HOW TO USE THIS BOOK

The *Clinical Handbook of Psychotropic Drugs* uses color coding and icons for intuitive navigation:
- Blue sections contain general information on drugs/treatments and their availability.
- Green sections cover drug action and dosing.
- Red sections outline warnings and precautions.
- Orange sections detail patient-related information, such as considerations for special populations, nursing and patient advice.

This page provides a summary of the colors and icons used.

At the end of each chapter, additional useful sources of information are listed as

Further Reading

General Information / Availability

- Classification, Definition
- Product Availability
- Indications
- General Comments

Pharmacology / Mechanisms of Action

- Pharmacology
- Pharmacological & Psychiatric Effects
- Dosing
- Pharmacokinetics
- Onset and Duration of Action
- Switching, Augmentation Strategies

Warnings and Precautions

- Adverse Effects
- Contraindications
- Discontinuation Syndrome
- Precautions
- Toxicity
- Food Interactions
- Drug Interactions

Patient-Related Issues

- Lab Tests / Monitoring
- Pediatric Considerations
- Geriatric Considerations
- Use in Pregnancy
- Medicolegal Issues
- Nursing Implications, Treatment
- Patient Instructions
Clinical Handbook of Psychotropic Drugs

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The Clinical Handbook of Psychotropic Drugs is a user-friendly and practical resource guide for health care practitioners working in any setting where psychotropic drugs are utilized. Its content is derived from various forms of published literature (including randomized controlled trials, scientific data such as pharmacokinetic trials, cohort trials, case series, and case reports) as well as from leading clinical experts. The handbook is continually updated as the scientific literature evolves, so we can provide current evidence-based and clinically relevant information to optimize patient care. New sections, periodically added, reflect changes in therapy and in current practice.

In this 21st edition, we have added a chapter on pharmacogenomic information for common psychotropic medications as it is becoming increasingly evident that genetic variability plays a role in individual responses to psychotropic drugs and such information may hence help to optimize patient care. We have also added an Appendix reflecting a new neuroscience-based nomenclature of psychotropic drugs that was recently proposed by a task force of major neuropsychopharmacology associations from around the world. This nomenclature is a work in progress that may herald a major shift in how we think and talk about psychotropic drugs.

As in previous editions, charts and tables of comparisons are employed to enable the reader to have quick access to information.

Both American and Canadian trade names are used in the text. Though plasma levels are given in SI units, conversion rates to Imperial US units are available in the text.

Given that changes may occur in a medication’s indications, and differences are seen among countries, specific “indications” listed in this text as “approved” should be viewed in conjunction with product monographs approved in your jurisdiction of interest.

Dose comparisons and plasma levels are based on scientific data. However, it is important to note that some patients will respond to doses outside the reported ranges. Age, sex, and the medical condition of the patient must always be taken into consideration when prescribing any psychotropic agent.

Patient Information Sheets for most drug categories are provided as printable pdf files to facilitate education/counseling of patients receiving these medications. For details, please see p. 395.

For those who like the convenience of electronic resources, the Clinical Handbook of Psychotropic Drugs is also available as an online version that provides even quicker access to all the information in the handbook, with some added extras: (1) An auto-completion powered search function, (2) browse features for generic names, trade names, indications, and interacting agents, (3) column-selector enhancement of comparison charts (dosages, side effects, pharmacokinetics, interactions, etc.) that allows you to choose which information is displayed, and (4) hundreds of additional references. Further details on this can be found at http://www.hogrefe.com/chpd-online/

On behalf of the editors, I would like to express my abundant gratitude to each of the contributors. The Clinical Handbook of Psychotropic Drugs would not be possible if it were not for their collective expertise, investment of time, and commitment to patient care. Over the years, many readers have asked challenging questions and provided useful feedback regarding the content and format of the handbook. This input is critical to keeping this handbook current, accurate, and relevant. Please feel free to e-mail me at the address below with your comments and questions.

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### ANTIDEPRESSANTS

#### Classification

- Antidepressants can be classified as follows:

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<th>Examples</th>
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<tr>
<td><strong>Selective Serotonin Reuptake Inhibitors (SSRI)</strong></td>
<td>Citalopram, fluoxetine, paroxetine, escitalopram, fluvoxamine, sertraline</td>
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</tr>
<tr>
<td><strong>Norepinephrine Dopamine Reuptake Inhibitor (NDRI)</strong></td>
<td>Bupropion</td>
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</tr>
<tr>
<td><strong>Selective Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)</strong></td>
<td>Venlafaxine, desvenlafaxine, duloxetine, levomilnacipran</td>
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<tr>
<td><strong>Tricyclic Antidepressants</strong></td>
<td>Trazodone, nefazodone</td>
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<td><strong>Trazodone, nefazodone</strong></td>
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<td><strong>Vortioxetine</strong></td>
<td>Amitriptyline, desipramine, imipramine, maprotiline, nortriptyline</td>
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<tr>
<td><strong>Moclobemide</strong></td>
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(*) Cyclic antidepressants are currently classified according to their effect on brain neurotransmitters. These neurotransmitter effects determine the antidepressants’ spectrum of activity and adverse effects (see table p. 66).

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#### General Comments

- Antidepressants are associated with a small (2–3%) risk of hostility or suicidal ideation and associated behaviors in children, adolescents, and young adults (aged up to 24 years). Risk for suicide should be closely assessed and monitored during the initial weeks of antidepressant therapy.
- In patients presenting with depression and a high risk of suicide, treatment selection should consider safety in overdose (i.e., consider using newer antidepressant agents rather than nonselective cyclic and MAOI antidepressants). Prescription quantities should be consistent with safe patient care.
- Some antidepressants are associated with restlessness or psychomotor agitation prior to seeing any change in core symptoms of depression. On average, all antidepressants are equally efficacious at reducing symptoms of depression though some randomized double-blind, controlled trials and systematic reviews suggest otherwise. Overall effects of antidepressants are modest when the effects of publication bias are considered. Compared to placebo, the effect size of antidepressant treatment is reported as 0.31\(^1\).
- One meta-analysis of “new generation” antidepressants found that escitalopram and sertraline had better efficacy and acceptability for treating MDD\(^2\).
- Prophylaxis of depression is most effective if the therapeutic dose is maintained; continued therapy with all classes of antidepressants has been shown to significantly reduce risk of relapse.
- Different antidepressant classes may be combined in patients with a partial response or in refractory cases; however, combinations should be assessed for potential interactions such as serotonin syndrome; additional monitoring should be implemented when necessary.
- Tolerance (tachyphylaxis or “poop-out” syndrome) has been reported in 10–20% of patients on antidepressants, despite adherence to therapy. Possible explanations include adaptations in the CNS, increased disease severity or pathogenesis, loss of placebo effect, unrecognized rapid-cycling, incorrect diagnosis, comorbid substance use, anxiety disorders, ADHD or eating disorders [Management: check compliance; adjust dosage; switch to an alternate antidepressant (p. 74) or utilize augmentation strategies (p. 76)].