Meds That Cause Psych Symptoms			
Depression	Antihypertensives, antiparkinsonian agents, corticosteroids, calcium channel blockers, NSAIDs, antibiotics, peptic ulcer drugs.		
Anxiety	Sympathomimetics, antiasthmatics, antiparkinsonian agents, hypoglycemic agents, NSAIDs, thyroid hormones.		
Sedation/Poor Concentration	Antianxiety agents/hypnotics, anticholinergics, antibiotics, antihistamines.		
Selected Meds	Procainamide, quinidine: Confusion, delirium Albuterol: Anxiety, confusion Isoniazid: Psychosis Tetracycline: Depression Nifedipine, verapamil: Depression Cimetidine: Depression, confusion, psychosis Steroids: Aggressiveness/agitation, mania, depression, anxiety, psychosis		

Psychotherapies				
Modality	Duration	Patient	Focus	
Cognitive Behavioral Therapy (CBT)	Time limited	<ul> <li>Anxiety, mood, personality, somatic symptom, eating disorder</li> <li>Maladaptive thoughts, avoidance behavior, ability to participate in homework</li> </ul>	Combines cognitive/behavioral tech     Challenges maladaptive thoughts     Targets avoidance w/ behavioral techniques (relaxation, exposure)	
Dialectical Behavioral Therapy (DBT)	Variable	Borderline personality disorder; self- injury	Improves emotion regulation, mindful awareness, distress tolerance     Manages self-harm	
Interpersonal Psychotherapy	Time limited	Depressed w/ relationship conflicts	Links current relationships conflicts to depressive symptoms	
Supportive Psychotherapy	Ongoing	Lower functioning; in crisis, psychotic	Therapist as guide Reinforces coping skills/builds adaptive defenses	
Motivational Interviewing	Variable	Substance use disorder	Addresses ambivalence and enhances motivation to change     Nonjudgmental; acknowledge resistance	
Biofeedback	Variable	Prominent physical symptoms     Pain disorders	Improves awareness and control over physiological reactions     Lowers stress levels, integrates mind/body	

	Electroconvulsive Therapy
Def	Small electric current to produce generalized seizure for 20-30 seconds under general anesthesia
Indications	Conditions: unipolar/bipolar depression, catatonia, bipolar mania Indications: treatment resistance, psychotic features, emergent conditions (pregnancy, refusal to eat/drink, imminent risk for suicide), pharmacotherapy contraindicated due to comorbid illness/poor tolerability, History of ECT response.

Electroconvulsive Therapy continued on next page  $\,\,\,\,\,\,\,\,\,\,\,\,\,\,\,\,\,$