

# Common Psychiatric Symptoms & Treatment for Adults

## Norepinephrine Deficiency Sxs

Sadness  
Lack of Energy  
Low Motivation  
Poor Concentration  
Loss of Appetite  
Sluggishness

**Bupropion (Wellbutrin SR/XL) - NDRI**  
**Fluoxetine (Prozac)\* - SSRI**

\*Potent SSRI that works best on pts w/ Norepi deficiency sxs; also good for OCD sxs

### Dosing Strategies:

- Prozac, Paxil: Start 20 mg daily, may ↑ up to 60 mg daily
- Zoloft: Start 50 mg daily, may ↑ up to 200 mg daily
- Celexa: Start 20 mg daily, may ↑ up to 40 mg daily
- Lexapro: Start 10 mg daily, may ↑ up to 20 mg daily
- Wellbutrin: Start 150-300 mg daily (XL daily, SR bid [2<sup>nd</sup> dose by 1600])  
max = 450 mg/d (risk of sz's at higher doses)
- Effexor: Use XR; start 37.5 mg daily; ↑ q 1-2 wks up to 225 mg daily;
- Cymbalta: Start 20 mg daily, may ↑ up to 60 mg daily; for chronic pain
- Effexor and Cymbalta: Minor risk of HTN; taper very slowly if discontinuing (2<sup>o</sup> SE's)

## Serotonergic Side Effects: (all but Bupropion)

GI (Nausea, Loose Stools), Lightheadedness, Dry Mouth,  
Jitteriness, "Activation," Headache, Bruxism, Sweating  
Sexual Dysfunction

**Bupropion:** Headache, Anxiety, Insomnia

**ALL Antidepressants:** slight ↑ risk of SI (up to 24 y/o)

**Venlafaxine (Effexor XR) - SNRI**  
**Duloxetine (Cymbalta) - SNRI**

### Notes:

- Meds on left tend to cause jitteriness & insomnia; on right often cause sedation
- Zoloft is best for mild-moderate anxiety, but has the most GI SE's
- Paxil best for severe anxiety, but has bad discontinuation sxs & causes wt gain
- Use Effexor/Cymbalta for pts with a combination of anxiety and sluggishness
- Celexa & Lexapro have fewest drug-drug interactions, but low potency & can ↑QT > 40 mg/d (Celexa) or 20mg/d (Lexapro)
- Do not use Wellbutrin if pt has h/o serious TBI, seizures, or an eating disorder
- Remeron causes sig wt gain & sedation; best for thin people who can't sleep

## Serotonin Deficiency Sxs

Nervousness  
Jitteriness  
Insomnia  
Worrying  
Somatic Complaints  
Panic Attacks

**Sertraline (Zoloft) - SSRI**  
**Paroxetine (Paxil) - SSRI**  
**Citalopram (Celexa) - SSRI**  
**Escitalopram (Lexapro) - SSRI**  
**Mirtazapine (Remeron) - special**

### Sleep Strategies

- First treat underlying dep/anx/pain and encourage good sleep hygiene
- Diphenhydramine 25-50 mg qhs  
•Anticholinergic SEs
- Trazodone 25-150 mg qhs  
•Take 1-2 hrs before bed  
•1 in 5,000 risk of priapism
- Ambien 2.5-10 mg qhs  
•Most effective on empty stomach, Risk of amnesia, hallucinations. Use lower dose in women
- Lunesta 2-3 mg qhs
- Ramelteon 8-16 mg qhs
- Melatonin 1-3 mg qhs (OTC)

### For Breakthrough Anxiety

- Hydroxyzine 25-50 mg up to qid
- Tenex 1 mg up to tid (Intuiiv needs NFDR)
- Propranolol, 10-40 mg up to qid (monitor BP)
- Klonopin 0.5-1.0 mg up to tid; use w/caution
- Ativan 1-2 mg up to tid; use w/caution

### For ADHD

- Concerta up to 1 mg/kg/d, given qam
- Methylin up to 1 mg/kg/d (qam+qnoon or ER qam)
- Adderall up to 1 mg/kg/d (qam+qnoon or XR qam)
- Strattera 40 mg/d x 3-7d then 80 mg daily for adults

### For Nightmares

- Prazosin 1-10 mg qhs (titrate slowly)  
Risk of orthostatic hypotension

### Parameters to Check

- EKG in ADHD if (+)CV screen or > 40 y/o
- BP with Effexor, Cymbalta

### Cases to Refer to Psychiatry

- Potentially dangerous patients
- Patients needing Mood Stab/Antipsychotics
- Patients failing meds suggested above

*This guide reflects common clinical practice but is not definitive; there are many ways in which these medications may be combined and used.*