THE JOURNAL

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Quote of the Month

The man who has no imagination has no wings

Muhammad Ali

Created By: Tanvir Iqbal MD

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Q & A Psychopharmacology

Abdelaziz M.D.

PGY2

Lithium

What are the dermatological side effects of lithium?

Dermatological side effects of lithium are dose dependent. Side effects include: follicular and maculopapular eruptions, worsening of psoriasis, acneiform eruptions and alopecia.

Reference: Sadock BJ, Sadock VA, Ruiz P: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th ed, 2015, Lippincott Williams & Wilkins, ISBN 978-160913-97-1, page 987

Tetracycline is used to treat acne. Is there any interaction between Lithium and Tetracycline?

Tetracycline is used in the treatment of acne. It can increase serum lithium levels.

Reference: Sadock BJ, Sadock VA, Ruiz P: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th ed, 2015, Lippincott Williams & Wilkins, ISBN 978-160913-97-1, P 987

Can lithium be administered with Quetiapine or Ziprasidone? What are the side effects to watch for?

Yes it can be administered with either.

Quetiapine+ Lithium→ watch for increased sedation.

Ziprasidone+ Lithium→ Watch for increased tremors.

Reference: Sadock BJ, Sadock VA, Ruiz P: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th ed, 2015, Lippincott Williams & Wilkins, ISBN 978-160913-97-1, P 989

What laboratory interferences can occur with lithium?

Lithium can increase white blood cell count, decrease serum thyroxine and increase serum calcium.

Reference: Sadock BJ, Sadock VA, Ruiz P: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th ed, 2015, Lippincott Williams & Wilkins, ISBN 978-160913-97-1, P 989

When should Lithium be discontinued prior to ECT?

It should be discontinued at least 2 days prior to ECT to avoid risk of delirium.

Reference: Sadock BJ, Sadock VA, Ruiz P: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th ed, 2015, Lippincott Williams & Wilkins, ISBN 978-160913-97-1, P 989

Mirtazapine

Is the metabolism of mirtazpine affected in renal failure or hepatic impairment?

Yes, the clearance is decreased by 30 percent in patients with impaired hepatic function, and 50 percent in impaired renal function.

Reference: Sadock BJ, Sadock VA, Ruiz P: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th ed, 2015, Lippincott Williams & Wilkins, ISBN 978-160913-97-1, Page 993

Is mirtazapine effective in depressed patients with cancer on chemotherapy?

Yes. It blocks 5HT3 receptors decreasing nausea and stimulating appetite.

Reference: Sadock BJ, Sadock VA, Ruiz P: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th ed, 2015, Lippincott Williams & Wilkins, ISBN 978-160913-97-1, P 993

What is the most common side effect with mirtazapine?

Sedation

Reference: Sadock BJ, Sadock VA, Ruiz P: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th ed, 2015, Lippincott Williams & Wilkins, ISBN 978-160913-97-1, Page 993

Can mirtazapine be used during lactation?

The drug may be excreted in nursing mothers and therefore should not be taken during lactation

Reference: Sadock BJ, Sadock VA, Ruiz P: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th ed, 2015, Lippincott Williams & Wilkins, ISBN 978-160913-97-1, Page 993

Can mirtazapine be used with MAOI?

NO. It should NOT be used within 14 days of use of an MAOI.

Reference: Sadock BJ, Sadock VA, Ruiz P: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th ed, 2015, Lippincott Williams & Wilkins, ISBN 978-160913-97-1, Page 993

Can mirtazapine increase ALT during treatment?

Yes, it can increase ALT to more than three times the upper limit of normal levels. Prescribers can expect the elevation of ALT with the treatment of mirtazapine.

Reference: Sadock BJ, Sadock VA, Ruiz P: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th ed, 2015, Lippincott Williams & Wilkins, ISBN 978-160913-97-1, Page 993

Suggested Topics for Residents to Read:

Abdel, M.D. PGY-2

Pooja Shah, M.D. PGY-1

1-Is there a link between dementia and PPI?

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5114509/

2- **Valbenazine Reduces Tardive Dyskinesia, With Good Tolerability**

http://www.medscape.com/viewarticle/865581

3-Why is the patient with schizophrenia not responding to antipsychotic treatment?

Look for these causes:

1- **The medication has not been given for an adequate duration:** Patient should be given a trial of at least **16 weeks** to consider it an adequate trial of treatment.
2- **Patients is smoking:** increased metabolism of antipsychotics (such as clozapine or haloperidol) through induction of cytochrome 1A2.
3- **Substance use:** Drugs can worsen psychosis such as cocaine or amphetamine. It might be a good idea to do a urine drug screen.
4- **Antipsychotics that need food in the stomach to maximize absorption:** ziprasidone and lurasidone. Presence of food in the stomach will increase their absorption by 2-3 fold. If the patient is taking these meds on an empty stomach, they are absorbing half or less than half of the medication. The dose given to the patient might not be reaching the brain.
5- **Antipsychotics that needs an empty stomach to maximize absorption:** Quetiapine XR
6- **Antipsychotics that needs to be given in the morning:** Paliperidone ER
   This medication has to be given in the morning as it is released with GI peristalsis during waking hours. The medications needs 15-20 hours to be released gradually as it goes through the GI tract. If you give it at night, you don't get the full absorption as peristalsis is decreased at night
7- **Co-morbid medical conditions:** Metabolic abnormalities or neurological diseases

Reference: http://www.mdedge.com/currentpsychiatry/article/89007/schizophrenia-other-psychotic-disorders/treatment-resistant

Antipsychotics:

By: Neil Kaye, M.D.

There is a marked difference between unipolar and bipolar depression. Getting the diagnosis correct is very important. Antidepressants will show sustained efficacy in unipolar depression. While they may transiently improve mood in bipolar depression, it is not sustained. Paradoxically, use of antidepressants in bipolar disorder may worsen cycling by increasing frequency and intensity. In bipolar disorder, beginning with a true mood stabilizer such as lithium and then augmenting with an appropriate atypical antipsychotic is a better approach. Make sure to recognize that the FDA indications for the various AAP's differ, and few will treat bipolar depression while many more will break mania. Simply said, the efficacy of different AAP's in bipolar disorder varies greatly and evidence based medicine demands the prescriber be aware of the state of the science.

Elena Dill

DPC pharmacist

Studies with ziprasidone and aripirazole indicate that patients with low BMIs (<23) gain weight, patients with moderate BMIs (>23-27) do not change weight much, and patients with higher BMIs lose weight. In patients in all BMI groups gain weight with olanzapine.

[Antipsychotic-Induced Weight Gain and Metabolic Abnormalities: Implication for increased Mortality in Patients with Schizophrenia J Clin Psychiatry 2004]

Don't limit your options when treating obsessive compulsive disorder in the elderly.

By: Jim Ellison

The prevalence of Obsessive Compulsive Disorder in the elderly is lower than that of Generalized Anxiety Disorder, but it can be very debilitating. Many clinicians jump to fluvoxamine because of its history of FDA indication for OCD. If that fails, some use clomipramine. But keep in mind that these medications have not been shown superior to other SSRIs in treating OCD in the elderly, so it's best to begin with a better-tolerated medication such as escitalopram or sertraline. Fluvoxamine can be sedating and its use can be complicated by drug-drug interactions due to its inhibition of 3A4. Clomipramine is sedating, anticholinergic, and associated with high rates of cardiovascular and sexual adverse effects. Cognitive Behavior Therapy, for willing participants, can be well-received and very effective.