFFECTS

- Blood disorders (Ritalin & Cylert)
- Change in heart rhythm
- Delayed growth
- Dilated pupils
- Elevated blood pressure
- Euphoria
- Excitability
- Increased pulse rate
- Insomnia
- Irritability
- Liver damage (Cylert)
- Loss of appetite
- Rash
- Seizures (Ritalin & Cylert)
- Tourette's syndrome (Cylert)
- Tremor

Non-stimulants for ADHD

Strattera side effects include:

- High blood pressure
- Nervousness, and side effects similar to norepinephrine sparing antidepressants

Wellbutrin side effects include increased chance of seizure activity.

Tenex side effects include:

- Constipation
- Dizziness
- Dry mouth
- Low blood pressure
- Sleepiness

POTENTIAL FOR ABUSE OR DEPENDENCE

Prescription stimulant medications may be misused. Recreational or non-medically indicated uses have been reported for performance enhancement and/or weight loss. Persons with ADHD or narcolepsy rarely abuse or become dependent on stimulant medications.

EMERGENCY CONDITIONS

Psychiatric symptoms including paranoid delusions, thought disorders, and hallucinations have been reported when stimulants are used for long periods or taken at high dosages. Overdose with stimulants is a medical emergency. Seek help immediately.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken, including over-the-counter preparations.
- Persons taking stimulant drugs should not increase their dose unless this has been **checked with their physician and a change is ordered**.
- Persons taking stimulant medications should not use alcohol or street drugs.
- If a woman thinks she may be or might get pregnant, she must talk with her doctor about the safety of this medication before starting or continuing the treatment.

ANTIPARKINSONIAN MEDICATIONS

DRUG NAMES

GENERIC	BRAND
amantadine	Symmetrel, Symadine
benztropine maleate	Cogentin
diphenhydramine	Benadryl
trihexyphenidyl	Artane

PURPOSE

These medications are used to counteract the side effects of the antipsychotic drugs. They are called antiparkinsonian because the neurological side effects of antipsychotic medications are similar to the symptoms of Parkinson's disease.

USUAL DOSE & FREQUENCY

The amount of medication and the correct times to take it are labeled on the prescription bottle. These medications have very specific doses and too much can be harmful. As with all medications, a doctor must be consulted in order to change safely the dose in response to side-effect-symptoms of the antipsychotic medications.

POTENTIAL SIDE EFFECTS

- Constipation
- Dry mouth
- Irritability
- Stomach upset
- Dizziness
- Heart failure
- Light-headedness
- Tiredness

EMERGENCY CONDITIONS

Report immediately, any overdose or changes in heart rate or rhythm to the doctor.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken, including over-the-counter preparations.
- Persons taking antiparkinsonian drugs should not increase their dose unless this has been **checked with their physician and a change is ordered**.
- If a woman thinks she may be or might get pregnant, she must talk with her doctor about the safety of this medication before starting or continuing the treatment.

HYPNOTICS

DRUG NAMES

GENERIC

BRAND

Benzodiazepines

estazolam	ProSom
flurazepam	Dalmane
temazepam	Restoril
triazolam	Halcion

Non-benzodiazepines

zaleplon	Sonata
zolpidem	Ambien

Other

(see previous listings of these medications for side effects)

diphenhydramine	Benadryl
mirtazapine	Remeron, Remeron Sol Tab
olanzapine	Zyprexa, Zyprexa Zydis
quetiapine fumarate	Seroquel
risperidone	Risperdal
trazodone	Desyrel

PURPOSE

Hypnotics are used to help people who cannot sleep or experience sleep disturbances get restful sleep. Sleep deprivation is one of the greatest problems faced by persons with chemical dependency and psychiatric illnesses. It can cause the symptoms of these disorders to worsen. For example, mood changes, psychosis and irritability increase with insomnia. Lack of sleep diminishes a person's ability to think clearly or process information. Sleep-wake cycles and the body's ability to heal itself also suffer when a person is sleep deprived. Older hypnotics cause the body to slow down and "pass out" or sleep. However, they also have a tendency to disturb sleep-staging cycles.

Benzodiazepines enhance the body's natural calming agents, which induces sleep.

Ambien and Sonata are non-benzodiazepines that affect one of the body's receptors for the natural calming agent, GABA. These medications induce sleep. They are short acting and do not disturb sleep-staging cycles. Rebound insomnia is a side effect of both Ambien and Sonata. This side effect can be produced if the medications are used for more than two weeks and then abruptly stopped.

Antidepressant sleep enhancers work by using their sleep producing side effects to induce sleep. They are non-addictive but have the capacity to produce all the side effects of their class of antidepressant.

Atypical antipsychotics use their calming and sedation side effects to induce sleep. They are non-addictive but have the capacity to produce all the side effects of atypical antipsychotics.

USUAL DOSE & FREQUENCY

All drugs have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. How much medicine and how often to take it are specified on the prescription bottle. All of these medications are generally used for limited periods (three to four days for barbiturates or up to a month for others). All of these medications quickly develop tolerance and eventually the usual dose will no longer help the person sleep.

POTENTIAL SIDE EFFECTS

- Breathing difficulty
- Dizziness
- Drowsiness
- Hangover or daytime sleepiness
- Headache
- Lethargy
- Weakness

Note: There are many drawbacks to long-term use of hypnotics (sleeping pills) such as damaged sleep staging and addiction. Even Ambien and Sonata, if taken for longer than seven to fourteen days, can have a discontinuation rebound insomnia effect. Newer non-addictive medications are now available to treat insomnia.

POTENTIAL FOR ABUSE OR DEPENDENCE

See Potential for Abuse or Dependence of benzodiazepines, p. 18.

EMERGENCY CONDITIONS

- Overdose with any of these medications can be life-threatening. Seek help immediately in the event of an overdose.
- Combinations of alcohol and barbiturates or alcohol and benzodiazepines can be deadly.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken, including over-the-counter preparations.
- Persons taking hypnotic drugs should not increase their dose unless this has been ***checked with their physician and a change is ordered.***
- Persons taking hypnotic medications should not use alcohol or street drugs.
- With hypnotics, there is the potential for development of tolerance and dependence on the medications with accompanying withdrawal. The potential for abuse and misuse is high.
- If a woman thinks she may be or might get pregnant, she must talk with her doctor about the safety of this medication before starting or continuing the treatment.

NARCOTIC AND OPIOID ANALGESICS

DRUG NAMES

Natural opioids

- Opium, morphine and codeine products.

Pure, semi or totally synthetic derivatives

- Heroin, Percodan, Demerol, Darvon, oxycodone, and others.

GENERIC	BRAND
butorphanol tartarate	Stadol spray
codeine phosphate	Codeine tablets
codeine sulfate	Codeine tablets
dihydromorphone	Dilaudid-5, Dilaudid HP
fentanyl transdermal	Duragesic patches
fentanyl transmucosal	Fentanyl, Oraley
hypromorphone	Dilaudid
meperidine	Demerol
methadone hydrochloride	Methadone
morphine hydrochloride	Morphine
morphine sulfate	Oramorph, Roxanol, Statex
oxycodone	Roxicodone, OxyContin
oxymorphone	Numorphan
pentazocine	Talwin
propoxyphene	Darvon
propoxyphene napsylate	Darvon-N
tramadol	Ultram

Other

The following products use a combination of an opioid or narcotic along with aspirin, Tylenol, or other pain reliever to treat mild to moderate pain.

Anesxia 5/50

Capital with Codeine

Darvocet N 100

Darvocet N 50

E-Lor or Wygesic

Empirin or Phenaphen with Codeine #3

Empirin or Phenaphen with Codeine #4

Endocet, Percocet or Roxicet

Fioricet with Codeine

Fiorinal with Codeine

Lorcet Plus

Lortab

Percodan

Roxicet
Roxicet oral solution (contains alcohol)
Roxiprin
Talacen
Talwin Compound
Tylenol with Codeine
Tylenol with Codeine syrup (contains alcohol)
Tylox
Vicodin
Vicodin ES

PURPOSE

Some of these drugs are used to control acute pain. They are normally used only for a short time because they could become addictive. An exception is using opioids to alleviate the chronic pain associated with different forms of cancer. Severe and chronic pain has long been under-treated in the United States. This is partly due to concerns about addiction and partly due to laws that made certain opioids, like heroin, illegal. However, people with addictions still feel pain and, in certain situations, they need pain management just like anyone else. To manage pain, doctors are beginning to prescribe opioids more freely—including methadone and buprenorphine, which are recognized as effective pain medications.

Methadone is a synthetic opioid used in heroin detoxification programs to maintain sobriety from heroin addiction. Many people who have been addicted to heroin have returned to a productive life because of methadone maintenance treatment programs. Methadone is also occasionally used to provide relief for specific types of pain. (See also Addiction Treatment Medications, p. 30.)

Heroin is a drug of abuse

USUAL DOSE & FREQUENCY

All drugs have specific doses and frequencies. A doctor will specify the exact amount of medication and when a person should take it. How much medicine and how often to take it are always specified on the prescription bottle. Many medications are taken two or more times a day. Some medications are taken in pill form. Others are taken in liquid form. A few are taken in a nasal spray or as transdermal patches. Injectable narcotics are not listed here because they are not often used outside a hospital

NARCOTIC AND OPIOID ANALGESICS

setting. There are many non-addictive pain medications available for pain management that can be used after acute pain is reduced.

POTENTIAL SIDE EFFECTS

- Constipation
- Decreased ability to see clearly
- Decreased ability to think clearly
- Flushing and sweating
- Pupil constriction
- Respiratory depression
- Stomach upset
- Tolerance

POTENTIAL FOR ABUSE OR DEPENDENCE

With opioid medications, there is a potential for the development of tolerance and dependence as well as the possibility of abuse and severe withdrawal reactions.

EMERGENCY CONDITIONS

- Convulsions and/or cardiac arrest with high dosages.
- Overdose may increase pulse rate, result in convulsions followed by coma or death.
- Overdose may depress the breathing centers in the brain leading to inability to breathe.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken, including over-the-counter preparations.
- Persons taking opioid drugs should not increase their dose unless this has been **checked with their physician and a change is ordered.**
- Persons taking opioid medications should not use alcohol or other illegal street drugs because they can increase the sedation effects of the opioids.
- If a woman thinks she may be or might get pregnant, she must talk with her doctor about the safety of this medication before starting or continuing the treatment.

ADDICTION TREATMENT MEDICATIONS

DRUG NAMES

GENERIC

BRAND

Antialcoholic

disulfiram

Antabuse

Opiate blockers & antialcoholic

naltrexone hydrochloride

ReVia, Depade

Partial opiate blockers

buprenorphine

Suboxone, Subutex

Opiate maintenance

methadone hydrochloride

Methadone

PURPOSE

These drugs are used to reduce cravings and the psychological reward from initial use of alcohol or opiates.

Antabuse produces sensitivity to alcohol that causes an unpleasant physical reaction when the person consumes even a small amount of alcohol. It is used as an aversion therapy for some chronic alcoholic clients to help them remain in a state of enforced sobriety which allows time for supportive and psychotherapeutic treatment to be applied.

Naltrexone completely blocks the pleasurable reinforcement that comes from opiates. It is more commonly used to reduce craving for alcohol and reduce the duration of any relapse to drinking.

Buprenorphine is a prescription medication approved in 2002 for treating opiate addiction. It can be used for both opiate withdrawal and as a substitute for opiates in long-term treatment. Buprenorphine is the first medication available to doctors for use in their office-based practice. At low doses, it acts like methadone and satisfies the dependent person's need for an opiate to avoid painful withdrawal. It does not provide the user with the euphoria or rush typically associated with use of other opiates or narcotics. At moderate to high doses, it can precipitate withdrawal. It is, therefore, safer in overdose than methadone.

Methadone has been used in the United States for maintenance treatment of opiate addiction since the 1960s. It is a synthetic, long-acting drug used in heroin detoxification programs to maintain sobriety from heroin addiction. When used in proper doses, methadone stops the cravings but does not create euphoria, sedation, or an analgesic effect. Many people who have been addicted to heroin have returned to a productive life because of methadone maintenance treatment programs. Methadone is also occasionally used to provide relief for specific types of pain. (See also Narcotic and Opioid Analgesics, p. 27.)

USUAL DOSE & FREQUENCY

All drugs have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. How much medicine and how often to take it are specified on the prescription bottle. Antabuse should never be given to clients without their full knowledge or when they are intoxicated. It should not be given until the client has abstained from alcohol for at least 12 hours. A daily, uninterrupted dose of Antabuse is continued until the client is in full and mature recovery and has reorganized his or her life to maintain recovery. Maintenance therapy may be required for months or even years.

Naltrexone is usually taken once a day but can be taken at a higher dose every second or third day. It is usually started at full dose. Clients should continue to take naltrexone until they have reached full and mature recovery and have reorganized their life to maintain recovery.

Suboxone is given as a sublingual tablet (it is absorbed under the tongue). It is not absorbed if swallowed or chewed. If injected IV, Suboxone will cause opiate withdrawal. Suboxone and Subutex can be given by prescription and do not require daily attendance at a clinic. This is an advantage for persons who don't live near a methadone clinic.



POTENTIAL SIDE EFFECTS

Potential side effects for Antabuse:

- Dark urine
- Drowsiness
- Eye pain
- Fatigue
- Impotence
- Indigestion
- Inflammation of optic nerve
- Jaundice
- Light colored stool
- Liver inflammation
- Loss of vision
- Psychotic reactions
- Skin rashes, itching
- Tingling sensation in arms and legs

Potential side effects for the opiate blockers/opiates are similar to the class of opioid drugs. If buprenorphine is given in high dose, opioid withdrawal symptoms may occur.

- Abdominal cramps
- Body aches lasting 5-7 days
- Diarrhea
- Dizziness
- Fatigue
- Headache
- Insomnia
- Nausea
- Nervousness
- Opioid withdrawal (in some cases)
- Runny eyes and nose
- Severe anxiety
- Vomiting

EMERGENCY CONDITIONS

- Convulsions and/or cardiac arrest with high dosages.
- Overdose may increase pulse rate, result in convulsions followed by coma or death.
- Overdose may depress the breathing centers in the brain leading to inability to breathe.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken, including over-the-counter preparations.
- Persons taking Antabuse should be warned to avoid even small amounts of alcohol in other food products or “disguised forms” as this will cause a reaction (i.e., vanilla, sauces, vinegars, cold and cough medicines, aftershave lotions, liniments).
- Persons taking Antabuse should be warned that consuming even small amounts of alcohol will produce flushing, throbbing in head and neck, headache, difficulty breathing, nausea, vomiting, sweating, thirst, chest pain, rapid heart rate, blurred vision, dizziness, and confusion.
- Persons taking opioid drugs should not increase their dose unless this has been ***checked with their physician and a change is ordered.***
- Persons taking opioid medications should not use alcohol or other illegal street drugs because they can increase the sedation effects of the opioids.
- Persons taking Naltrexone should be warned that if they are dependent on opioids, taking naltrexone will cause opioid withdrawal for up to three days and block the effect of any opioids taken for up to three days.
- If a woman thinks she may be or might get pregnant, she must talk with her doctor about the safety of this medication before starting or continuing the treatment.

TIPS FOR COMMUNICATING WITH PHYSICIANS ABOUT CLIENTS AND MEDICATION

Send a written report.

The goal is to get your concerns included in the client's medical record. When information is in a medical record, it is more likely to be acted on. Records of phone calls and letters are rarely placed in the chart.

Make it look like a report—and be brief.

Include date of report, client name and Social Security Number. Most medical consultation reports are one page. Longer reports are less likely to be read. Include and prominently label sections:

- Presenting Problem
- Assessment
- Treatment and Progress
- Recommendations and Questions

Keep the tone neutral.

Provide details about the client's use or abuse of prescription medications. Avoid making direct recommendations about prescribed medications. Allow the physician to draw his or her own conclusions. This will enhance your alliance with the physician and makes it more likely he or she will act on your input.

Download Sample Form—www.mattc.org

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Content Review Provided By:

Jan Campbell, MD

Joe Parks, MD

Joyce Sasse, MS, APRN-BC, CARN

Pat Stilen, LCSW, CADAC

Editor: Sally Baehni, Mid-America ATTC

For clients who admit to choosing NOT to take their medication:

- Acknowledge they have a right to choose NOT to use any medication.
- Stress that they owe it to themselves to make sure their decision is well thought out. It is an important decision about their personal health.
- Ask their reason for choosing not to take the medication.
- Don't accept *"I just don't like pills."* Tell them you're sure they wouldn't make such an important decision without having a reason.
- Offer as examples reasons others might choose not to take medication. For instance, they:
 1. Don't believe they ever needed it; *never were mentally ill*
 2. Don't believe they need it anymore; *cured*
 3. Don't like the side effects
 4. Fear the medication will harm them
 5. Struggle with objections or ridicule of friends and family members
 6. Feel taking medication means they are not personally in control

Transition to topics other than psychiatric medications. Ask what supports or techniques they use to assist with emotions and behaviors when they choose not to take the medication.

General Approach: The approach when talking with clients about psychiatric medication is exactly the same as when talking about their substance abuse decisions.

- Explore the triggers or cues that led to the undesired behavior (either taking drugs of abuse or not taking prescribed psychiatric medications).
- Review why the undesired behavior seemed like a good idea at the time.
- Review the actual outcome resulting from their choice.
- Ask if their choice got them what they were seeking.
- Strategize with clients what they could do differently in the future.

TALKING WITH CLIENTS ABOUT THEIR MEDICATION

Untreated psychiatric problems are a common cause for treatment failure in substance abuse treatment programs. Supporting clients with mental illness in continuing to take their psychiatric medications can significantly improve substance abuse treatment outcomes.

Getting Started. Take 5-10 minutes every few sessions to go over these topics with your clients:

- Remind them that taking care of their mental health will help prevent relapse.
- Ask how their psychiatric medication is helpful.
- Acknowledge that taking a pill every day is a hassle.
- Acknowledge that everybody on medication misses taking it sometimes.
- Do not ask *if* they have missed any doses, rather ask, *"How many doses have you missed?"*
- Ask if they felt or acted different on days when they missed their medication.
- Was missing the medication related to any substance use relapse?
- Without judgment, ask *"Why did you miss the medication? Did you forget, or did you choose not to take it at that time?"*

For clients who forgot, ask them to consider the following strategies:

- *Keep medication where it cannot be missed:* with the TV remote control, near the refrigerator, or taped to the handle of a toothbrush. Everyone has 2 or 3 things they do everyday without fail. Put the medication in a place where it cannot be avoided when doing that activity.
- *Suggest they use an alarm clock* set for the time of day they should take their medication. Reset the alarm as needed.


The complete Psychotherapeutic Medications 2004 booklet can be downloaded free at www.mattc.org.

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This pamphlet (Item #M11) is a companion piece to the Mid-America ATTC Curriculum Product, *A COLLABORATIVE RESPONSE: Addressing the Needs of Consumers with Co-Occurring Substance Use and Mental Health Disorders*, Item #M09.

Companion products include:

- Trainer Guide
- Participant Guide
- Leadership Orientation packet
- Follow-up Meeting Manual

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Web: <http://www.mattc.org>

E-mail: atc@mattc.org

Phone: (816) 482-1100

Fax: (816) 482-1101