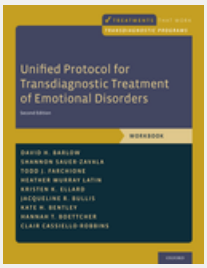

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Workbook (2 edn)

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The Role of Medication in the Treatment of Emotional Disorders

Chapter: (p. 137) The Role of Medication in the Treatment of Emotional Disorders

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Goals

- To learn about medications that are commonly prescribed for emotional disorders
- To answer frequently asked questions about medications
- To provide recommendations for how to discontinue your medications under the supervision of your doctor

Overview

Medication can serve an important role in treatment, and many people with emotional disorders are prescribed medication to help manage their symptoms. The decision to take medication or to stop taking medication is often a personal choice. Some people may feel that medication is the best treatment for their symptoms, whereas others would prefer not to take

medication if possible. There are many factors to consider when making any decisions about medication, including your individual needs and evidence from clinical research trials. For example, in some cases psychotherapy alone has been shown to be more effective than medication and in other cases a combination of medication and psychotherapy is most effective. One factor to consider is that most medications are not effective in the long term unless you continue to take them. Sometimes people find that their medications become less effective over time. Other people find that taking medication no longer fits their needs, such as (p. 138) women who want to become pregnant or people who are experiencing severe side effects.

The purpose of this chapter is to help you make an informed decision about how medications can be used to achieve your goals. We will review some of the most commonly prescribed medications for emotional disorders. We then address some frequently asked questions about medications and treatment. If you are interested in stopping your medication, we will also provide some general recommendations on how to do so safely. However, it is important to remember that any changes to your medication plan should always be made under the direct supervision of your prescribing physician.

Anti-Anxiety Medications

There are a number of anti-anxiety medications that are used to help reduce symptoms of anxiety. These medications are occasionally used for sleep difficulties as well.

What Are Anti-Anxiety Medications?

The most commonly prescribed anti-anxiety medications are benzodiazepines, which are also referred to as sedatives. Benzodiazepines work by slowing down the nervous system, which helps people to feel more relaxed both emotionally and physically. Benzodiazepines are typically prescribed for short-term relief of anxiety because they work much quicker than other medications, normally in less than an hour and sometimes as quickly as within 20 minutes. For this reason, they are often prescribed to use on an “as needed” basis for panic attacks or intense anxiety episodes.

Beta blockers are a type of medication that are traditionally used to treat heart pain and high blood pressure but are sometimes prescribed for anxiety. Beta blockers work by blocking stress hormones that are involved in the flight-or-fight response. As a result, they help decrease physical symptoms of anxiety like rapid heart rate, shaky hands, and sweating. Since beta blockers only help with the physical symptoms of anxiety, they are most often prescribed for use in specific situations like public speaking.

Similarly to benzodiazepines, beta blockers are taken on an “as needed” basis. Buspirone is a less commonly used anti-anxiety medication that is (p. 139) taken every day instead of on an “as needed” basis and takes up to two weeks to work.

Table 12.1 provides examples of each of these types of medications. We list the generic name for the medication and then the brand name in parentheses. We also list some of the most commonly reported side effects for each medication type.

Table 12.1. Anti-Anxiety Medications

Medication Type	Examples	Common Side Effects	Conditions Treated

Benzodiazepines	Lorazepam (Ativan), Diazepam (Valium), Alprazolam (Xanax), Clonazepam (Klonopin)	Most common side effects are drowsiness and dizziness, but some people also experience confusion, headaches, blurred vision, or nausea	Short-term treatment of anxiety or insomnia symptoms
Beta blockers	Atenolol (Tenormin), Propranolol (Inderal)	Compared to benzodiazepines, beta blockers have fewer adverse side effects, but some people do report feeling sleepy, light-headed, or dizzy	Performance anxiety
Other	Buspirone (BuSpar)	Fewer side effects and less severe withdrawal symptoms compared to benzodiazepines, but some people do report nausea, dizziness, headache, drowsiness, or lightheadedness	Generalized anxiety disorder

How Do People Respond to Anti-Anxiety Medications?

Unlike many medications, benzodiazepines and beta blockers can provide almost immediate relief from anxiety symptoms. However, there are often unpleasant side effects associated with benzodiazepines (see Table 12.1), particularly when taken at higher doses. An important concern with benzodiazepines is that people often develop tolerance, which means that they need higher doses to obtain the same effect as when they first started the medication. People can also develop physical dependence, which means that they experience withdrawal symptoms when they stop taking the medication. Tolerance and physical dependence occurs quickly with benzodiazepines, normally in a few months, which means that they should only be used for a short period of time. It is also important to remember that combining benzodiazepines and alcohol is very dangerous because each drug enhances the effect of the other, which can result in loss of consciousness or death.

(p. 140) Beta blockers are less likely to result in physical dependence because they are typically used only in performance situations. Although beta blockers can be helpful in reducing physical symptoms of anxiety, they do not affect the psychological symptoms. That means that beta blockers may minimize symptoms like sweating and a racing heart before giving a speech, but they won’t help with anxious thoughts about forgetting the material or being able to answer questions from the audience. There are some studies that have found that your emotional state has a stronger impact on performance quality than physical symptoms, and others have found that some people perform better at moderate to high levels of anxiety.

Buspirone is considered safer than benzodiazepines because it is slower acting, which means people are less likely to develop tolerance or to become physically dependent on it. Studies suggest that buspirone is an effective treatment for generalized anxiety, but it doesn't seem to help with other anxiety symptoms.

Antidepressant Medications

Antidepressant medications are used to treat depression and other emotional disorders. A summary of antidepressant medications can be seen in Table 12.2. There are several classes of antidepressants, including selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic and tetracyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs), and atypical antidepressants.

Table 12.2. Antidepressant Medications

Medication Type	Examples	Common Side Effects	Conditions Treated
Selective serotonin reuptake inhibitors (SSRIs)	Fluoxetine (Prozac), Sertraline (Zoloft), Paroxetine (Paxil), Escitalopram (Lexapro), Citalopram (Celexa), Fluvoxamine (Luvox)	The most frequently reported side effects of SSRIs are weight gain, nausea and vomiting, diarrhea, fatigue, and sexual problems (difficulty maintaining an erection or achieving orgasm, reduced sex drive)	Depression, anxiety disorders, some eating disorders
Serotonin-norepinephrine reuptake inhibitors (SNRIs)	Venlafaxine (Effexor), Duloxetine (Cymbalta)	Similar to SSRIs	Depression, anxiety disorders, insomnia, chronic pain
Tricyclic antidepressants (TCAs)	Imipramine (Tofranil), Clomipramine (Anafranil), Desipramine (Norpramin), Nortriptyline (Pamelor), Amitriptyline (Elavil), Irtazapine (Remeron)	Common side effects include constipation, drowsiness, dry mouth, blurred vision, urine retention, weight gain, and lightheadedness	Depression, obsessive-compulsive disorder; occasionally used for eating disorders and panic attacks
Monoamine oxidase	Tranycypromine (Parnate),	The most common side effects are dry mouth, dizziness,	Depression

inhibitors (MAOIs)	Isocarboxazid (Marplan)	lightheadedness, drowsiness, insomnia, nausea, constipation	
Atypical	Bupropion (Wellbutrin)	Commonly reported side effects include dry mouth, insomnia, agitation, headache, constipation, nausea, dizziness, ringing in the ears, stomach pain, loss of interest in sex, vision problems, muscle pain, increased sweating, frequent urination, sore throat	Depression, seasonal affective disorder, smoking cessation; occasionally used for attention deficit hyperactivity disorder
Atypical	Trazodone (Desyrel)	Common side effects muscle aches, headache, nausea, vomiting, constipation or diarrhea, dry mouth, dizziness or loss of balance, loss of interest in sex	Depression; occasionally used for insomnia, schizophrenia, and anxiety symptoms

What Are Antidepressant Medications?

SSRIs are the most commonly prescribed antidepressants because they tend to have fewer side effects than earlier generations of antidepressants (i.e., MAOIs and TCAs). SSRIs increase the amount of the neurotransmitter serotonin in the brain by blocking its absorption, but it still isn't known precisely how increasing serotonin levels improves depression. SNRIs work very similarly to SSRIs. They increase the amount of both serotonin and norepinephrine in the brain. There are also other antidepressants that are considered "atypical" because their chemical structure is different from SSRIs and SNRIs.

TCAs were the first generation of antidepressants that were developed. TCAs also increase levels of serotonin and norepinephrine in the brain (p. 141) (p. 142) but tend to have more severe side effects than the newer antidepressants such as SSRIs and SNRIs. MAOIs are another type of first-generation antidepressants that increase levels of serotonin, norepinephrine, and dopamine in the brain. MAOIs require severe dietary restrictions in order to prevent dangerous blood pressure levels. For example, you can't eat cheese or chocolate, and you also can't drink alcoholic beverages. Due to these restrictions and the side effects, MAOIs are used infrequently.

How Do People Respond to Antidepressant Medications?

Compared to anti-anxiety medications, antidepressant medications take a longer time to product an effect, normally four to six weeks. Research has shown that all antidepressants produce similar effects. In other words, it doesn't seem like one type of antidepressant is more effective than another type. However, studies do show that antidepressant medications work best for moderate to severe depression. For some people, it is necessary to try several medications in

order to find one that works well and has minimal side effects. Other people find that their medication works for a period of time, but then their symptoms return.

Other Commonly Prescribed Medications for Emotional Disorders

Mood Stabilizers

Mood stabilizers are medications used most often to manage symptoms of bipolar disorder and to prevent episodes of mania and elevated mood. Sometimes mood stabilizers are also prescribed to strengthen the effect of an antidepressant medication. Lithium (Eskalith) is the most commonly prescribed mood stabilizer. It is prescribed to treat symptoms of mania, and many people continue to take it after manic symptoms subside to prevent future episodes from occurring. Common side effects of lithium include stomach pain, weight gain, increased thirst, more frequent urination, dry mouth, diarrhea, and mild hand tremors. Anticonvulsant medications are sometimes also used as mood stabilizers, such as lamotrigine (Lamictal), carbamazepine (Carbatrol, Epitol, Tegretol), and oxcarbazepine (Trileptal).

(p. 143) ### Antipsychotic Medications

Antipsychotic medications are primarily used to treat symptoms of psychosis, but they also can be prescribed for mania, anxiety disorders, eating disorders, and severe depression. Commonly prescribed antipsychotic medications for emotional disorders include quetiapine (Seroquel), aripiprazole (Abilify), and Luasidone (Latuda). Common side effects include weight gain, drowsiness, dizziness, dry mouth, nausea, vomiting, and restlessness.

Other Sedatives

We have already discussed the use of benzodiazepines, which are a type of sedative medication prescribed to manage anxiety symptoms. There are other types of sedatives that are referred to as hypnotics or “Z-drugs,” and are commonly prescribed for insomnia. Examples include zolpidem (Ambien), zaleplon (Sonata), and eszopiclone (Lunesta). These sedatives produce a similar effect to benzodiazepines, but because they bind to a different receptor in the brain, there are fewer side effects and they are less likely to cause changes to the stages of sleep. The mostly commonly reported side effects with Z-drugs are headaches, daytime drowsiness, and difficulty concentrating. However, many studies have shown that the use of Z-drugs is associated with abnormal behavior during sleep, like sleepwalking and difficulties with concentration the following day. Z-drugs are often considered to be safer than benzodiazepines due to less perceived risk of physical dependence, but research suggests that this is not the case. For these reasons, it is recommended that Z-drugs only be used for short-term management of insomnia (two to four weeks).

Frequently Asked Questions about Medication

Is Medication More Effective than Psychotherapy?

The purpose of this chapter is not to argue that medication is more or less effective than psychotherapy. Even though there are clinical research trials that compare the effectiveness of one treatment to another treatment, these studies report which treatment, *on average*, worked better. Therefore, we cannot know for certain which treatment will necessarily (p. 144) work better for *you* as an individual, although researchers are working on ways to make more personalized treatment recommendations.

There are many benefits to medications, including that most medications start to help with symptoms in a relatively short period of time, whereas a psychological treatment may take longer. This is especially true for benzodiazepines, which can often reduce anxiety symptoms within an hour. However, there are also downsides to medications, like unpleasant side effects and the need to continue taking them to manage symptoms. In general, medications can be helpful in controlling the symptoms of emotional disorders, but they do not “cure” them.

One notable exception is for benzodiazepines and other sedatives because of the danger associated with their long-term use. These medications should only be considered a short-term strategy for coping with anxiety or insomnia and are not effective for long-term symptom management.

Do Medications Correct a Chemical Imbalance in the Brain?

It is often suggested that emotional disorders, especially depression, are caused by a chemical imbalance in the brain. Even though antidepressant medications increase the levels of certain neurotransmitters in the brain, there is no evidence that depression is caused by a shortage of those neurotransmitters. This is also the case for headaches—an aspirin can help with symptoms of a headache, but a headache is not caused by an imbalance of aspirin in the brain. The truth is that we still don’t know exactly how antidepressant medications reduce symptoms of depression.

The causes of depression (and other emotional disorders) are complex, and there are many factors that contribute to it. Our genes play a small role in our vulnerability for developing an emotional disorder, but studies show that the majority of our vulnerability is related to the way we interpret and respond to events.

Do I Need to Stop Taking My Medication before Beginning this Treatment Program?

As we mentioned in Chapter 2, it is not necessary to stop your medication before starting this treatment program. In fact, we do not recommend that you stop your medication before beginning treatment. One reason is because it can be hard to stop using a medication before learning (p. 145) skills to cope with your symptoms. For some people, it may be necessary to use medication to be able to attend treatment sessions or to have the energy to actively participate in the treatment. Depending on the medication, you may experience some temporary withdrawal symptoms that are unpleasant and may feel similar to anxiety when you begin to taper off of your medication. For these reasons, it is helpful to wait until you feel more confident in your ability to cope with these uncomfortable physical symptoms.

People using fast-acting medications to manage anxiety, such as benzodiazepines or beta blockers, often end up stopping those medications by the end of this treatment program. Others decide to begin the process of tapering off their antidepressant medication after finishing our program, and some chose to remain on their medication.

Will My Medication Interfere with this Treatment Program?

There are a few situations where the use of medication can interfere with treatment. One situation is the use of benzodiazepines or other fast-acting anti-anxiety medications during exposures. If you take your anti-anxiety medication before an exposure, you may prevent yourself from experiencing the full benefit of the exercise. Specifically, studies have shown that people who use benzodiazepines during exposures have poorer outcomes over the long term. In other words, people who use benzodiazepines during exposures are doing just as well as those who didn’t at the end of treatment, but these positive effects don’t last as long. Even if you don’t take your anti-anxiety medication but you keep it with you, you may be minimizing the

effectiveness of the exposure. Keeping your medication with you “just in case” during an exposure is an emotion-driven behavior that prevents you from learning that your strong emotions will decrease naturally.

Will I Be Able to Stop Taking My Medications after Completing this Treatment Program?

Some people find that they are able to successfully manage their symptoms after mastering the skills taught in this workbook, but others may want or need to continue on their medications. It can be very difficult to cope with effects of withdrawing from a medication, and it may take some people multiple tries before they are able to completely stop their (p. 146) medication. There are also some disorders, such as bipolar disorder, that are more likely to benefit from the long-term use of medication to prevent future episodes. It is important to remember that the purpose of this treatment program is not to get you to stop taking your medications. The goal of this treatment is to help you learn more useful ways of responding to intense emotions so that they feel less overwhelming and interfering.

Recommendations for Discontinuing Medications

As we mentioned at the beginning of this chapter, any changes to your medication should always been done in consultation with your prescribing physician. The following are some recommendations for safely discontinuing your medication if you choose to do so.

■ **Take it slow.** Stopping your medication suddenly can produce significant withdrawal symptoms and can be very dangerous. This is especially important for discontinuing benzodiazepines, which can result in such strong withdrawal symptoms that people decide to begin the medication again to get rid of the symptoms. Your prescribing physician will be able to provide you with a safe schedule for gradually reducing your medication. The process may take several months depending on the type of medication and your current dosage, so be patient.

■ **Remember that withdrawal symptoms may mimic other symptoms.** Some people misinterpret withdrawal symptoms as a return of original symptoms and think that it is necessary to start the medication again or increase the dosage. Although slowly tapering off of your medication will help to minimize withdrawal symptoms, you may still experience an increase in physical symptoms or a temporary increase in anxiety or depressed mood. This is a normal experience and simply means that your body is going through an adjustment period.

■ **Plan a time that works for you.** For some people, discontinuing their medications is a primary goal of treatment, and they are eager to begin immediately after completing this treatment program. However, it is helpful to choose a time when you will not be under a lot of stress or going through a major life change.

(p. 147) ■ **Use the skills you learned in this workbook to cope with withdrawal symptoms.** At this point, you have learned skills to change the way that you relate to your emotions. If you experience an increase in emotions or unpleasant symptoms while tapering off of your medication, you can apply the skills to cope more effectively with these symptoms.

Summary

It is very common for people with emotional disorders to take medications to help manage their symptoms. The purpose of this treatment program is to teach you some new, more helpful ways of coping with your emotions. Some people are interested in discontinuing their medications after they complete this program. If you are taking medications and would like to

stop, it is important that you only do so under the direct supervision of your prescribing physician. Many people who discontinue their medications experience temporary increases in physical symptoms or symptoms of anxiety and depressed mood. This temporary increase in symptoms is normal while your body adjusts to the changes. You can apply the skills you learned in this workbook to help manage these uncomfortable symptoms.

Self-Assessment Quiz

Answer each of the following by circling true (T) or false (F). Answers can be found in Appendix A.

1. Medications are necessary to correct a chemical imbalance in the brain.
T F

2. If you decide to discontinue your medication, it is essential that you do so gradually and under the direct supervision of your prescribing physician.
T F

(p. 148) **3.** If you experience an increase in symptoms when tapering off your medication, it is a sign that you need to go back on it.
T F

4. It is helpful to use anti-anxiety medications during exposures to manage the intensity of your emotions.
T F

5. If you decide to continue taking your medication after completing this treatment program, it means that the treatment failed.
T F