



Mental Health Medications

National Institute of Mental Health

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Mental Health Medications

Medications are used to treat the symptoms of mental disorders such as schizophrenia, depression, bipolar disorder (sometimes called manic-depressive illness), anxiety disorders, and attention deficit-hyperactivity disorder (ADHD). Sometimes medications are used with other treatments such as psychotherapy. This guide describes:

- Types of medications used to treat mental disorders
- Side effects of medications
- Directions for taking medications
- Warnings about medications from the U.S. Food and Drug Administration (FDA).

This booklet does not provide information about diagnosing mental disorders. Choosing the right medication, medication dose, and treatment plan should be based on a person's individual needs and medical situation, and under a doctor's care.

Information about medications is frequently updated. Check the FDA website (<http://www.fda.gov>) for the latest information on warnings, patient medication guides, or newly approved medications. Throughout this document you will see two names for medications—the generic name and in parenthesis, the trade name. An example is fluoxetine (Prozac). See the end of this document for a complete alphabetical listing of medications.

What are psychiatric medications?

Psychiatric medications treat mental disorders. Sometimes called psychotropic or psychotherapeutic medications, they have changed the lives of people with mental disorders for the better. Many

people with mental disorders live fulfilling lives with the help of these medications. Without them, people with mental disorders might suffer serious and disabling symptoms.

How are medications used to treat mental disorders?

Medications treat the symptoms of mental disorders. They cannot cure the disorder, but they make people feel better so they can function.

Medications work differently for different people. Some people get great results from medications and only need them for a short time. For example, a person with depression may feel much better after taking a medication for a few months, and may never need it again. People with disorders like schizophrenia or bipolar disorder, or people who have long-term or severe depression or anxiety may need to take medication for a much longer time.

Some people get side effects from medications and other people don't. Doses can be small or large, depending on the medication and the person. Factors that can affect how medications work in people include:

- Type of mental disorder, such as depression, anxiety, bipolar disorder, and schizophrenia
- Age, sex, and body size
- Physical illnesses
- Habits like smoking and drinking
- Liver and kidney function
- Genetics
- Other medications and herbal/vitamin supplements
- Diet
- Whether medications are taken as prescribed.

What medications are used to treat schizophrenia?



Antipsychotic medications are used to treat schizophrenia and schizophrenia-related disorders. Some of these medications have been available since the mid-1950's. They are also called conventional “typical” antipsychotics. Some of the more commonly used medications include:

- Chlorpromazine (Thorazine)
- Haloperidol (Haldol)
- Perphenazine (generic only)
- Fluphenazine (generic only).

In the 1990's, new antipsychotic medications were developed. These new medications are called second generation, or “atypical” antipsychotics.

One of these medications was clozapine (Clozaril). It is a very effective medication that treats psychotic symptoms, hallucinations, and breaks with reality, such as when a person believes he or she is the president. But clozapine can sometimes cause a serious problem called agranulocytosis, which is a loss of the white blood cells that help a person fight infection. Therefore, people who take clozapine must get their white blood cell counts checked every week or two. This problem and the cost of blood tests make treatment with clozapine difficult for many people. Still, clozapine is potentially helpful for people who do not respond to other antipsychotic medications.

Other atypical antipsychotics were developed. All of them are effective, and none cause agranulocytosis. These include:

- Risperidone (Risperdal)
- Olanzapine (Zyprexa)
- Quetiapine (Seroquel)

- Ziprasidone (Geodon)
- Aripiprazole (Abilify)
- Paliperidone (Invega).

The antipsychotics listed here are some of the medications used to treat symptoms of schizophrenia. Additional antipsychotics and other medications used for schizophrenia are listed in the chart at the end.

Note: The FDA issued a Public Health Advisory for atypical antipsychotic medications. The FDA determined that death rates are higher for elderly people with dementia when taking this medication. A review of data has found a risk with conventional antipsychotics as well. Antipsychotic medications are not FDA-approved for the treatment of behavioral disorders in patients with dementia.

What are the side effects?

Some people have side effects when they start taking these medications. Most side effects go away after a few days and often can be managed successfully. People who are taking antipsychotics should not drive until they adjust to their new medication. Side effects of many antipsychotics include:

- Drowsiness
- Dizziness when changing positions
- Blurred vision
- Rapid heartbeat
- Sensitivity to the sun
- Skin rashes
- Menstrual problems for women.

Atypical antipsychotic medications can cause major weight gain and changes in a person's metabolism. This may increase a person's risk of

getting diabetes and high cholesterol.¹ A person's weight, glucose levels, and lipid levels should be monitored regularly by a doctor while taking an atypical antipsychotic medication.

Typical antipsychotic medications can cause side effects related to physical movement, such as:

- Rigidity
- Persistent muscle spasms
- Tremors
- Restlessness.

Long-term use of typical antipsychotic medications may lead to a condition called tardive dyskinesia (TD). TD causes muscle movements a person can't control. The movements commonly happen around the mouth. TD can range from mild to severe, and in some people the problem cannot be cured. Sometimes people with TD recover partially or fully after they stop taking the medication.

Every year, an estimated 5 percent of people taking typical antipsychotics get TD. The condition happens to fewer people who take the new, atypical antipsychotics, but some people may still get TD. People who think that they might have TD should check with their doctor before stopping their medication.

How are antipsychotics taken and how do people respond to them?

Antipsychotics are usually pills that people swallow, or liquid they can drink. Some antipsychotics are shots that are given once or twice a month.

Symptoms of schizophrenia, such as feeling agitated and having hallucinations, usually go away within days. Symptoms like delusions usually go away within a few weeks. After about six weeks, many people will see a lot of improvement.

However, people respond in different ways to antipsychotic medications, and no one can tell beforehand how a person will respond. Sometimes

a person needs to try several medications before finding the right one. Doctors and patients can work together to find the best medication or medication combination, and dose.

Some people may have a relapse—their symptoms come back or get worse. Usually, relapses happen when people stop taking their medication, or when they only take it sometimes. Some people stop taking the medication because they feel better or they may feel they don't need it anymore. **But no one should stop taking an antipsychotic medication without talking to his or her doctor.** When a doctor says it is okay to stop taking a medication, it should be gradually tapered off, never stopped suddenly.

How do antipsychotics interact with other medications?

Antipsychotics can produce unpleasant or dangerous side effects when taken with certain medications. For this reason, all doctors treating a patient need to be aware of all the medications that person is taking. Doctors need to know about prescription and over-the-counter medicine, vitamins, minerals, and herbal supplements. People also need to discuss any alcohol or other drug use with their doctor.

To find out more about how antipsychotics work, the National Institute of Mental Health (NIMH) funded a study called CATIE (Clinical Antipsychotic Trials of Intervention Effectiveness). This study compared the effectiveness and side effects of five antipsychotics used to treat people with schizophrenia. In general, the study found that the older medication perphenazine worked as well as the newer, atypical medications. But because people respond differently to different medications, it is important that treatments be designed carefully for each person. You can find more information at <http://www.nimh.nih.gov/trials/practical/catie/index.shtml>.

What medications are used to treat depression?



Depression is commonly treated with antidepressant medications. Antidepressants work to balance some of the natural chemicals in our brains. These chemicals are called neurotransmitters, and they affect our mood and emotional responses. Antidepressants work on neurotransmitters such as serotonin, norepinephrine, and dopamine.

The most popular types of antidepressants are called selective serotonin reuptake inhibitors (SSRIs). These include:

- Fluoxetine (Prozac)
- Citalopram (Celexa)
- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Escitalopram (Lexapro).

Other types of antidepressants are serotonin and norepinephrine reuptake inhibitors (SNRIs). SNRIs are similar to SSRIs and include venlafaxine (Effexor) and duloxetine (Cymbalta). Another antidepressant that is commonly used is bupropion (Wellbutrin). Bupropion, which works on the neurotransmitter dopamine, is unique in that it does not fit into any specific drug type.

SSRIs and SNRIs are popular because they do not cause as many side effects as older classes of antidepressants. Older antidepressant medications include tricyclics, tetracyclics, and monoamine oxidase inhibitors (MAOIs). For some people, tricyclics, tetracyclics, or MAOIs may be the best medications.

What are the side effects?

Antidepressants may cause mild side effects that usually do not last long. **Any unusual reactions or side effects should be reported to a doctor immediately.**

The most common side effects associated with SSRIs and SNRIs include:

- Headache, which usually goes away within a few days.
- Nausea (feeling sick to your stomach), which usually goes away within a few days.
- Sleeplessness or drowsiness, which may happen during the first few weeks but then goes away. Sometimes the medication dose needs to be reduced or the time of day it is taken needs to be adjusted to help lessen these side effects.
- Agitation (feeling jittery).
- Sexual problems, which can affect both men and women and may include reduced sex drive, and problems having and enjoying sex.

Tricyclic antidepressants can cause side effects, including:

- Dry mouth.
- Constipation.
- Bladder problems. It may be hard to empty the bladder, or the urine stream may not be as strong as usual. Older men with enlarged prostate conditions may be more affected.
- Sexual problems, which can affect both men and women and may include reduced sex drive, and problems having and enjoying sex.

- Blurred vision, which usually goes away quickly.
- Drowsiness. Usually, antidepressants that make you drowsy are taken at bedtime.

People taking MAOIs need to be careful about the foods they eat and the medicines they take. Foods and medicines that contain high levels of a chemical called tyramine are dangerous for people taking MAOIs. Tyramine is found in some cheeses, wines, and pickles. The chemical is also in some medications, including decongestants and over-the-counter cold medicine.

Mixing MAOIs and tyramine can cause a sharp increase in blood pressure, which can lead to stroke. People taking MAOIs should ask their doctors for a complete list of foods, medicines, and other substances to avoid. An MAOI skin patch has recently been developed and may help reduce some of these risks. A doctor can help a person figure out if a patch or a pill will work for him or her.

How should antidepressants be taken?

People taking antidepressants need to follow their doctors' directions. The medication should be taken in the right dose for the right amount of time. It can take three or four weeks until the medicine takes effect. Some people take the medications for a short time, and some people take them for much longer periods. People with long-term or severe depression may need to take medication for a long time.

Once a person is taking antidepressants, it is important not to stop taking them without the help of a doctor. Sometimes people taking antidepressants feel better and stop taking the medication too soon, and the depression may return. When it is time to stop the medication, the doctor will help the person slowly and safely decrease the dose. It's important to give the body

time to adjust to the change. People don't get addicted, or "hooked," on the medications, but stopping them abruptly can cause withdrawal symptoms.

If a medication does not work, it is helpful to be open to trying another one. A study funded by NIMH found that if a person with difficult-to-treat depression did not get better with a first medication, chances of getting better increased when the person tried a new one or added a second medication to his or her treatment. The study was called STAR*D (Sequenced Treatment Alternatives to Relieve Depression).^{2,3} For more information, visit <http://www.nimh.nih.gov/trials/practical/stard/index.shtml>.

Are herbal medicines used to treat depression?

The herbal medicine St. John's wort has been used for centuries in many folk and herbal remedies. Today in Europe, it is used widely to treat mild-to-moderate depression. In the United States, it is one of the top-selling botanical products.

The National Institutes of Health conducted a clinical trial to determine the effectiveness of treating adults who have major depression with St. John's wort. The study included 340 people diagnosed with major depression. One-third of the people took the herbal medicine, one-third took an SSRI, and one-third took a placebo, or "sugar pill." The people did not know what they were taking. The study found that St. John's wort was no more effective than the placebo in treating major depression.⁴ A study currently in progress is looking at the effectiveness of St. John's wort for treating mild or minor depression.

Other research has shown that St. John's wort can dangerously interact with other medications, including those used to control HIV. On February

10, 2000, the FDA issued a Public Health Advisory letter stating that the herb appears to interfere with certain medications used to treat heart disease, depression, seizures, certain cancers, and organ transplant rejection. Also, St. John's wort may interfere with oral contraceptives.

Because St. John's wort may not mix well with other medications, people should always talk with their doctors before taking it or any herbal supplement.

FDA warning on antidepressants

Antidepressants are safe and popular, but some studies have suggested that they may have unintentional effects, especially in young people. In 2004, the FDA looked at published and unpublished data on trials of antidepressants that involved nearly 4,400 children and adolescents. They found that 4 percent of those taking antidepressants thought about or tried suicide (although no suicides occurred), compared to 2 percent of those receiving placebos (sugar pill).

In 2005, the FDA decided to adopt a “black box” warning label—the most serious type of warning—on all antidepressant medications. The warning says there is an increased risk of suicidal thinking or attempts in children and adolescents taking antidepressants. In 2007, the FDA proposed that makers of all antidepressant medications extend the warning to include young adults up through age 24.

The warning also says that patients of all ages taking antidepressants should be watched closely, especially during the first few weeks of treatment. Possible side effects to look for are depression that gets worse, suicidal thinking or behavior, or any unusual changes in behavior such as trouble sleeping, agitation, or withdrawal from normal social situations. Families and caregivers should report any changes to the doctor. The latest information from the FDA can be found at <http://www.fda.gov>.

Results of a comprehensive review of pediatric trials conducted between 1988 and 2006 suggested that the benefits of antidepressant medications likely outweigh their risks to children and adolescents with major depression and anxiety disorders.⁵ The study was funded in part by NIMH.

Finally, the FDA has warned that combining the newer SSRI or SNRI antidepressants with one of the commonly-used “triptan” medications used to treat migraine headaches could cause a life-threatening illness called “serotonin syndrome.” A person with serotonin syndrome may be agitated, have hallucinations (see or hear things that are not real), have a high temperature, or have unusual blood pressure changes. Serotonin syndrome is usually associated with the older antidepressants called MAOIs, but it can happen with the newer antidepressants as well, if they are mixed with the wrong medications.

What medications are used to treat bipolar disorder?



Bipolar disorder, also called manic-depressive illness, is commonly treated with mood stabilizers. Sometimes, antipsychotics and antidepressants are used along with a mood stabilizer.

Mood stabilizers

People with bipolar disorder usually try mood stabilizers first. In general, people continue treatment with mood stabilizers for years. Lithium is a very effective mood stabilizer. It was the first mood stabilizer approved by the FDA in the 1970's for treating both manic and depressive episodes.

Anticonvulsant medications also are used as mood stabilizers. They were originally developed to treat seizures, but they were found to help control moods as well. One anticonvulsant commonly used as a mood stabilizer is valproic acid, also called divalproex sodium (Depakote). For some people, it may work better than lithium.⁶ Other anticonvulsants used as mood stabilizers are carbamazepine (Tegretol), lamotrigine (Lamictal) and oxcarbazepine (Trileptal).

Atypical antipsychotics

Atypical antipsychotic medications are sometimes used to treat symptoms of bipolar disorder. Often, antipsychotics are used along with other medications.

Antipsychotics used to treat people with bipolar disorder include:

- Olanzapine (Zyprexa), which helps people with severe or psychotic depression, which often is accompanied by a break with reality, hallucinations, or delusions⁷
- Aripiprazole (Abilify), which can be taken as a pill or as a shot
- Risperidone (Risperdal)
- Ziprasidone (Geodon)
- Clozapine (Clozaril), which is often used for people who do not respond to lithium or anticonvulsants.⁸

Antidepressants

Antidepressants are sometimes used to treat symptoms of depression in bipolar disorder. Fluoxetine (Prozac), paroxetine (Paxil), or sertraline (Zoloft) are a few that are used. However, people with bipolar disorder should not take an antidepressant on its own. Doing so can cause the person to rapidly switch from depression to mania, which can be dangerous.⁹ To prevent this problem, doctors give patients a mood stabilizer or an antipsychotic along with an antidepressant.

Research on whether antidepressants help people with bipolar depression is mixed. An NIMH-funded study found that antidepressants were no more effective than a placebo to help treat depression in people with bipolar disorder. The people were taking mood stabilizers along with

the antidepressants. You can find out more about this study, called STEP-BD (Systematic Treatment Enhancement Program for Bipolar Disorder),¹⁰ at <http://www.nimh.nih.gov/trials/practical/step-bd/index.shtml>.

What are the side effects?

Treatments for bipolar disorder have improved over the last 10 years. But everyone responds differently to medications. If you have any side effects, tell your doctor right away. He or she may change the dose or prescribe a different medication.

Different medications for treating bipolar disorder may cause different side effects. Some medications used for treating bipolar disorder have been linked to unique and serious symptoms, which are described below.

Lithium can cause several side effects, and some of them may become serious. They include:

- Loss of coordination
- Excessive thirst
- Frequent urination
- Blackouts
- Seizures
- Slurred speech
- Fast, slow, irregular, or pounding heartbeat
- Hallucinations (seeing things or hearing voices that do not exist)
- Changes in vision
- Itching, rash
- Swelling of the eyes, face, lips, tongue, throat, hands, feet, ankles, or lower legs.

If a person with bipolar disorder is being treated with lithium, he or she should visit the doctor regularly to check the levels of lithium in the blood, and make sure the kidneys and the thyroid are working normally.

Some possible side effects linked with valproic acid/divalproex sodium include:

- Changes in weight
- Nausea
- Stomach pain
- Vomiting
- Anorexia
- Loss of appetite.

Valproic acid may cause damage to the liver or pancreas, so people taking it should see their doctors regularly.

Valproic acid may affect young girls and women in unique ways. Sometimes, valproic acid may increase testosterone (a male hormone) levels in teenage girls and lead to a condition called polycystic ovarian syndrome (PCOS).^{11,12} PCOS is a disease that can affect fertility and make the menstrual cycle become irregular, but symptoms tend to go away after valproic acid is stopped.¹³ It also may cause birth defects in women who are pregnant.

Lamotrigine can cause a rare but serious skin rash that needs to be treated in a hospital. In some cases, this rash can cause permanent disability or be life-threatening.

In addition, valproic acid, lamotrigine, carbamazepine, oxcarbazepine and other anticonvulsant medications (listed in the chart at the end of this document) have an FDA warning. The warning states that their use may increase the risk of suicidal thoughts and behaviors. People taking anticonvulsant medications for bipolar or other illnesses should be closely monitored for new or worsening symptoms of depression, suicidal thoughts or behavior, or any unusual changes in mood or behavior. People taking these medications should not make any changes without talking to their health care professional.

Other medications for bipolar disorder may also be linked with rare but serious side effects. Always talk with the doctor or pharmacist about any potential side effects before taking the medication.

For information on side effects of antipsychotics, see the section on medications for treating schizophrenia.

For information on side effects and FDA warnings of antidepressants, see the section on medications for treating depression.

How should medications for bipolar disorder be taken?

Medications should be taken as directed by a doctor. Sometimes a person's treatment plan needs to be changed. When changes in medicine are needed, the doctor will guide the change. **A person should never stop taking a medication without asking a doctor for help.**

There is no cure for bipolar disorder, but treatment works for many people. Treatment works best when it is continuous, rather than on and off. However, mood changes can happen even when there are no breaks in treatment. Patients should be open with their doctors about treatment. Talking about how treatment is working can help it be more effective.

It may be helpful for people or their family members to keep a daily chart of mood symptoms, treatments, sleep patterns, and life events. This chart can help patients and doctors track the illness. Doctors can use the chart to treat the illness most effectively.

Because medications for bipolar disorder can have serious side effects, it is important for anyone taking them to see the doctor regularly to check for possibly dangerous changes in the body.

What medications are used to treat anxiety disorders?



Antidepressants, anti-anxiety medications, and beta-blockers are the most common medications used for anxiety disorders.

Anxiety disorders include:

- Obsessive compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Generalized anxiety disorder (GAD)
- Panic disorder
- Social phobia.

Antidepressants

Antidepressants were developed to treat depression, but they also help people with anxiety disorders. SSRIs such as fluoxetine (Prozac), sertraline (Zoloft), escitalopram (Lexapro), paroxetine (Paxil), and citalopram (Celexa) are commonly prescribed for panic disorder, OCD, PTSD, and social phobia. The SNRI venlafaxine (Effexor) is commonly used to treat GAD. The antidepressant bupropion (Wellbutrin) is also sometimes used. When treating anxiety disorders, antidepressants generally are started at low doses and increased over time.

Some tricyclic antidepressants work well for anxiety. For example, imipramine (Tofranil) is prescribed for panic disorder and GAD. Clomipramine (Anafranil) is used to treat OCD. Tricyclics are also started at low doses and increased over time.

MAOIs are also used for anxiety disorders. Doctors sometimes prescribe phenelzine (Nardil), tranylcypromine (Parnate), and isocarboxazid (Marplan). People who take MAOIs must avoid certain food and medicines that can interact with their medicine and cause dangerous increases in blood pressure. For more information, see the section on medications used to treat depression.

Benzodiazepines (anti-anxiety medications)

The anti-anxiety medications called benzodiazepines can start working more quickly than antidepressants. The ones used to treat anxiety disorders include:

- Clonazepam (Klonopin), which is used for social phobia and GAD
- Lorazepam (Ativan), which is used for panic disorder
- Alprazolam (Xanax), which is used for panic disorder and GAD.

Buspirone (Buspar) is an anti-anxiety medication used to treat GAD. Unlike benzodiazepines, however, it takes at least two weeks for buspirone to begin working.

Clonazepam, listed above, is an anticonvulsant medication. See FDA warning on anticonvulsants under the bipolar disorder section.

Beta-blockers

Beta-blockers control some of the physical symptoms of anxiety, such as trembling and sweating. Propranolol (Inderal) is a beta-blocker usually used to treat heart conditions and high blood pressure. The medicine also helps people who have physical problems related to anxiety. For example, when a person with social phobia must face a stressful situation, such as giving a speech, or attending an important meeting, a doctor may prescribe a beta-blocker. Taking the medicine for a short period of time can help the person keep physical symptoms under control.

What are the side effects?

See the section on antidepressants for a discussion on side effects.

The most common side effects for benzodiazepines are drowsiness and dizziness. Other possible side effects include:

- Upset stomach
- Blurred vision
- Headache
- Confusion
- Grogginess
- Nightmares.

Possible side effects from buspirone (BuSpar) include:

- Dizziness
- Headaches
- Nausea
- Nervousness
- Lightheadedness
- Excitement
- Trouble sleeping.

Common side effects from beta-blockers include:

- Fatigue
- Cold hands
- Dizziness
- Weakness.

In addition, beta-blockers generally are not recommended for people with asthma or diabetes because they may worsen symptoms.

How should medications for anxiety disorders be taken?

People can build a tolerance to benzodiazepines if they are taken over a long period of time and may need higher and higher doses to get the same effect. Some people may become dependent on them. To avoid these problems, doctors usually prescribe the medication for short periods, a practice that is especially helpful for people who have substance abuse problems or who become dependent on medication easily. If people suddenly stop taking benzodiazepines, they may get withdrawal symptoms, or their anxiety may return. Therefore, they should be tapered off slowly.

Buspirone and beta-blockers are similar. They are usually taken on a short-term basis for anxiety. Both should be tapered off slowly. Talk to the doctor before stopping any anti-anxiety medication.

What medications are used to treat ADHD?



Attention deficit/hyperactivity disorder (ADHD) occurs in both children and adults. ADHD is commonly treated with stimulants, such as:

- Methylphenidate (Ritalin, Metadate, Concerta, Daytrana)
- Amphetamine (Adderall)
- Dextroamphetamine (Dexedrine, Dextrostat).

In 2002, the FDA approved the nonstimulant medication atomoxetine (Strattera) for use as a treatment for ADHD. In February 2007, the FDA approved the use of the stimulant lisdexamfetamine dimesylate (Vyvanse) for the treatment of ADHD in children ages 6 to 12 years.

What are the side effects?

Most side effects are minor and disappear when dosage levels are lowered. The most common side effects include:

- Decreased appetite. Children seem to be less hungry during the middle of the day, but they are often hungry by dinnertime as the medication wears off.
- Sleep problems. If a child cannot fall asleep, the doctor may prescribe a lower dose. The doctor might also suggest that parents give the medication to their child earlier in the day, or stop the afternoon or evening dose. To help ease sleeping problems, a doctor may add a prescription for a low dose of an antidepressant or a medication called clonidine.

- Stomachaches and headaches.
- **Less common side effects.** A few children develop sudden, repetitive movements or sounds called tics. These tics may or may not be noticeable. Changing the medication dosage may make tics go away. Some children also may appear to have a personality change, such as appearing “flat” or without emotion. Talk with your child’s doctor if you see any of these side effects.

How are ADHD medications taken?

Stimulant medications can be short-acting or long-acting, and can be taken in different forms such as a pill, patch, or powder. Long-acting, sustained and extended release forms allow children to take the medication just once a day before school. Parents and doctors should decide together which medication is best for the child and whether the child needs medication only for school hours or for evenings and weekends too.

ADHD medications help many children and adults who are hyperactive and impulsive. They help people focus, work, and learn. Stimulant medication also may improve physical coordination. However, different people respond differently to medications, so children taking ADHD medications should be watched closely.

Are ADHD medications safe?

Stimulant medications are safe when given under a doctor’s supervision. Some children taking them may feel slightly different or “funny.”

Some parents worry that stimulant medications may lead to drug abuse or dependence, but there is little evidence of this. Research shows that teens with ADHD who took stimulant medications were less likely to abuse drugs than those who did not take stimulant medications.¹⁴

FDA warning on possible rare side effects

In 2007, the FDA required that all makers of ADHD medications develop Patient Medication Guides. The guides must alert patients to possible heart and psychiatric problems related to ADHD medicine. The FDA required the Patient Medication Guides because a review of data found that ADHD patients with heart conditions had a slightly higher risk of strokes, heart attacks, and sudden death when taking the medications. The review also found a slightly higher risk (about 1 in 1,000) for medication-related psychiatric problems, such as hearing voices, having hallucinations, becoming suspicious for no reason, or becoming manic. This happened to patients who had no history of psychiatric problems.

The FDA recommends that any treatment plan for ADHD include an initial health and family history examination. This exam should look for existing heart and psychiatric problems.

The non-stimulant ADHD medication called atomoxetine (Strattera) carries another warning. Studies show that children and teenagers with

ADHD who take atomoxetine are more likely to have suicidal thoughts than children and teenagers with ADHD who do not take atomoxetine. If your child is taking atomoxetine, watch his or her behavior carefully. A child may develop serious symptoms suddenly, so it is important to pay attention to your child's behavior every day. Ask other people who spend a lot of time with your child, such as brothers, sisters, and teachers, to tell you if they notice changes in your child's behavior. Call a doctor right away if your child shows any of the following symptoms:

- Acting more subdued or withdrawn than usual
- Feeling helpless, hopeless, or worthless
- New or worsening depression
- Thinking or talking about hurting himself or herself
- Extreme worry
- Agitation
- Panic attacks
- Trouble sleeping
- Irritability
- Aggressive or violent behavior
- Acting without thinking
- Extreme increase in activity or talking
- Frenzied, abnormal excitement
- Any sudden or unusual changes in behavior.

While taking atomoxetine, your child should see a doctor often, especially at the beginning of treatment. Be sure that your child keeps all appointments with his or her doctor.

Which groups have special needs when taking psychiatric medications?



Psychoiatric medications are taken by all types of people, but some groups have special needs, including:

- Children and adolescents
- Older adults
- Women who are pregnant or may become pregnant.

Children and adolescents

Most medications used to treat young people with mental illness are safe and effective. However, many medications have not been studied or approved for use with children. Researchers are not sure how these medications affect a child's growing body. Still, a doctor can give a young person an FDA-approved medication on an "off-label" basis. This means that the doctor prescribes the medication to help the patient even though the medicine is not approved for the specific mental disorder or age.

For these reasons, it is important to watch young people who take these medications. Young people may have different reactions and side effects than adults. Also, some medications, including antidepressants and ADHD medications, carry FDA warnings about potentially dangerous side effects for young people. See the sections on antidepressants and ADHD medications for more information about these warnings.

More research is needed on how these medications affect children and adolescents. NIMH has funded studies on this topic. For example, NIMH funded the Preschoolers with ADHD Treatment Study (PATS), which involved 300 preschoolers (3 to 5 years old) diagnosed with ADHD. The

study found that low doses of the stimulant methylphenidate are safe and effective for preschoolers. However, children of this age are more sensitive to the side effects of the medication, including slower growth rates. Children taking methylphenidate should be watched closely.^{15,16,17}

In addition to medications, other treatments for young people with mental disorders should be considered. Psychotherapy, family therapy, educational courses, and behavior management techniques can help everyone involved cope with the disorder. For more information on child and adolescent mental health research, visit <http://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/index.shtml>.

Older adults

Because older people often have more medical problems than other groups, they tend to take more medications than younger people, including prescribed, over-the-counter, and herbal medications. As a result, older people have a higher risk for experiencing bad drug interactions, missing doses, or overdosing.

Older people also tend to be more sensitive to medications. Even healthy older people react to medications differently than younger people because their bodies process it more slowly. Therefore, lower or less frequent doses may be needed.

Sometimes memory problems affect older people who take medications for mental disorders. An older adult may forget his or her regular dose and take too much or not enough. A good way to keep track of medicine is to use a seven-day pill

box, which can be bought at any pharmacy. At the beginning of each week, older adults and their caregivers fill the box so that it is easy to remember what medicine to take. Many pharmacies also have pillboxes with sections for medications that must be taken more than once a day.

Women who are pregnant or may become pregnant

The research on the use of psychiatric medications during pregnancy is limited. The risks are different depending on what medication is taken, and at what point during the pregnancy the medication is taken.

Research has shown that antidepressants, especially SSRIs, are safe during pregnancy. Birth defects or other problems are possible, but they are very rare.^{18,19}

However, antidepressant medications do cross the placental barrier and may reach the fetus. Some research suggests the use of SSRIs during pregnancy is associated with miscarriage or birth defects, but other studies do not support this.²⁰ Studies have also found that fetuses exposed to SSRIs during the third trimester may be born with “withdrawal” symptoms such as breathing problems, jitteriness, irritability, trouble feeding, or hypoglycemia (low blood sugar).

Most studies have found that these symptoms in babies are generally mild and short-lived, and no deaths have been reported. On the flip side, women who stop taking their antidepressant medication during pregnancy may get depression again and may put both themselves and their infant at risk.^{20,21}

In 2004, the FDA issued a warning against the use of certain antidepressants in the late third trimester. The warning said that doctors may want to gradually taper pregnant women off antidepressants in the third trimester so that the baby is not affected.²² After a woman delivers, she should

consult with her doctor to decide whether to return to a full dose during the period when she is most vulnerable to postpartum depression.

Some medications should not be taken during pregnancy. Benzodiazepines may cause birth defects or other infant problems, especially if taken during the first trimester. Mood stabilizers are known to cause birth defects. Benzodiazepines and lithium have been shown to cause “floppy baby syndrome,” which is when a baby is drowsy and limp, and cannot breathe or feed well.

Research suggests that taking antipsychotic medications during pregnancy can lead to birth defects, especially if they are taken during the first trimester. But results vary widely depending on the type of antipsychotic. The conventional antipsychotic haloperidol has been studied more than others, and has been found not to cause birth defects.^{23,24}

After the baby is born, women and their doctors should watch for postpartum depression, especially if they stopped taking their medication during pregnancy. In addition, women who nurse while taking psychiatric medications should know that a small amount of the medication passes into the breast milk. However, the medication may or may not affect the baby. It depends on the medication and when it is taken. Women taking psychiatric medications and who intend to breastfeed should discuss the potential risks and benefits with their doctors.

Decisions on medication should be based on each woman’s needs and circumstances. Medications should be selected based on available scientific research, and they should be taken at the lowest possible dose. Pregnant women should be watched closely throughout their pregnancy and after delivery.

What should I ask my doctor if I am prescribed a psychiatric medication?



You and your family can help your doctor find the right medications for you. The doctor needs to know your medical history; family history; information about allergies; other medications, supplements or herbal remedies you take; and other details about your overall health. You or a family member should ask the following questions when a medication is prescribed:

- What is the name of the medication?
- What is the medication supposed to do?
- How and when should I take it?
- How much should I take?
- What should I do if I miss a dose?
- When and how should I stop taking it?
- Will it interact with other medications I take?
- Do I need to avoid any types of food or drink while taking the medication? What should I avoid?
- Should it be taken with or without food?
- Is it safe to drink alcohol while taking this medication?
- What are the side effects? What should I do if I experience them?
- Is the Patient Package Insert for the medication available?

After taking the medication for a short time, tell your doctor how you feel, if you are having side effects, and any concerns you have about the medicine.



Alphabetical List of Medications

This section identifies antipsychotic medications, antidepressant medications, mood stabilizers, anticonvulsant medications, anti-anxiety medications, and ADHD medications. Some medications are marketed under trade names, not all of which can be listed in this publication.

The first chart lists the medications by trade name; the second chart lists the medications by generic name. If your medication does not appear in this section, refer to the FDA website (<http://www.fda.gov>). Also, ask your doctor or pharmacist for more information about any medication.

Medications Organized by Trade Name

Trade Name	Generic Name	FDA Approved Age
Combination Antipsychotic and Antidepressant Medication		
Symbyax (Prozac & Zyprexa)	fluoxetine & olanzapine	18 and older
Antipsychotic Medications		
Abilify	aripiprazole	10 and older for bipolar disorder, manic, or mixed episodes; 13 to 17 for schizophrenia and bipolar
Clozaril	clozapine	18 and older
Fanapt	iloperidone	18 and older
fluphenazine (generic only)	fluphenazine	18 and older
Geodon	ziprasidone	18 and older
Haldol	haloperidol	3 and older
Invega	paliperidone	18 and older
Loxitane	loxapine	18 and older
Moban	molindone	18 and older
Navane	thiothixene	18 and older
Orap (for Tourette's syndrome)	pimozide	12 and older
perphenazine (generic only)	perphenazine	18 and older
Risperdal	risperidone	13 and older for schizophrenia; 10 and older for bipolar mania and mixed episodes; 5 to 16 for irritability associated with autism
Seroquel	quetiapine	13 and older for schizophrenia; 18 and older for bipolar; 10 to 17 for treatment of manic and mixed episodes of bipolar disorder
Stelazine	trifluoperazine	18 and older
thioridazine (generic only)	thioridazine	2 and older
Thorazine	chlorpromazine	18 and older
Zyprexa	olanzapine	18 and older; ages 13 to 17 as second line treatment for manic or mixed episodes of bipolar disorder and schizophrenia

Trade Name	Generic Name	FDA Approved Age
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Antidepressant Medications (also used for anxiety disorders)

Anafranil (tricyclic)	clomipramine	10 and older (for OCD only)
Asendin	amoxapine	18 and older
Aventyl (tricyclic)	nortriptyline	18 and older
Celexa (SSRI)	citalopram	18 and older
Cymbalta (SNRI)	duloxetine	18 and older
Desyrel	trazodone	18 and older
Effexor (SNRI)	venlafaxine	18 and older
Elavil (tricyclic)	amitriptyline	18 and older
Emsam	selegiline	18 and older
Lexapro (SSRI)	escitalopram	18 and older; 12 to 17 (for major depressive disorder)
Ludiomil (tricyclic)	maprotiline	18 and older
Luvox (SSRI)	fluvoxamine	8 and older (for OCD only)
Marplan (MAOI)	isocarboxazid	18 and older
Nardil (MAOI)	phenelzine	18 and older
Norpramin (tricyclic)	desipramine	18 and older
Pamelor (tricyclic)	nortriptyline	18 and older
Parnate (MAOI)	tranylcypromine	18 and older
Paxil (SSRI)	paroxetine	18 and older
Pexeva (SSRI)	paroxetine-mesylate	18 and older
Pristiq (SNRI)	desvenlafaxine	18 and older
Prozac (SSRI)	fluoxetine	8 and older
Remeron	mirtazapine	18 and older
Sarafem (SSRI)	fluoxetine	18 and older for premenstrual dysphoric disorder (PMDD)
Sinequan (tricyclic)	doxepin	12 and older
Surmontil (tricyclic)	trimipramine	18 and older
Tofranil (tricyclic)	imipramine	6 and older (for bedwetting)
Tofranil-PM (tricyclic)	imipramine pamoate	18 and older
Vivactil (tricyclic)	protriptyline	18 and older
Wellbutrin	bupropion	18 and older
Zoloft (SSRI)	sertraline	6 and older (for OCD only)

Trade Name	Generic Name	FDA Approved Age
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Mood Stabilizing and Anticonvulsant Medications

Depakote	divalproex sodium (valproic acid)	2 and older (for seizures)
Eskalith	lithium carbonate	12 and older
Lamictal	lamotrigine	18 and older
lithium citrate (generic only)	lithium citrate	12 and older
Lithobid	lithium carbonate	12 and older
Neurontin	gabapentin	18 and older
Tegretol	carbamazepine	any age (for seizures)
Topamax	topiramate	18 and older
Trileptal	oxcarbazepine	4 and older

Anti-anxiety Medications

(All of these anti-anxiety medications are benzodiazepines, except BuSpar)

Ativan	lorazepam	18 and older
BuSpar	bupirone	18 and older
Klonopin	clonazepam	18 and older
Librium	chlordiazepoxide	18 and older
oxazepam (generic only)	oxazepam	18 and older
Tranxene	clorazepate	18 and older
Valium	diazepam	18 and older
Xanax	alprazolam	18 and older

Trade Name	Generic Name	FDA Approved Age
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ADHD Medications

(All of these ADHD medications are stimulants, except Intuniv and Straterra.)

Adderall	amphetamine	3 and older
Adderall XR	amphetamine (extended release)	6 and older
Concerta	methylphenidate (long acting)	6 and older
Daytrana	methylphenidate patch	6 and older
Desoxyn	methamphetamine	6 and older
Dexedrine	dextroamphetamine	3 and older
Dextrostat	dextroamphetamine	3 and older
Focalin	dexmethylphenidate	6 and older
Focalin XR	dexmethylphenidate (extended release)	6 and older
Intuniv	guanfacine	6 and older
Metadate ER	methylphenidate (extended release)	6 and older
Metadate CD	methylphenidate (extended release)	6 and older
Methylin	methylphenidate (oral solution and chewable tablets)	6 and older
Ritalin	methylphenidate	6 and older
Ritalin SR	methylphenidate (extended release)	6 and older
Ritalin LA	methylphenidate (long-acting)	6 and older
Strattera	atomoxetine	6 and older
Vyvanse	lisdexamfetamine dimesylate	6 and older

Medications Organized by Generic Name

Generic Name	Trade Name	FDA Approved Age
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Combination Antipsychotic and Antidepressant Medication

fluoxetine & olanzapine	Symbyax (Prozac & Zyprexa)	18 and older
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Antipsychotic Medications

aripiprazole	Abilify	10 and older for bipolar disorder, manic, or mixed episodes; 13 to 17 for schizophrenia and bipolar
chlorpromazine	Thorazine	18 and older
clozapine	Clozaril	18 and older
fluphenazine (generic only)	fluphenazine	18 and older
haloperidol	Haldol	3 and older
iloperidone	Fanapt	18 and older
loxapine	Loxitane	18 and older
molindone	Moban	18 and older
olanzapine	Zyprexa	18 and older; ages 13 to 17 as second line treatment for manic or mixed episodes of bipolar disorder and schizophrenia
paliperidone	Invega	18 and older
perphenazine (generic only)	perphenazine	18 and older
pimozide (for Tourette's syndrome)	Orap	12 and older
quetiapine	Seroquel	13 and older for schizophrenia; 18 and older for bipolar; 10 to 17 for treatment of manic and mixed episodes of bipolar disorder
risperidone	Risperdal	13 and older for schizophrenia; 10 and older for bipolar mania and mixed episodes; 5 to 16 for irritability associated with autism
thioridazine (generic only)	thioridazine	2 and older
thiothixene	Navane	18 and older
trifluoperazine	Stelazine	18 and older
ziprasidone	Geodon	18 and older

Generic Name	Trade Name	FDA Approved Age
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Antidepressant Medications (also used for anxiety disorders)

amitriptyline (tricyclic)	Elavil	18 and older
amoxapine	Asendin	18 and older
bupropion	Wellbutrin	18 and older
citalopram (SSRI)	Celexa	18 and older
clomipramine (tricyclic)	Anafranil	10 and older (for OCD only)
desipramine (tricyclic)	Norpramin	18 and older
desvenlafaxine (SNRI)	Pristiq	18 and older
doxepin (tricyclic)	Sinequan	12 and older
duloxetine (SNRI)	Cymbalta	18 and older
escitalopram (SSRI)	Lexapro	18 and older; 12 to 17 (for major depressive disorder)
fluoxetine (SSRI)	Prozac	8 and older
fluoxetine (SSRI)	Sarafem	18 and older for premenstrual dysphoric disorder (PMDD)
fluvoxamine (SSRI)	Luvox	8 and older (for OCD only)
imipramine (tricyclic)	Tofranil	6 and older (for bedwetting)
imipramine pamoate (tricyclic)	Tofranil-PM	18 and older
isocarboxazid (MAOI)	Marplan	18 and older
maprotiline (tricyclic)	Ludiomil	18 and older
mirtazapine	Remeron	18 and older
nortriptyline (tricyclic)	Aventyl, Pamelor	18 and older
paroxetine (SSRI)	Paxil	18 and older
paroxetine mesylate (SSRI)	Pexeva	18 and older
phenelzine (MAOI)	Nardil	18 and older
protriptyline (tricyclic)	Vivactil	18 and older
selegiline	Emsam	18 and older
sertraline (SSRI)	Zoloft	6 and older (for OCD only)
tranylcypromine (MAOI)	Parnate	18 and older
trazodone	Desyrel	18 and older
trimipramine (tricyclic)	Surmontil	18 and older
venlafaxine (SNRI)	Effexor	18 and older

Generic Name	Trade Name	FDA Approved Age
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Mood Stabilizing and Anticonvulsant Medications

carbamazepine	Tegretol	any age (for seizures)
divalproex sodium (valproic acid)	Depakote	2 and older (for seizures)
gabapentin	Neurontin	18 and older
lamotrigine	Lamictal	18 and older
lithium carbonate	Eskalith, Lithobid	12 and older
lithium citrate (generic only)	lithium citrate	12 and older
oxcarbazepine	Trileptal	4 and older
topiramate	Topamax	18 and older

Anti-anxiety Medications

(All of these anti-anxiety medications are benzodiazepines, except buspirone.)

alprazolam	Xanax	18 and older
buspirone	BuSpar	18 and older
chlordiazepoxide	Librium	18 and older
clonazepam	Klonopin	18 and older
clorazepate	Tranxene	18 and older
diazepam	Valium	18 and older
lorazepam	Ativan	18 and older
oxazepam (generic only)	oxazepam	18 and older

Generic Name	Trade Name	FDA Approved Age
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ADHD Medications

(All of these ADHD medications are stimulants, except atomoxetine and guanfacine.)

amphetamine	Adderall	3 and older
amphetamine (extended release)	Adderall XR	6 and older
atomoxetine	Strattera	6 and older
dexmethylphenidate	Focalin	6 and older
dexmethylphenidate (extended release)	Focalin XR	6 and older
dextroamphetamine	Dexedrine, Dextrostat	3 and older
guanfacine	Intuniv	6 and older
lisdexamfetamine dimesylate	Vyvanse	6 and older
methamphetamine	Desoxyn	6 and older
methylphenidate	Ritalin	6 and older
methylphenidate (extended release)	Metadate CD, Metadate ER, Ritalin SR	6 and older
methylphenidate (long-acting)	Ritalin LA, Concerta	6 and older
methylphenidate patch	Daytrana	6 and older
methylphenidate (oral solution and chewable tablets)	Methylin	6 and older

Abilify® (aripiprazole)

Brand name:

Abilify®

- Tablets: 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg
- Orally disintegrating tablets: 10 mg, 15 mg
- Liquid suspension: 1 mg/mL
- Injection (immediate release): 9.75 mg/1.3mL

Generic name: aripiprazole (ay ri PIP ray zole)

Medication class: Second generation antipsychotic (SGA), atypical antipsychotic

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Abilify® and what does it treat?

Aripiprazole is a medication that works in the brain to treat schizophrenia. It is also known as a second generation antipsychotic (SGA) or atypical antipsychotic. Aripiprazole rebalances dopamine and serotonin to improve thinking, mood, and behavior.

Symptoms of schizophrenia include:

- Hallucinations - imagined voices or images that seem real
- Delusions - beliefs that are not true (e.g., other people are reading your thoughts)
- Disorganized thinking or trouble organizing your thoughts and making sense
- Little desire to be around other people
- Trouble speaking clearly
- Lack of motivation

Aripiprazole may help some or all of these symptoms.

Aripiprazole is also FDA approved for the following indications:

- Acute treatment of manic or mixed episodes of bipolar disorder
- Maintenance (long-term) treatment of bipolar disorder (when used alone or with lithium or valproate)
- Adjunctive treatment of major depressive disorder. This means aripiprazole is used in addition to an antidepressant to help treat depression.
- Irritability associated with autistic disorders
- Acute treatment of agitation in schizophrenia and bipolar disorder

This medication sheet will focus primarily on schizophrenia. You can find more information about bipolar disorder, depression, and autism spectrum disorders at http://www.nami.org/Template.cfm?Section=By_Illness.

What is the most important information I should know about Abilify®?

Schizophrenia requires long-term treatment. Do not stop taking aripiprazole, even when you feel better.

Only your healthcare provider can determine the length of aripiprazole treatment that is right for you.

Missing doses of aripiprazole may increase your risk for a relapse in your symptoms.

Do not stop taking aripiprazole or change your dose without talking to with your healthcare provider first.

For aripiprazole to work properly, it should be taken everyday as ordered by your healthcare provider.

Are there specific concerns about Abilify® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with schizophrenia who wish to become pregnant face important decisions. This is a complex decision since untreated schizophrenia has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Caution is advised with breastfeeding since aripiprazole does pass into breast milk.

What should I discuss with my healthcare provider before taking Abilify®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you ever had muscle stiffness, shaking, tardive dyskinesia, neuroleptic malignant syndrome, or weight gain caused by a medication
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any psychiatric or medical problems you have, such as heart rhythm problems, long QT syndrome, heart attacks, diabetes, high cholesterol, or seizures
- If you have a family history of diabetes or heart disease
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take Abilify®?

Aripiprazole is usually taken 1 time per day with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The oral dose usually ranges from 2 mg to 30 mg. Only your healthcare provider can determine the correct dose for you.

Aripiprazole orally disintegrating tablets must remain in their original packaging. Open the package with clean dry hands before each dose. Do not try to put tablets in a pillbox if you take the orally disintegrating tablets.

Aripiprazole orally disintegrating tablets will dissolve in your mouth within seconds and can be swallowed with or without liquid.

Aripiprazole suspension: Measure with a dosing spoon or oral syringe, which you can get from your pharmacy.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member a friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Abilify®?

If you miss a dose of aripiprazole, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss

this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Abilify®?

Avoid drinking alcohol or using illegal drugs while you are taking aripiprazole. They may decrease the benefits (e.g. worsen your confusion) and increase adverse effects (e.g. sedation) of the medication.

What happens if I overdose with Abilify®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of aripiprazole does not exist.

What are possible side effects of Abilify®?

Common Side Effects

Constipation, nausea, vomiting, headache, insomnia, tremor, blurred vision, anxiety, fatigue

Feeling drowsy, dizzy or restless

Rare Side Effects

Rash, increased appetite, dry mouth, muscle aches, seizure, agitation

Aripiprazole may increase the blood levels of a hormone called prolactin. Side effects of increased prolactin levels include females losing their period, production of breast milk and males losing their sex drive or possibly experiencing erectile problems. Long term (months or years) of elevated prolactin can lead to osteoporosis or increased risk of bone fractures.

Serious Side Effects

Some people may develop muscle related side effects while taking aripiprazole. The technical terms for these are "extrapyramidal effects" (EPS) and "tardive dyskinesia" (TD). Symptoms of EPS include restlessness, tremor, and stiffness. TD symptoms include slow or jerky movements that one cannot control, often starting in the mouth with tongue rolling or chewing movements.

Second generation antipsychotics (SGAs) increase the risk of weight gain, high blood sugar, and high cholesterol. This is also known as metabolic syndrome. Your healthcare provider may ask you for a blood sample to check your cholesterol, blood sugar, and hemoglobin A1c (a measure of blood sugar over time) while you take this medication.

- For more information including ideas for healthy eating and exercise, see the NAMI Hearts and Minds Program http://www.nami.org/template.cfm?section=Hearts_and_Minds.
- For the relative risk of each medication and monitoring recommendations, see Table 2 in the Consensus Conference on Antipsychotic Drugs <http://care.diabetesjournals.org/content/27/2/596.full.pdf+html>.

SGAs have been linked with higher risk of death, strokes, and transient ischemic attacks (TIAs) in elderly people with behavior problems due to dementia.

All antipsychotics have been associated with the risk of sudden cardiac death due to an arrhythmia (irregular heart beat). To minimize this risk, antipsychotic medications should be used in the smallest effective dose when the benefits outweigh the risks. Your doctor may order an EKG to monitor for irregular heart beat.

Neuroleptic malignant syndrome is a rare, life threatening adverse effect of antipsychotics which occurs in <1% of patients. Symptoms include confusion, fever, extreme muscle stiffness, and sweating. If any of these symptoms occur, contact your healthcare provider immediately.

Are there any risks of taking Abilify® for long periods of time?

Tardive dyskinesia (TD) is a side effect that develops with prolonged use of antipsychotics. Medications such as aripiprazole have been shown to have a lower risk of TD compared to older antipsychotics, such as Haldol (haloperidol). If you develop symptoms of TD, such as grimacing, sucking, and smacking of lips, or other movements that you cannot control, contact your healthcare provider immediately. All patients taking either first or second generation antipsychotics should have an

Abnormal Involuntary Movement Scale (AIMS) completed regularly by their healthcare provider to monitor for TD.

Second generation antipsychotics (SGAs) increase the risk of diabetes, weight gain, high cholesterol, and high triglycerides. (See "Serious Side Effects" section for monitoring recommendations.)

What other medications may interact with Abilify®?

The following medications may **increase** the levels and effects of aripiprazole:

- The antibiotic clarithromycin (Biaxin®)
- Antidepressants, such as fluoxetine (Prozac®), paroxetine (Paxil®), and nefazodone
- Antifungals, such as fluconazole (Diflucan®), ketoconazole (Nizoral®), and itraconazole (Sporanox®)
- The antiarrhythmia agent quinidine
- HIV medications, such as the protease inhibitors indinavir (Crixivan®), ritonavir (Norvir®), saquinavir (Fortovase®), Invirase®, and lopinavir/ritonavir (Kaletra®)

The following medications may **decrease** the levels and effects of aripiprazole: carbamazepine (Tegretol®) and rifampin (Rifadin®)

How long does it take for Abilify® to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking aripiprazole. It will probably take several weeks to see big enough changes in your symptoms to decide if aripiprazole is the right medication for you.

Antipsychotic treatment is generally needed lifelong for persons with schizophrenia. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

- Hallucinations, disorganized thinking, and delusions may improve in the first 1-2 weeks
- Sometimes these symptoms do not completely go away
- Motivation and desire to be around other people can take at least 1-2 weeks to improve
- Symptoms continue to get better the longer you take aripiprazole
- It may take 2-3 months before you get the full benefit of aripiprazole

Ativan® (lorazepam)

Brand name: Ativan®

- Tablets: 0.5 mg, 1 mg, 2 mg
- Liquid: 2 mg/ml solution
- Injection: 2 mg/ml, 4 mg/ml

Generic name: lorazepam (lor A ze pam)

Medication class: benzodiazepine, anxiolytic (anti-anxiety)

What is Ativan® and what does it treat?

Lorazepam is a benzodiazepine. It is approved for the treatment of anxiety, status epilepticus (continuous seizures), and as a medication given right before anesthesia. However, benzodiazepines are also commonly used to treat difficulty sleeping and alcohol withdrawal.

Generalized Anxiety Disorder (GAD) occurs when a person experiences excessive anxiety or worry for at least six months. Other symptoms include

- Restlessness
- Fatigue (low energy, feeling tired all the time)
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling asleep or waking up in the middle of the night)

What is the most important information I should know about Ativan®?

Do not drive a car or operate machinery until you know how this medication affects you because you may notice that you feel tired or dizzy.

When starting lorazepam, anxiety or insomnia may improve rapidly or over a period of days.

Benzodiazepines, such as lorazepam, are often used for short periods of time only. They may produce emotional and/or physical dependence (addiction) even when used as recommended. Only your healthcare provider can determine the length of treatment that is right for you.

Do not stop taking lorazepam without talking to your healthcare provider first. Stopping lorazepam abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, tremor, dizziness, blood pressure changes, rapid heart rate, and seizures.

Are there specific concerns about Ativan® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with anxiety disorders who wish to become pregnant face important decisions. It is important to discuss this with your doctor and caregivers.

Regarding breastfeeding, caution is advised since lorazepam does pass into breast milk.

What should I discuss with my healthcare provider before taking Ativan®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself

- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your healthcare provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have including obstructive sleep apnea
- All other medications you are currently taking (including over the counter products and herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take Ativan®?

Lorazepam may be taken with or without food.

Lorazepam may be taken everyday at regular times or on an as needed (â€œPRNâ€) basis. Typically, your healthcare provider will limit the number of doses you should take in one day.

Your healthcare provider will determine the dose and method of taking the medication that is right for you based upon your response.

Lorazepam liquid: Measure with a dosing spoon or oral syringe which you can get from your pharmacy.

If you take the medication everyday (instead of â€œas neededâ€), use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take it. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Ativan®?

If you miss a dose of lorazepam, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Ativan®?

Avoid drinking alcohol and using illegal drugs while you are taking lorazepam. They may decrease the benefits (e.g., worsen your condition) and increase the adverse effects (e.g., sedation) of the medication. Alcohol increases the risk of accidental overdose with medications like lorazepam.

What happens if I overdose with Ativan®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

Symptoms of overdose include confusion, impaired coordination, slow reflexes, coma, and death.

A specific treatment to reverse the effects of lorazepam does exist. This medicine, called flumazenil, can reverse the effects of lorazepam but must be given through an IV at a hospital. Only a doctor can decide if you need this medication.

What are the possible side effects of Ativan®?

Common Side Effects

- Feeling dizzy, drowsy, fatigued, or lightheaded
- Impaired coordination, decreased ability to concentrate

If you experience these side effects after starting lorazepam they will often improve over the first week or two as you continue to take the medication.

Rare Side Effects

Increased heart rate, headache, memory impairment, irritability, restlessness

Serious Side Effects

Some people taking benzodiazepines develop a severe allergic reaction and swelling of the face. This can occur as early as with the first dose.

Some people taking benzodiazepines for sleep have experienced various behaviors while they were asleep/not fully awake, such as sleep driving, making phone calls, and preparing or eating food. The individuals have no memory of the events when they awaken.

Are there any risks for taking Ativan® for long periods of time?

Lorazepam is a safe and effective medication when used as directed. Benzodiazepines may produce emotional and/or physical dependence (addiction) even when used as recommended. Physical dependence may develop after 2 or more weeks of daily use.

What other medications may interact with Ativan®?

Lorazepam should not be taken with other benzodiazepine medications.

Lorazepam causes drowsiness, so caution should be used when combining it with other medications that cause drowsiness. These could include:

- Antihistamines such as diphenhydramine (Benadryl®)
- Narcotic pain medication such as morphine, oxycodone (OxyContin®), and hydrocodone (Vicodin® and Lortab®),
- Sleeping medications such as zolpidem (Ambien®)
- Other anti-anxiety medications, antipsychotic medications, certain anticonvulsant medications, and tricyclic antidepressant medications (such as amitriptyline).

How long does it take for Ativan® to work?

When starting lorazepam, anxiety or insomnia may improve rapidly or over a period of days or within hours of the first dose of medication.

Buspar® (buspirone)

Brand name:

BUSPAR®

- Tablets: 5 mg, 10 mg, 15 mg, 30 mg

Generic name: buspirone (byoo SPYE rone)

Medication class: anxiolytic (anti-anxiety)

What is BUSPAR® and what does it treat?

Buspirone is in a class of medications called anti-anxiety medications. Buspirone is not related to other anti-anxiety medications, such as benzodiazepines, barbiturates or other sedative/ anxiolytic drugs. It is **approved for the treatment of generalized anxiety disorder (GAD).**

Generalized Anxiety Disorder (GAD) occurs when a person experiences excessive anxiety or worry for at least six months. Other symptoms include

- Restlessness
- Fatigue (low energy, feeling tired all the time)
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling asleep or waking up in the middle of the night)

What is the most important information I should know about BUSPAR®?

Alcohol may increase any drowsiness or dizziness when taken with buspirone. You should avoid the use of alcohol while taking buspirone.

It may take 3 to 4 weeks before you start to feel better. Initially you may begin to notice a decrease in irritability and worry. Do not stop taking this medication without talking to your healthcare provider first. Only your healthcare provider can determine the length of buspirone therapy that is right for you.

Unlike other anti-anxiety medications, buspirone has very low abuse potential.

Are there specific concerns about BUSPAR® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with anxiety disorders who wish to become pregnant face important decisions. It is important to discuss this with your doctor and caregivers.

Regarding breastfeeding, caution is advised since it is unknown whether buspirone passes into breast milk.

What should I discuss with my healthcare provider before taking BUSPAR®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your healthcare provider. Some side effects may pass with time, but others may require changes in the medication.

- Any other psychiatric or medical problems you have
- All other medications you are currently taking (including over the counter products and herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take BUSPAR®?

Buspirone should be taken twice a day with or without food.

Your healthcare provider will determine the dose that is right for you based upon your response.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of BUSPAR®?

If you miss a dose of buspirone, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking BUSPAR®?

Avoid drinking alcohol and using illegal drugs while you are taking buspirone. They may decrease the benefits (e.g., worsen your condition) and increase the adverse effects (e.g., sedation) of the medication.

What happens if I overdose with BUSPAR®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of buspirone does not exist.

What are the possible side effects of BUSPAR®?

Common Side Effects

- Nausea, headache, or changes in dreams
- Feeling dizzy or lightheaded

Rare Side Effects

Changes in weight or appetite, fainting, changes in blood pressure, muscle cramps or spasms, and redness or itching of eyes

Serious Side Effects

Allergic reaction (difficulty breathing; hives; swelling of your lips, tongue or face); chest pain or an irregular heartbeat; slurred speech; confusion or blurred vision; numbness or tingling in your hands, feet, arms, or legs; depression; or uncontrollable movements of your arms, legs, tongue, or lips.

Are there any risks for taking BUSPAR® for long periods of time?

To date, there are no known problems associated with the long term use of buspirone. It is a safe and effective medication when used as directed.

What other medications may interact with BUSPAR®?

If you have taken a monoamine oxidase inhibitor, such as phenelzine (Nardil[®]), isocarboxazid (Marplan[®]), selegiline (Eldepryl[®], EMSAM[®]) or tranylcypromine (Parnate[®]), within the past 2 weeks, do not take buspirone. The use of buspirone with these agents can cause a severe increase in your blood pressure.

The following medications may **increase** the levels and effects of buspirone:

- Diltiazem (Cardizem[®], Dilacor[®], Tiazac[®])
- Verapamil (Calan[®], Covera-HS[®], Isoptin[®], Verelan[®])
- Erythromycin (E-Mycin[®], E.E.S.[®], Ery-Tab[®], Eryc[®], others)
- Grapefruit juice consumption can also increase the effects of buspirone

The following medications may **decrease** the levels and effects of buspirone:

- Rifampin (Rifadin[®], Rimactane[®], Rifampicin[®], others)

How long does it take for BUSPAR[®] to work?

It may take 3 to 4 weeks of taking buspirone every day before you start to feel better.

Celexa[®] (citalopram)

Brand name:

Celexa[®]

- Tablets: 10 mg, 20 mg, 40 mg
- Liquid: 10 mg per 5 mL

Generic name: citalopram (sye TAL oh pram)

Medication class: Selective serotonin reuptake inhibitor (SSRI) antidepressant

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Celexa[®] and what does it treat?

Citalopram is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD).

Symptoms of depression include:

- Depressed mood - feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, and helpless
- Loss of interest or pleasure in your usual activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation (â€œnervous energyâ€)
- Psychomotor retardation (feeling like you are moving and thinking in slow motion)
- Suicidal thoughts or behaviors

What is the most important information I should know about Celexa[®]?

Do not stop taking **citalopram** even when you feel better. Only your healthcare provider can determine the length of treatment that is right for you.

Missing doses of **citalopram** may increase your risk for relapse in your symptoms.

Stopping **citalopram** abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, feeling dizzy, vomiting, nightmares, headache, and/or paresthesias (prickling, tingling sensation on the skin).

Depression is also a part of bipolar illness. People with bipolar disorder who take antidepressants may be at risk for "switching" from depression into mania. Symptoms of mania include "high" or irritable mood, very high self esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, frequently involved in activities with a large risk for bad consequences (for example, excessive buying sprees).

Are there specific concerns about Celexa[®] and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with MDD who wish to become pregnant face important decisions. Untreated MDD has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

For mothers who have taken SSRIs during their pregnancy, there appears to be less than a 1% chance of infants developing persistent pulmonary hypertension. This is a potentially fatal condition that is associated with use of the antidepressant in the second half of pregnancy. However, women who discontinued antidepressant therapy were five times more likely to have a depression relapse than those who continued their antidepressant. If you are pregnant, please discuss the risks and

benefits of antidepressant use with your healthcare provider.

Caution is advised with breastfeeding since citalopram does pass into breast milk.

What should I discuss with my healthcare provider before taking Celexa®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have, including a history of bipolar disorder
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take Celexa®?

Citalopram is usually taken 1 time per day with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 20 mg to 40 mg once daily. For patients older than 60 years, the maximum recommended dose is 20 mg once daily. Only your healthcare provider can determine the correct dose for you.

The liquid should be measured with a dosing spoon or oral syringe which you can get from your pharmacy.

Consider using a calendar, pillbox, alarm clock, or cell to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Celexa®?

If you miss a dose of **citalopram**, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Celexa®?

Avoid drinking alcohol or using illegal drugs while you are taking antidepressant medications. They may decrease the benefits (e.g., worsen your condition) and increase adverse effects (e.g., sedation) of the medication.

What happens if I overdose with Celexa®?

If an overdose occurs, call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of **citalopram** does not exist.

What are the possible side effects of Celexa®?

Common Side Effects

- Headache, nausea, diarrhea, dry mouth, increased sweating

- Feeling nervous, restless, fatigued, sleepy or having trouble sleeping (insomnia)

These will often improve over the first week or two as you continue to take the medication.

Sexual side effects, such as problems with orgasm or ejaculatory delay often do not diminish over time.

Rare Side Effects

Increased bleeding (e.g., gums may bleed more easily), low sodium blood levels (signs of low sodium levels may include headache, weakness, difficulty concentrating and remembering), teeth grinding

Serious Side Effects

Seizure

Abnormal heart rhythm

- Citalopram at doses > 40 mg per day could potentially cause a dangerous abnormality in the electrical activity of the heart. The abnormality is called QT prolongation. Citalopram use is discouraged in patients with congenital long QT syndrome. Patients with low levels of potassium and magnesium in the blood are also at increased risk.
- If you are currently taking citalopram at a dose greater than 40 mg per day, talk to your healthcare professional. Seek immediate care if you experience an irregular heartbeat, shortness of breath, dizzy, or fainting while taking citalopram. If you are taking citalopram, your healthcare professional may occasionally order an electrocardiogram (ECG, EKG) to monitor your heart rate and rhythm. Your healthcare provider may also order tests to check levels of potassium and magnesium in your blood.

Are there any risks of taking Celexa® for long periods of time?

To date, there are no known problems associated with long term use of citalopram. It is a safe and effective medication when used as directed.

What other medications may interact with Celexa®?

Citalopram should not be taken with or within 2 weeks of taking monoamine oxidase inhibitors (MAOIs). These include phenelzine (Nardil®), tranylcypromine (Parnate®), isocarboxazid (Marplan®), rasagiline (Azilect®), and selegiline (Emsam®).

Although rare, there is an increased risk of serotonin syndrome when citalopram is used with other medications that increase serotonin, such as other antidepressants, migraine medications called "triptans" (e.g., Imitrex®), some pain medications (e.g., tramadol (Ultram®)), and the antibiotic linezolid (Zyvox®).

Citalopram may **increase** the effects of other medications that can cause bleeding (e.g., ibuprofen (Advil®, Motrin®), and warfarin (Coumadin®) and aspirin).

Increased risk of QT prolongation when used with:

- Certain antiarrhythmics: quinidine (Quinidex Extentabs®, Quinaglute®, Quinalan®), procainamide (Procanbid®, Pronestyl®, Pronestyl-SR®), amiodarone (Cordarone®, Pacerone®), sotalol (Betapace, Sorine)
- Certain antipsychotics: chlorpromazine (Thorazine), thioridazine (Mellaril)
- Certain antibiotics: gatifloxacin (Tequin®), moxifloxacin (Avelox®)
- Methadone

How long does it take for Celexa® to work?

Sleep, energy, or appetite may show some improvement within the first 1-2 weeks. Improvement in these physical symptoms can be an important early signal that the medication is working. Depressed mood and lack of interest in activities may need up to 6-8 weeks to fully improve.

Clozaril (clozapine)

Brand names:

Clozaril®

- Tablets: 25 mg, 50 mg, 100 mg, 200 mg

FazaClo®

- Orally disintegrating tablets: 12.5 mg, 25 mg, 100 mg, 150 mg, 200 mg

Generic name: clozapine (KLOE za peen)

Medication class: Second generation antipsychotic (SGA), atypical antipsychotic

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is **Clozaril®/FazaClo®** and what does it treat?

Clozapine is a medication that works in the brain to treat schizophrenia. It is also known as a second generation antipsychotic (SGA) or atypical antipsychotic. Clozapine rebalances dopamine and serotonin to improve thinking, mood, and behavior.

Symptoms of schizophrenia include:

- Hallucinations - imagined voices or images that seem real
- Delusions - beliefs that are not true (e.g., other people are reading your thoughts)
- Disorganized thinking or trouble organizing your thoughts and making sense
- Little desire to be around other people
- Trouble speaking clearly
- Lack of motivation

Clozapine may help some or all of these symptoms.

Clozapine is also FDA approved to reduce the risk of recurrent suicidal behavior in people with schizophrenia or schizoaffective disorder.

What is the most important information I should know about Clozaril®/FazaClo®?

Schizophrenia requires long-term treatment. Do not stop taking clozapine, even when you feel better.

Only your healthcare provider can determine the length of clozapine treatment that is right for you.

Missing doses of clozapine may increase your risk for a relapse in your symptoms.

Do not stop taking clozapine or change your dose without talking to with your healthcare provider first.

For clozapine to work properly, it should be taken everyday as ordered by your healthcare provider.

Are there specific concerns about Clozaril®/FazaClo® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with schizophrenia who wish to become pregnant face important decisions. This is a complex decision since untreated schizophrenia has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Caution is advised with breastfeeding since clozapine does pass into breast milk.

What should I discuss with my healthcare provider before taking Clozaril®/FazaClo®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you ever had muscle stiffness, shaking, tardive dyskinesia, neuroleptic malignant syndrome, or weight gain caused by a medication
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any psychiatric or medical problems you have, such as heart rhythm problems, long QT syndrome, heart attacks, diabetes, high cholesterol, or seizures
- If you have a family history of diabetes or heart disease
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take Clozaril®/FazaClo®?

Clozapine is usually taken 1 or 2 times per day with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 25 mg to 700 mg. Only your healthcare provider can determine the correct dose for you.

Clozapine orally disintegrating tablets must remain in their original packaging. Open the package with clean dry hands before each dose. Do not try to put tablets in a pillbox if you take the orally disintegrating tablets.

Clozapine orally disintegrating tablets will dissolve in your mouth within seconds and can be swallowed with or without liquid.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Clozaril®/FazaClo®?

If you miss a dose of clozapine, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed. If you miss more than 2 days of medication, contact your prescriber because he/she may need to adjust your dose.

What should I avoid while taking Clozaril®/FazaClo®?

Avoid drinking alcohol or using illegal drugs while you are taking clozapine. They may decrease the benefits (e.g. worsen your confusion) and increase adverse effects (e.g. sedation) of the medication.

What happens if I overdose with Clozaril®/FazaClo®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of clozapine does not exist.

What are possible side effects of Clozaril®/FazaClo®?

Common Side Effects

Increased heart rate, low blood pressure, constipation, increased salivation

Feeling drowsy or dizzy

Rare Side Effects

Decreased white blood cells, inflammation of heart muscle, seizures, severely low blood pressure, urinary incontinence

Serious Side Effects

Some people may develop muscle related side effects while taking clozapine. The technical terms for these are "extrapyramidal effects" (EPS) and "tardive dyskinesia" (TD). Symptoms of EPS include restlessness, tremor, and stiffness. TD symptoms include slow or jerky movements that one cannot control, often starting in the mouth with tongue rolling or chewing movements.

Second generation antipsychotics (SGAs) increase the risk of weight gain, high blood sugar, and high cholesterol. This is also known as metabolic syndrome. Your healthcare provider may ask you for a blood sample to check your cholesterol, blood sugar, and hemoglobin A1c (a measure of blood sugar over time) while you take this medication.

- For more information including ideas for healthy eating and exercise, see the NAMI Hearts and Minds Program http://www.nami.org/template.cfm?section=Hearts_and_Minds.
- For the relative risk of each medication and monitoring recommendations, see Table 2 in the Consensus Conference on Antipsychotic Drugs <http://care.diabetesjournals.org/content/27/2/596.full.pdf+html>.

SGAs have been linked with higher risk of death, strokes, and transient ischemic attacks (TIAs) in elderly people with behavior problems due to dementia.

All antipsychotics have been associated with the risk of sudden cardiac death due to an arrhythmia (irregular heart beat). To minimize this risk, antipsychotic medications should be used in the smallest effective dose when the benefits outweigh the risks. Your doctor may order an EKG to monitor for irregular heart beat.

Neuroleptic malignant syndrome is a rare, life threatening adverse effect of antipsychotics which occurs in <1% of patients. Symptoms include confusion, fever, extreme muscle stiffness, and sweating. If any of these symptoms occur, contact your healthcare provider immediately.

Are there any risks of taking Clozaril®/FazaClo® for long periods of time?

Tardive dyskinesia (TD) is a side effect that develops with prolonged use of antipsychotics. Medications such as clozapine have been shown to have a lower risk of TD compared to older antipsychotics, such as Haldol (haloperidol). If you develop symptoms of TD, such as grimacing, sucking, and smacking of lips, or other movements that you cannot control, contact your healthcare provider immediately. All patients taking either first or second generation antipsychotics should have an Abnormal Involuntary Movement Scale (AIMS) completed regularly by their healthcare provider to monitor for TD.

Second generation antipsychotics (SGAs) increase the risk of diabetes, weight gain, high cholesterol, and high triglycerides. (See "Serious Side Effects" section for monitoring recommendations.)

What other medications may interact with Clozaril®/FazaClo®?

Clozapine may lower your blood pressure. Medications used to lower blood pressure may increase this effect and increase your risk of falling. Propranolol (Inderal®) is an example of this type of medication.

The following medications may increase the risk of heart problems when used with clozapine:

- Antipsychotics, such as chlorpromazine (Thorazine®), thioridazine (Mellaril®), iloperidone (Fanapt®), asenapine (Saphris®) paliperidone (Invega®), quetiapine (Seroquel®), ziprasidone (Geodon®)
- Antiarrhythmics (heart rhythm medications), such as procainamide, quinidine, amiodarone (Cordarone®), dronedarone (Multaq®), sotalol (Betapace®)

The following medications may **increase** the levels and effects of clozapine: ciprofloxacin (Cipro®), fluvoxamine (Luvox®) and

lamotrigine (Lamictal®)

The following medications may **decrease** the levels and effects of clozapine: carbamazepine (Tegretol®), phenytoin (Dilantin®), phenobarbital, and rifampin (Rifadin®)

Cigarette smoke can decrease levels of clozapine by as much as 50%. Let your healthcare provider know if you start or stop smoking cigarettes. Nicotine patches do not impact clozapine levels.

How long does it take for Clozaril®/FazaClo® to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking clozapine. It will probably take several weeks to see big enough changes in your symptoms to decide if clozapine is the right medication for you.

Antipsychotic treatment is generally needed lifelong for persons with schizophrenia. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

- Hallucinations, disorganized thinking, and delusions may improve in the first 1-2 weeks
- Sometimes these symptoms do not completely go away
- Motivation and desire to be around other people can take at least 1-2 weeks to improve
- Symptoms continue to get better the longer you take clozapine
- It may take 2-3 months before you get the full benefit of clozapine

Cymbalta® (duloxetine)

Brand name:

Cymbalta®

- Capsules (delayed release): 20 mg, 30 mg, 60 mg

Generic name: duloxetine (doo LOX e teen)

Medication class: Serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressant

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Cymbalta® and what does it treat?

Duloxetine is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD), generalized anxiety disorder (GAD), diabetic peripheral neuropathic pain (DPNP), fibromyalgia, and chronic musculoskeletal pain.

Symptoms of depression include:

- Depressed mood - feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, and helpless
- Loss of interest or pleasure in your usual activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation (â€œnervous energyâ€)
- Psychomotor retardation (feeling like you are moving and thinking in slow motion)
- Suicidal thoughts or behaviors

Generalized Anxiety Disorder (GAD) occurs when a person experiences excessive anxiety or worry for at least six months. Other symptoms include

- Restlessness
- Fatigue (low energy, feeling tired all the time)
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling asleep or waking up in the middle of the night)

What is the most important information I should know about Cymbalta®?

Do not stop taking duloxetine, even when you feel better. Only your healthcare provider can determine the length of treatment that is right for you.

Missing doses of duloxetine may increase your risk for relapse in your symptoms.

Stopping duloxetine abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, feeling dizzy, vomiting, nightmares, headache, and/or paresthesias (prickling, tingling sensation on the skin).

Depression is also a part of bipolar illness. People with bipolar disorder who take antidepressants may be at risk for "switching" from depression into mania. Symptoms of mania include "high" or irritable mood, very high self esteem,

decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, frequently involved in activities with a large risk for bad consequences (for example, excessive buying sprees).

Are there specific concerns about Cymbalta® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with MDD who wish to become pregnant face important decisions. Untreated MDD has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Caution is advised with breastfeeding since duloxetine does pass into breast milk.

What should I discuss with my healthcare provider before taking Cymbalta®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have, including a history of bipolar disorder, kidney or liver disease
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take Cymbalta®?

Duloxetine is usually taken 1 or 2 times per day with or without food

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 20 mg to 120 mg. Only your healthcare provider can determine the correct dose for you.

The capsule should be swallowed whole. It should not be chewed, crushed, or broken.

Consider using a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Cymbalta®?

If you miss a dose of duloxetine take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Cymbalta®?

Avoid drinking alcohol or using illegal drugs while you are taking antidepressant medications. They may decrease the benefits (e.g., worsen your condition) and increase adverse effects (e.g., sedation) of the medication. Alcohol increases the risk of liver problems with duloxetine.

What happens if I overdose with Cymbalta®?

If an overdose occurs, call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of duloxetine does not exist.

What are the possible side effects of Cymbalta®?

Common Side Effects

- Headache, nausea, diarrhea, dry mouth, increased sweating
- Feeling nervous, restless, fatigued, sleepy or having trouble sleeping (insomnia)

These will often improve over the first week or two as you continue to take the medication.

- Sexual side effects, such as problems with orgasm or ejaculatory delay
- Increased blood pressure

These often do not improve over time.

Rare Side Effects

Increased heart rate, low blood pressure, increased salivation, irregular menstrual cycle, increased frequency of urination, changes in taste, increased liver enzymes, increased bleeding (e.g., gums may bleed more easily), low sodium (signs of low sodium levels may include headache, weakness, difficulty concentrating and remembering), teeth grinding, difficulty urinating

Serious Side Effects

Hypertensive crisis (severely elevated blood pressure), myocardial infarction (heart attack), Stevens-Johnson syndrome (rash), serotonin syndrome, and gastrointestinal hemorrhage (bleeding from the gastrointestinal tract)

Are there any risks of taking Cymbalta® for long periods of time?

To date, there are no known problems associated with long term use of duloxetine. It is a safe and effective medication when used as directed.

What other medications may interact with Cymbalta®?

Duloxetine should not be taken with or within 2 weeks of taking monoamine oxidase inhibitors (MAOIs). These include phenelzine (Nardil®), tranylcypromine (Parnate®), isocarboxazid (Marplan®), rasagiline (Azalect®) and selegeline (Emsam®).

Although rare, there is an increased risk of serotonin syndrome when duloxetine is used with other medications that increase serotonin, such as other antidepressants, migraine medications called "triptans" (e.g., Imitrex®), some pain medications (e.g., tramadol (Ultram®), and the antibiotic linezolid (Zyvox®).

Duloxetine may **increase** the effects of other medications that can cause bleeding (e.g., ibuprofen (Advil®, Motrin®), warfarin (Coumadin®) and aspirin).

The following medications may **increase** the levels and effects of duloxetine: cimetidine (Tagamet®), ciprofloxacin (Cipro®), fluoxetine (Prozac®), fluvoxamine (Luvox®), paroxetine (Paxil®)

How long does it take for Cymbalta® to work?

Sleep, energy, or appetite may show some improvement within the first 1-2 weeks. Improvement in these physical symptoms can be an important early signal that the medication is working. Depressed mood and lack of interest in activities may need up to 6-8 weeks to fully improve.

Divalproex Sodium-Valproic Acid (Depakote®)

Brand names:

- **Depakene® - immediate release**
 - Syrup: 250 mg/5mL (there is 250 mg in one teaspoonful)
 - Capsules: 250 mg
- **Depakote®/Depakote® ER**— both are enteric-coated and slow release; Depakote® ER releases more slowly than Depakote®.
 - **Depakote®** tablets: 125 mg, 250 mg, 500 mg
 - **Depakote®** sprinkle capsules: 125 mg
 - **Depakote® ER** tablets: 250 mg, 500 mg
- **Stavzor®**— delayed release
 - Capsules: 125 mg, 250 mg, 500

Generic name:

- **Divalproex sodium, valproate, valproic acid [commonly referred to as valproate to include all formulations]**

Note: For the purpose of this document, the medication will be referred to as valproate to avoid confusion. Even though valproate is available in different names, strengths and formulations all provide the same active medicine. (See below for what you need to know about the different forms).

What is divalproex sodium and what does it treat?

Valproate is a medication that works in the brain to treat bipolar disorder. It is approved for the treatment of seizures (epilepsy) in adults and children; migraine headaches and acute mania associated with bipolar. Bipolar disorder involves episodes of depression and/or mania.

A depressive episode, or depression, occurs when a person experiences several of the following symptoms at the same time: "low" or depressed mood (for example, sad, empty, tearful), decreased interest in most or all activities, changes in appetite (usually decreased), changes in sleep (usually poor sleep), loss of energy, feeling worthless/guilty/hopeless/helpless, psychomotor agitation or retardation (i.e., thoughts/movements speeding up or slowing down), difficulty concentrating, and thoughts of death (suicidal thinking).

A manic episode, or mania, is when a person experiences several of the following symptoms at the same time: "high" or irritable mood, very high self esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, and frequently involved in activities with large risk for bad consequences (for example, excessive buying sprees).

Bipolar disorder is a brain disorder (mental illness) that exposes people to these mood changes over the course of time. Bipolar disorder affects more than two million Americans each year, but patients with this disorder can lead fulfilling lives when they receive proper treatment. Unfortunately, many people with this illness do not receive treatment.

What is the most important information I should know about divalproex sodium?

Do not stop taking valproate or change your dose without first talking to your healthcare provider.

Valproate is used for long-term treatment of bipolar disorder.

Do not stop taking valproate even when you feel better. Only your healthcare provider can determine the length of valproate treatment that is right for you.

Missing doses of valproate may increase your risk for a relapse in your mood symptoms.

In order for valproate to work properly, it should be taken every day as ordered by your healthcare provider.

Periodically, your healthcare provider may ask you to provide a blood sample to make sure the appropriate level of medication is in your body and to assess for side effects, such as changes in blood counts.

Are there specific concerns about divalproex sodium and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with bipolar disorder who wish to become pregnant face important decisions. This is a complex decision since untreated bipolar disorder has risks to the fetus as well as the mother. It is important to discuss with your doctor and caregivers.

See warnings at the end of this sheet for specific risks.

The American Academy of Pediatrics committee on medications in breast-feeding lists valproate as “compatible” with breast-feeding.

What should I discuss with my healthcare provider before taking divalproex sodium?

- Symptoms that are most bothersome to you about your condition
- If you have thoughts of suicide
- Medications you have taken in the past to treat bipolar disorder, whether they were effective or caused any adverse effects
- Any psychiatric or medical problems you may have
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving (such as psychotherapy (i.e., talk therapy) or substance abuse treatment). Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol or use illegal drugs

How should I take divalproex sodium?

Valproate is available in many different forms (e.g., liquid, sprinkle capsules and long-acting tablets) and usually is taken 1-3 times a day depending on the dosage form.

Valproate tablets should be swallowed whole, not crushed or chewed.

The contents of Depakote Sprinkle® capsules may be sprinkled on a small amount of soft food (such as applesauce or pudding) and swallowed immediately. The contents should not be crushed or chewed.

While the dose usually ranges from 1000 and 2500 mg daily, your healthcare provider will determine the dose that is right for you based upon your response and your blood level.

What happens if I miss a dose of divalproex sodium?

If you miss a dose of valproate, take it as soon as you remember it. If it is close to your next dose, wait until then to take the medication and skip the missed dose. Do not double your next dose or take more than your prescribed dose. Discuss any missed doses with your healthcare provider.

What should I avoid while taking divalproex sodium?

Avoid drinking alcohol or using illegal drugs while you are taking valproate. They may decrease the benefits (i.e., worsen your symptoms) and increase adverse effects (e.g., sedation, dizziness).

What happens if I overdose with divalproex sodium?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1 (800) 222-1222.

Overdosing with valproate may lead to dizziness, poor coordination, drowsiness, tremor, confusion, nausea, and vomiting. In severe cases, seizures, coma and death can occur.

A specific antidote for valproate does not exist.

What are possible side effects of divalproex sodium?

Common Side Effects

Nausea, diarrhea, drowsiness, and dizziness and weight gain

Rare Side Effects

Valproate may cause an increase in your blood levels of ammonia. If this happens, you may get confused, disoriented, or have difficulty thinking. It may also cause a decrease in the levels of platelets in your blood. If this happens, you may notice that you bruise easier than normal. Blood tests can be used to check the amount of ammonia and platelets in your blood and ensure safety of this medication.

Liver problems, which are rarely severe, may develop on valproate especially in the first six months of treatment. This is most common in young children taking valproate and other anticonvulsants for epilepsy. Pancreatitis and decreased blood counts are also rare but serious side effects. Blood tests to monitor blood counts, as well as liver and pancreas function are an important part of treatment with valproate, in order to make sure that you are safe. A fever or rash may be seen within the first few weeks of treatment. If you develop a fever, rash or itching soon after starting valproate contact your health care provider immediately.

Long-term use of valproate may lead to some hair loss. Speak to your healthcare provider if you experience this side effect.

Stopping valproate quickly may lead to having a seizure. Do not stop taking valproate without discussing it with your healthcare provider.

Talk with your healthcare provider if you experience side effects that are bothersome to you.

Are there any risks for taking divalproex sodium for long periods of time?

To date, there are no known problems associated with long term use of valproate. It is a safe and effective medication when used as directed.

What other medications may interact with divalproex sodium

- Medications that may decrease levels of valproate in the body: phenytoin (Dilantin®), carbamazepine (Tegretol®/Carbatrol®/Equetro®), rifampin (Rifadin®), or phenobarbital
- Avoid taking high doses of aspirin (for example, 325 mg three or more times a day) to treat fever or pain. Aspirin can interfere with valproate and *increase* valproate blood levels significantly. If you are taking a baby aspirin 81 mg or aspirin 325 mg once a day for your heart, this should not interfere with valproate.
- Valproate may increase the levels of some medications such as amitriptyline (Elavil®) and anti-seizure medications such as phenytoin (Dilantin®), carbamazepine (Tegretol®/Carbatrol®/Equetro®), and especially lamotrigine (Lamictal®).
- Combining valproate with a medication called topiramate (Topamax®) may also increase ammonia levels in your blood. If this happens, you may get confused, disoriented, or have difficulty thinking.

How long does it take for divalproex sodium to work?

It is very important to tell your doctor how you feel during the first few weeks after you start taking valproate. It will probably take several weeks to see big enough changes in your symptoms to decide if valproate is the right medication for you.

Mood stabilizer treatment is generally needed lifelong for persons with bipolar disorder. Your doctor can best discuss the duration of treatment you need based on your symptoms and course of illness.

Important Warning:

Liver problems or hepatic failure, which is rarely severe, may develop on valproate especially in the first six months of treatment. This is most common in young children (<2 years of age) taking valproate and other anticonvulsants for epilepsy. Your doctor will conduct blood tests to monitor your liver at regular intervals. If you experience right-sided stomach pain, severe nausea/vomiting, facial swelling, yellowing of the skin, and pale stools, these may be signs of liver problems. If you experience any of these symptoms, contact your healthcare provider immediately.

Pancreatitis (inflammation of the pancreas) is also a rare but serious side effects. If you experience severe belly pain, nausea, vomiting, and not feeling hungry contact your doctor immediately.

Exposure to valproate during the first three months of pregnancy is associated with increased risk of spinal cord defects (e.g., spina bifida) in the fetus. Bleeding, liver problems, developmental delays and other birth defects have also been reported. In order to decrease this risk, exposure to valproate during the first three months should be avoided if possible. Valproate can also cause vitamin K deficiency in the baby, which will increase the risk of bleeding. If valproate is used during pregnancy, close monitoring of fetal serum levels is recommended and a vitamin K supplement may be necessary.

Effexor® (venlafaxine)

Effexor®

- Tablets (immediate release): 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg

Effexor XR®

- Capsules (extended release): 37.5 mg, 75 mg, 150 mg

Venlafaxine

- Tablets (extended release): 37.5, 75 mg, 150 mg, 225 mg
- Tablets (immediate release): 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg

Generic name: venlafaxine (ven la FAX een)

Medication Class: Serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressant

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Effexor® and what does it treat?

Venlafaxine is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD), generalized anxiety disorder (GAD), panic disorder, and social anxiety disorder (social phobia).

Symptoms of depression include:

- Depressed mood - feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, and helpless
- Loss of interest or pleasure in your usual activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation (‘nervous energy’)
- Psychomotor retardation (feeling like you are moving and thinking in slow motion)
- Suicidal thoughts or behaviors

Generalized Anxiety Disorder (GAD) occurs when a person experiences excessive anxiety or worry for at least six months. Other symptoms include

- Restlessness
- Fatigue (low energy, feeling tired all the time)
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling asleep or waking up in the middle of the night)

Panic Disorder occurs when a person experiences unexpected and repeated episodes of intense fear. These episodes have physical symptoms including chest pain, shortness of breath, heart palpitations, sweating, dizziness, and nausea. Fear of future episodes is also part of panic disorder.

Social phobia/social anxiety disorder is a fear of situations where one may feel as if they are being judged by others.

Symptoms include:

- Blushing
- Difficulty talking
- Nausea
- Sweating
- Shaking

What is the most important information I should know about Effexor®?

Do not stop taking venlafaxine, even when you feel better. Only your healthcare provider can determine the length of treatment that is right for you.

Missing doses of venlafaxine may increase your risk for relapse in your symptoms.

Stopping venlafaxine abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, feeling dizzy, vomiting, nightmares, headache, and/or paresthesias (prickling, tingling sensation on the skin).

Depression is also a part of bipolar illness. People with bipolar disorder who take antidepressants may be at risk for "switching" from depression into mania. Symptoms of mania include "high" or irritable mood, very high self esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, frequently involved in activities with a large risk for bad consequences (for example, excessive buying sprees).

Are there specific concerns about Effexor® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with MDD who wish to become pregnant face important decisions. Untreated MDD has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Caution is advised with breastfeeding since venlafaxine does pass into breast milk.

What should I discuss with my healthcare provider before taking Effexor®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have, including a history of bipolar disorder
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take Effexor®?

Venlafaxine immediate release tablets are usually taken 2 or 3 times per day with or without food. The extended release tablets and capsules one time per day with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 37.5 mg to 300 mg. Only your healthcare provider can determine the correct dose for you.

Extended release tablets: swallow whole; do not chew, crush, or break

Extended release capsules: swallow whole or sprinkle onto food, such as applesauce or pudding and eat immediately.

Consider using a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Effexor®?

If you miss a dose of venlafaxine, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Effexor®?

Avoid drinking alcohol or using illegal drugs while you are taking antidepressant medications. They may decrease the benefits (e.g., worsen your condition) and increase adverse effects (e.g., sedation) of the medication.

What happens if I overdose with Effexor®?

If an overdose occurs, call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of venlafaxine does not exist.

What are the possible side effects of Effexor®?

Common Side Effects

- Headache, nausea, diarrhea, dry mouth, increased sweating
- Feeling nervous, restless, fatigued, sleepy or having trouble sleeping (insomnia)

These will often improve over the first week or two as you continue to take the medication.

- Sexual side effects, such as problems with orgasm or ejaculatory delay
- Increased blood pressure

These often do not improve over time.

Rare Side Effects

Increased heart rate, low blood pressure, increased salivation, irregular menstrual cycle, increased frequency of urination, changes in taste, increased bleeding (e.g., gums may bleed more easily), low sodium (signs of low sodium levels may include headache, weakness, difficulty concentrating and remembering), teeth grinding, difficulty urinating

Serious Side Effects

Serotonin syndrome, and gastrointestinal bleeding

Are there any risks of taking Effexor® for long periods of time?

To date, there are no known problems associated with long term use of venlafaxine. It is a safe and effective medication when used as directed.

What other medications may interact with Effexor®?

Venlafaxine should not be taken with or within 2 weeks of taking monoamine oxidase inhibitors (MAOIs). These include phenelzine (Nardil®), tranylcypromine (Parnate®), isocarboxazid (Marplan®), rasagiline (Azilect®), and selegiline (Emsam®).

Although rare, there is an increased risk of serotonin syndrome when venlafaxine is used with other medications that increase serotonin, such as other antidepressants, migraine medications called "triptans" (e.g., Imitrex®), some pain

medications (e.g., tramadol (Ultram[®]), and the antibiotic linezolid (Zyvox[®]).

Venlafaxine may **increase** the effects of other medications that can cause bleeding (e.g., ibuprofen (Advil[®], Motrin[®]), warfarin (Coumadin[®]) and aspirin).

How long does it take for Effexor[®] to work?

Sleep, energy, or appetite may show some improvement within the first 1-2 weeks. Improvement in these physical symptoms can be an important early signal that the medication is working. Depressed mood and lack of interest in activities may need up to 6-8 weeks to fully improve.

Geodon® (Ziprasidone)

Geodon®

–Capsules: 20 mg, 40 mg, 60 mg, 80 mg

- Injection (immediate release): 20 mg/mL

Generic name: ziprasidone (zi PRAS i done)

Medication class: Second generation antipsychotic (SGA), atypical antipsychotic

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Geodon® and what does it treat?

Ziprasidone is a medication that works in the brain to treat schizophrenia. It is also known as a second generation antipsychotic (SGA) or atypical antipsychotic. Ziprasidone rebalances dopamine and serotonin to improve thinking, mood, and behavior.

Symptoms of schizophrenia include:

- Hallucinations - imagined voices or images that seem real
- Delusions - beliefs that are not true (e.g., other people are reading your thoughts)
- Disorganized thinking or trouble organizing your thoughts and making sense
- Little desire to be around other people
- Trouble speaking clearly
- Lack of motivation

Ziprasidone may help some or all of these symptoms.

Ziprasidone is also FDA approved for the following indications:

- Acute treatment of manic or mixed episodes of bipolar disorder
- Maintenance (long-term) treatment of bipolar disorder (when used with lithium or valproate)
- Acute treatment of agitation in schizophrenia

This medication sheet will focus primarily on schizophrenia. You can find more information about bipolar disorder at http://www.nami.org/Template.cfm?Section=By_Illness.

What is the most important information I should know about Geodon®?

Schizophrenia requires long-term treatment. Do not stop taking ziprasidone, even when you feel better.

Only your healthcare provider can determine the length of ziprasidone treatment that is right for you.

Missing doses of ziprasidone may increase your risk for a relapse in your symptoms.

Do not stop taking ziprasidone or change your dose without talking to with your healthcare provider first.

For ziprasidone to work properly, it should be taken everyday as ordered by your healthcare provider.

Are there specific concerns about Geodon® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with schizophrenia who wish to become pregnant face important decisions. This is a complex decision since untreated schizophrenia has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Caution is advised with breastfeeding since ziprasidone does pass into breast milk.

What should I discuss with my healthcare provider before taking Geodon®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you ever had muscle stiffness, shaking, tardive dyskinesia, neuroleptic malignant syndrome, or weight gain caused by a medication
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any psychiatric or medical problems you have, such as heart rhythm problems, long QT syndrome, heart attacks, diabetes, high cholesterol, or seizures
- If you have a family history of diabetes or heart disease
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take Geodon®?

Ziprasidone is usually taken 2 times per day with food (at least 500 calories).

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 40 to 80 mg. Only your healthcare provider can determine the correct dose for you.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member a friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Geodon®?

If you miss a dose of ziprasidone, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Geodon®?

Avoid drinking alcohol or using illegal drugs while you are taking ziprasidone. They may decrease the benefits (e.g. worsen your confusion) and increase adverse effects (e.g. sedation) of the medication.

What happens if I overdose with Geodon®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of ziprasidone does not exist.

What are possible side effects of Geodon®?

Common Side Effects

- Headache, anxiety, upset stomach

- Feeling dizzy, drowsy or restless

Rare Side Effects

Ziprasidone may increase the blood levels of a hormone called prolactin. Side effects of increased prolactin levels include females losing their period, production of breast milk and males losing their sex drive or possibly experiencing erectile problems. Long term (months or years) of elevated prolactin can lead to osteoporosis, or increased risk of bone fractures.

Serious Side Effects

Some people may develop muscle related side effects while taking ziprasidone. The technical terms for these are "extrapyramidal effects" (EPS) and "tardive dyskinesia" (TD). Symptoms of EPS include restlessness, tremor, and stiffness. TD symptoms include slow or jerky movements that one cannot control, often starting in the mouth with tongue rolling or chewing movements.

Second generation antipsychotics (SGAs) increase the risk of weight gain, high blood sugar, and high cholesterol. This is also known as metabolic syndrome. Your healthcare provider may ask you for a blood sample to check your cholesterol, blood sugar, and hemoglobin A1c (a measure of blood sugar over time) while you take this medication.

- For more information including ideas for healthy eating and exercise, see the NAMI Hearts and Minds Program http://www.nami.org/template.cfm?section=Hearts_and_Minds.
- For the relative risk of each medication and monitoring recommendations, see Table 2 in the Consensus Conference on Antipsychotic Drugs <http://care.diabetesjournals.org/content/27/2/596.full.pdf+html>.

SGAs have been linked with higher risk of death, strokes, and transient ischemic attacks (TIAs) in elderly people with behavior problems due to dementia.

All antipsychotics have been associated with the risk of sudden cardiac death due to an arrhythmia (irregular heart beat). To minimize this risk, antipsychotic medications should be used in the smallest effective dose when the benefits outweigh the risks. Your doctor may order an EKG to monitor for irregular heart beat.

Neuroleptic malignant syndrome is a rare, life threatening adverse effect of antipsychotics which occurs in <1% of patients. Symptoms include confusion, fever, extreme muscle stiffness, and sweating. If any of these symptoms occur, contact your healthcare provider immediately.

Are there any risks of taking Geodon® for long periods of time?

Tardive dyskinesia (TD) is a side effect that develops with prolonged use of antipsychotics. Medications such as ziprasidone have been shown to have a lower risk of TD compared to older antipsychotics, such as Haldol® (haloperidol). If you develop symptoms of TD, such as grimacing, sucking, and smacking of lips, or other movements that you cannot control, contact your healthcare provider immediately. All patients taking either first or second generation antipsychotics should have an Abnormal Involuntary Movement Scale (AIMS) completed regularly by their healthcare provider to monitor for TD.

Second generation antipsychotics (SGAs) increase the risk of diabetes, weight gain, high cholesterol, and high triglycerides. (See "Serious Side Effects" section for monitoring recommendations.)

What other medications may interact with Geodon®?

Ziprasidone may block the effects of agents used to treat Parkinson's disease such as levodopa/carbidopa (Sinemet®), bromocriptine, pramipexole (Mirapex®), ropinirole (Requip®), and others.

The following medications may increase the risk of heart problems when used with ziprasidone:

- Antipsychotics, including chlorpromazine (Thorazine®), thioridazine (Mellaril®), asenapine (Saphris®), iloperidone (Fanapt®), paliperidone (Invega®), and quetiapine (Seroquel®)
- Antiarrhythmics (heart rhythm medications), including procainamide, quinidine, amiodarone (Cordarone®), dronedarone (Multaq®), and sotalol (Betapace®)

The following medications may **increase** the levels and effects of ziprasidone: fluoxetine (Prozac®), ketoconazole (Nizoral®), and paroxetine (Paxil®).

Carbamazepine (Tegretol®) may **decrease** the levels and effects of ziprasidone:

How long does it take for Geodon® to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking ziprasidone. It will probably take several weeks to see big enough changes in your symptoms to decide if ziprasidone is the right medication for you.

Antipsychotic treatment is generally needed lifelong for persons with schizophrenia. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

- Hallucinations, disorganized thinking, and delusions may improve in the first 1-2 weeks
- Sometimes these symptoms do not completely go away
- Motivation and desire to be around other people can take at least 1-2 weeks to improve
- Symptoms continue to get better the longer you take ziprasidone
- It may take 2-3 months before you get the full benefit of ziprasidone

Haldol® (haloperidol)

Brand name

Haldol®

- Tablets: 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg
- Oral solution: 2 mg/mL
- Short-acting Injection: 5 mg/mL
- Long-acting injection (decanoate): 50 mg/mL, 100 mg/mL

Generic name: haloperidol (HAL oh PER i dol)

Medication class: First generation antipsychotic (FGA), typical antipsychotic

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Haldol® and what does it treat?

Haloperidol is a medication that works in the brain to treat schizophrenia. It is also known as a first generation antipsychotic (FGA) or typical antipsychotic. Haloperidol rebalances dopamine to improve thinking, mood, and behavior.

Symptoms of schizophrenia include:

- Hallucinations - imagined voices or images that seem real
- Delusions - beliefs that are not true (e.g., other people are reading your thoughts)
- Disorganized thinking or trouble organizing your thoughts and making sense
- Little desire to be around other people
- Trouble speaking clearly
- Lack of motivation

Haloperidol may help some or all of these symptoms.

Haloperidol is also FDA approved for Tourette's syndrome.

This medication sheet will focus primarily on schizophrenia. You can find more information about Tourette's syndrome at http://www.nami.org/Template.cfm?Section=By_Illness.

What is the most important information I should know about Haldol®?

Schizophrenia requires long-term treatment. Do not stop taking haloperidol, even when you feel better.

Only your healthcare provider can determine the length of haloperidol treatment that is right for you.

Missing doses of haloperidol may increase your risk for a relapse in your symptoms.

Do not stop taking haloperidol or change your dose without talking to with your healthcare provider first.

For haloperidol to work properly, it should be taken everyday as ordered by your healthcare provider.

Are there specific concerns about Haldol® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with schizophrenia who wish to become pregnant face important decisions. This is a complex decision since untreated schizophrenia has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Caution is advised with breastfeeding since haloperidol does pass into breast milk.

What should I discuss with my healthcare provider before taking Haldol®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you ever had muscle stiffness, shaking, tardive dyskinesia, neuroleptic malignant syndrome, or weight gain caused by a medication
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any psychiatric or medical problems you have, such as heart rhythm problems, long QT syndrome, heart attacks, diabetes, high cholesterol, or seizures
- If you have a family history of diabetes or heart disease
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take Haldol®?

Haloperidol tablets and solution are usually taken 1 or 2 times per day with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose of the oral medication usually ranges from 5 mg to 20 mg. The dose of the long-acting injection is 25 mg to 200 mg. Only your healthcare provider can determine the correct dose for you.

Haloperidol oral solution should be measured with a dosing spoon or oral syringe, which you can get from your pharmacy if one is not provided with the product.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member a friend to remind you or check in with you to be sure you are taking your medication.

The long-acting injection form of generic name is administered every 3 to 4 weeks. Your healthcare provider will administer these injections.

What happens if I miss a dose of Haldol®?

If you miss a dose of haloperidol, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Haldol®?

Avoid drinking alcohol or using illegal drugs while you are taking haloperidol. They may decrease the benefits (e.g. worsen your confusion) and increase adverse effects (e.g. sedation) of the medication.

What happens if I overdose with Haldol®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of haloperidol does not exist.

What are possible side effects of Haldol®?

Common Side Effects

Rapid heartbeat, constipation, blurry vision, dry mouth, drop in blood pressure upon standing

Feeling drowsy, dizzy, or restless

Patients receiving haloperidol decanoate long-acting injection may notice some pain at the site of the injection. This pain should resolve after a few days.

Rare Side Effects

Changes in the body's ability to adjust temperature, vision problems, sensitivity to sunlight, seizures

Haloperidol may increase the blood levels of a hormone called prolactin. Side effects of increased prolactin levels include females losing their period, production of breast milk and males losing their sex drive or possibly experiencing erectile problems. Long term (months or years) of elevated prolactin can lead to osteoporosis or increased risk of bone fractures.

Serious Side Effects

Some people may develop muscle related side effects while taking haloperidol. The technical terms for these are "extrapyramidal effects" (EPS) and "tardive dyskinesia" (TD). Symptoms of EPS include restlessness, tremor, and stiffness. TD symptoms include slow or jerky movements that one cannot control, often starting in the mouth with tongue rolling or chewing movements.

All antipsychotics have been associated with the risk of sudden cardiac death due to an arrhythmia (irregular heart beat). To minimize this risk, antipsychotic medications should be used in the smallest effective dose when the benefits outweigh the risks. Your doctor may order an EKG to monitor for irregular heart beat.

Neuroleptic malignant syndrome is a rare, life threatening adverse effect of antipsychotics which occurs in <1% of patients. Symptoms include confusion, fever, extreme muscle stiffness, and sweating. If any of these symptoms occur, contact your healthcare provider immediately.

Are there any risks of taking Haldol® for long periods of time?

Tardive dyskinesia (TD) is a side effect that develops with prolonged use of antipsychotics. If you develop symptoms of TD, such as grimacing, sucking, and smacking of lips, or other movements that you cannot control, contact your healthcare provider immediately. All patients taking either first or second generation antipsychotics should have an Abnormal Involuntary Movement Scale (AIMS) completed regularly by their healthcare provider to monitor for TD.

What other medications may interact with Haldol®?

Haloperidol may block the effects of agents used to treat Parkinson's disease such as levodopa/carbidopa (Sinemet®), bromocriptine, pramipexole (Mirapex®), ropinirole (Requip®), and others.

Haloperidol may lower your blood pressure. Medications used to lower blood pressure may increase this effect and increase your risk of falling. Propranolol (Inderal®) is an example of this type of medication.

The following medications may increase the risk of heart problems when used with haloperidol:

- Antipsychotics including chlorpromazine (Thorazine®), thioridazine (Mellaril®), iloperidone (Fanapt®), paliperidone (Invega®), pimozone (Orap®), quetiapine (Seroquel®), and ziprasidone (Geodon®).
- Antiarrhythmics (heart rhythm medications) including procainamide, quinidine, amiodarone (Cordarone®), dronedarone (Multaq®), and sotalol (Betapace®).

Metoclopramide (Reglan®) may increase the risk of EPS or TD when used in combination with haloperidol.

The following medications may **increase** the levels and effects of haloperidol: bupropion (Wellbutrin®), fluoxetine (Prozac®),

fluvoxamine (Luvox[®]), ketoconazole (Nizoral[®]), venlafaxine (Effexor[®]), and paroxetine (Paxil[®]).

The following medications may **decrease** the levels and effects of haloperidol: carbamazepine (Tegretol[®], Equatro[®]), phenytoin (Dilantin[®]), phenobarbital, and rifampin (Rifadin[®])

How long does it take for Haldol[®] to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking haloperidol. It will probably take several weeks to see big enough changes in your symptoms to decide if haloperidol is the right medication for you.

Antipsychotic treatment is generally needed lifelong for persons with schizophrenia. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

- Hallucinations, disorganized thinking, and delusions may improve in the first 1-2 weeks
- Sometimes these symptoms do not completely go away
- Motivation and desire to be around other people can take at least 1-2 weeks to improve
- Symptoms continue to get better the longer you take haloperidol
- It may take 2-3 months before you get the full benefit of haloperidol

Invega® (paliperidone)

Brand name:

Invega®

- Extended-release tablets: 1.5 mg, 3 mg, 6 mg, 9 mg

Invega Sustenna®

–Extended-release injectable suspension: 39 mg, 78 mg, 117 mg, 156 mg, 234 mg

Generic name: paliperidone (pal ee PER i done)

Medication class: Second generation antipsychotic (SGA), atypical antipsychotic

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Invega® and what does it treat?

Paliperidone is a medication that works in the brain to treat schizophrenia and schizoaffective disorder. It is also known as a second generation antipsychotic (SGA) or atypical antipsychotic. Paliperidone rebalances dopamine and serotonin to improve thinking, mood, and behavior.

Schizoaffective Disorder

Schizoaffective disorder is an illness that includes abnormal moods (elevated and/or depressed) and psychosis.

Symptoms of schizophrenia/psychosis include:

- Hallucinations - imagined voices or images that seem real
- Delusions - beliefs that are not true (e.g., other people are reading your thoughts)
- Disorganized thinking or trouble organizing your thoughts and making sense
- Little desire to be around other people
- Trouble speaking clearly
- Lack of motivation

Mood symptoms include:

- Depressed mood – feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, or helpless
- Loss of interest or pleasure in normal activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation (‘nervous energy’)
- Psychomotor retardation (feeling like you are moving in slow motion)
- Feeling irritable or ‘high’
- Having increased self esteem
- Feeling like you don’t need to sleep
- Feeling the need to continue to talk

- Feeling like your thoughts are too quick (racing thoughts)
- Feeling distracted
- Getting involved in activities that are risky or could have bad consequences (e.g. excessive spending)

Paliperidone may help some or all of these symptoms.

This medication sheet will focus primarily on schizophrenia. You can find more information about schizoaffective disorder at http://www.nami.org/Template.cfm?Section=By_Illness.

What is the most important information I should know about Invega®?

Schizophrenia requires long-term treatment. Do not stop taking paliperidone, even when you feel better.

Only your healthcare provider can determine the length of paliperidone treatment that is right for you.

Missing doses of paliperidone may increase your risk for a relapse in your symptoms.

Do not stop taking paliperidone or change your dose without talking to with your healthcare provider first.

For paliperidone to work properly, it should be taken everyday as ordered by your healthcare provider.

Are there specific concerns about Invega® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with schizophrenia who wish to become pregnant face important decisions. This is a complex decision since untreated schizophrenia has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Caution is advised with breastfeeding since paliperidone does pass into breast milk.

What should I discuss with my healthcare provider before taking Invega®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you ever had muscle stiffness, shaking, tardive dyskinesia, neuroleptic malignant syndrome, or weight gain caused by a medication
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any psychiatric or medical problems you have, such as heart rhythm problems, long QT syndrome, heart attacks, diabetes, high cholesterol, or seizures
- If you have a family history of diabetes or heart disease
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take Invega®?

Paliperidone tablets are usually taken 1 time per day with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose of the tablets usually ranges from 3 mg to 12 mg. The dose of the injection usually ranges from 78 mg to 234 mg. Only your healthcare provider can determine the correct dose for you.

The tablets should be swallowed whole. They should not be chewed, crushed, or broken.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

The long-acting injection form of paliperidone is administered twice in the first 8 days of treatment, then every 4 weeks. Your healthcare provider will administer these injections.

What happens if I miss a dose of Invega®?

If you miss a dose of paliperidone, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Invega®?

Avoid drinking alcohol or using illegal drugs while you are taking paliperidone. They may decrease the benefits (e.g. worsen your confusion) and increase adverse effects (e.g. sedation) of the medication.

What happens if I overdose with Invega®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of paliperidone does not exist.

What are possible side effects of Invega®?

Common Side Effects

Low blood pressure, feeling dizzy and increased heart rate, especially when standing up

Fatigue, sleepiness, headache, constipation, and appetite increases are also common and more likely in children than in adults.

Sexual dysfunction

Rare Side Effects

Paliperidone may increase the blood levels of a hormone called prolactin. Side effects of increased prolactin levels include females losing their period, production of breast milk and males losing their sex drive or possibly experiencing erectile problems. Long term (months or years) of elevated prolactin can lead to osteoporosis, or increased risk of bone fractures.

Serious Side Effects

Some people may develop muscle related side effects while taking paliperidone. The technical terms for these are "extrapyramidal effects" (EPS) and "tardive dyskinesia" (TD). Symptoms of EPS include restlessness, tremor, and stiffness. TD symptoms include slow or jerky movements that one cannot control, often starting in the mouth with tongue rolling or chewing movements.

Second generation antipsychotics (SGAs) increase the risk of weight gain, high blood sugar, and high cholesterol. This is also known as metabolic syndrome. Your healthcare provider may ask you for a blood sample to check your cholesterol, blood sugar, and hemoglobin A1c (a measure of blood sugar over time) while you take this medication.

- For more information including ideas for healthy eating and exercise, see the NAMI Hearts and Minds Program http://www.nami.org/template.cfm?section=Hearts_and_Minds.
- For the relative risk of each medication and monitoring recommendations, see Table 2 in the Consensus Conference on Antipsychotic Drugs <http://care.diabetesjournals.org/content/27/2/596.full.pdf+html>.

SGAs have been linked with higher risk of death, strokes, and transient ischemic attacks (TIAs) in elderly people with

behavior problems due to dementia.

All antipsychotics have been associated with the risk of sudden cardiac death due to an arrhythmia (irregular heart beat). To minimize this risk, antipsychotic medications should be used in the smallest effective dose when the benefits outweigh the risks. Your doctor may order an EKG to monitor for irregular heart beat.

Neuroleptic malignant syndrome is a rare, life threatening adverse effect of antipsychotics which occurs in <1% of patients. Symptoms include confusion, fever, extreme muscle stiffness, and sweating. If any of these symptoms occur, contact your healthcare provider immediately.

Are there any risks of taking Invega® for long periods of time?

Tardive dyskinesia (TD) is a side effect that develops with prolonged use of antipsychotics. Medications such as paliperidone have been shown to have a lower risk of TD compared to older antipsychotics, such as Haldol® (haloperidol). If you develop symptoms of TD, such as grimacing, sucking, and smacking of lips, or other movements that you cannot control, contact your healthcare provider immediately. All patients taking either first or second generation antipsychotics should have an Abnormal Involuntary Movement Scale (AIMS) completed regularly by their healthcare provider to monitor for TD.

Second generation antipsychotics (SGAs) increase the risk of diabetes, weight gain, high cholesterol, and high triglycerides. (See "Serious Side Effects" section for monitoring recommendations.)

What other medications may interact with Invega®?

Paliperidone may block the effects of agents used to treat Parkinson's disease such as levodopa (Sinemet®), bromocriptine, pramipexole (Mirapex®), ropinirole (Requip®), and others.

Paliperidone may lower your blood pressure. Medications used to lower blood pressure may increase this effect and increase your risk of falling. Propranolol (Inderal®) is an example of this type of medication.

The following medications may increase the risk of heart problems when used with paliperidone.

- Antipsychotics including chlorpromazine (Thorazine®), thioridazine (Mellaril®), iloperidone (Fanapt®), asenapine (Saphris®), quetiapine (Seroquel®), and ziprasidone (Geodon®).
- Antiarrhythmics (heart rhythm medications), including procainamide, quinidine, amiodarone (Cordarone®), dronedarone (Multaq®), and sotalol (Betapace®).

The following medications may **increase** the levels and effects of paliperidone: divalproex sodium (Depakote®).

The following medications may **decrease** the levels and effects of paliperidone: carbamazepine (Tegretol®, Equatro®).

How long does it take for Invega® to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking paliperidone. It will probably take several weeks to see big enough changes in your symptoms to decide if paliperidone is the right medication for you.

Antipsychotic treatment is generally needed lifelong for persons with schizophrenia. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

- Hallucinations, disorganized thinking, and delusions may improve in the first 1-2 weeks
- Sometimes these symptoms do not completely go away
- Motivation and desire to be around other people can take at least 1-2 weeks to improve
- Symptoms continue to get better the longer you take paliperidone
- It may take 2-3 months before you get the full benefit of paliperidone

Klonopin® (clonazepam)

Brand name:

Klonopin®

- Tablets: 0.5 mg, 1 mg, 2 mg
- Wafers (orally disintegrating tablets): 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg

Generic name: clonazepam (kloe NA ze pam)

Medication class: benzodiazepine, anxiolytic (anti-anxiety)

What is Klonopin® and what does it treat?

Clonazepam is a benzodiazepine. It is approved for the treatment of panic disorder (with or without agoraphobia), as well as certain types of seizure disorders. However, benzodiazepines are also commonly used to treat difficulty sleeping and alcohol withdrawal.

Panic Disorder occurs when a person experiences unexpected and repeated episodes of intense fear. These episodes have physical symptoms including chest pain, shortness of breath, heart palpitations, sweating, dizziness, and nausea. Fear of future episodes is also part of panic disorder.

What is the most important information I should know about Klonopin®?

Do not drive a car or operate machinery until you know how this medication affects you because you may notice that you feel tired or dizzy.

Benzodiazepines, such as clonazepam, are often used for short periods of time only. They may produce emotional and/or physical dependence (addiction) even when used as recommended. Only your healthcare provider can determine the length of treatment that is right for you.

Do not stop taking clonazepam without talking to your healthcare provider first. Stopping clonazepam abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, tremor, dizziness, blood pressure changes, rapid heart rate, and seizures.

Are there specific concerns about Klonopin® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with anxiety disorders who wish to become pregnant face important decisions. It is important to discuss this with your doctor and caregivers.

Regarding breastfeeding, caution is advised since clonazepam does pass into breast milk.

What should I discuss with my healthcare provider before taking Klonopin®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your healthcare provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have including obstructive sleep apnea
- All other medications you are currently taking (including over the counter products and herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving such as talk therapy or substance abuse treatment. Your

provider can explain how these different treatments work with the medication.

- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take Klonopin®?

Clonazepam may be taken with or without food.

Clonazepam may be taken everyday at regular times or on an as needed (â€œPRNâ€) basis. Typically, your healthcare provider will limit the number of doses you should take in one day.

Your healthcare provider will determine the dose and method of taking the medication that is right for you based upon your response.

Clonazepam oral disintegrating tablets must remain in their original packaging. Open the package with clean dry hands before each dose. Do not try to put tablets in a pillbox if you take the orally disintegrating tablets.

Clonazepam oral disintegrating tablets will dissolve in your mouth within seconds and can be swallowed with or without liquid.

If you take the medication everyday (instead of â€œas neededâ€), use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take it. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Klonopin®?

If you miss a dose of clonazepam, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Klonopin®?

Avoid drinking alcohol and using illegal drugs while you are taking clonazepam. They may decrease the benefits (e.g., worsen your condition) and increase the adverse effects (e.g., sedation) of the medication. Alcohol increases the risk of accidental overdose with medications like clonazepam.

What happens if I overdose with Klonopin®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

Symptoms of overdose include confusion, impaired coordination, slow reflexes, coma, and death.

A specific treatment to reverse the effects of clonazepam does exist. This medicine, called flumazenil, can reverse the effects of clonazepam but must be given through an IV at a hospital. Only a doctor can decide if you need this medication.

What are the possible side effects of Klonopin®?

Common Side Effects

- Feeling dizzy, drowsy, fatigued, or lightheaded
- Impaired coordination, decreased ability to concentrate

If you experience these side effects after starting clonazepam they will often improve over the first week or two as you continue to take the medication.

Rare Side Effects

Increased heart rate, headache, memory impairment, irritability, restlessness

Serious Side Effects

Some people taking benzodiazepines develop a severe allergic reaction and swelling of the face. This can occur as early as

with the first dose.

Some people taking benzodiazepines for sleep have experienced various behaviors while they were asleep/not fully awake, such as sleep driving, making phone calls, and preparing or eating food. The individuals have no memory of the events when they awaken.

Are there any risks for taking Klonopin® for long periods of time?

Clonazepam is a safe and effective medication when used as directed. Benzodiazepines may produce emotional and/or physical dependence (addiction) even when used as recommended. Physical dependence may develop after 2 or more weeks of daily use.

What other medications may interact with Klonopin®?

The following medications may **increase** the levels and effects of clonazepam:

- Antifungal medications such as ketoconazole (Nizoral®) or itraconazole (Sporanox®)
- Nefazodone
- Fluvoxamine (Luvox®)
- Cimetidine (Tagamet®)
- Erythromycin

The following medications may **decrease** the levels and effects of clonazepam:

- Phenytoin (Dilantin®), carbamazepine (Tegretol®), phenobarbital

Clonazepam should not be taken with other benzodiazepine medications.

Clonazepam may cause drowsiness, so caution should be used when combining it with other medications that cause drowsiness. These could include:

- Antihistamines such as diphenhydramine (Benadryl®)
- Narcotic pain medication such as morphine, oxycodone (OxyContin®), and hydrocodone (Vicodin® and Lortab®),
- Sleeping medications such as zolpidem (Ambien®)
- Other anti-anxiety medications, antipsychotic medications, certain anticonvulsant medications, and tricyclic antidepressant medications (such as amitriptyline)

How long does it take for Klonopin® to work?

When starting clonazepam, anxiety or insomnia may improve rapidly or over a period of days or within hours of the first dose of medication.

Lamictal® (lamotrigine)

Brand names

Lamictal®

- Tablets (non–chewable): 25 mg, 100 mg, 150 mg, 200 mg
- Chewable tablets: 2 mg, 5 mg, 25 mg
- Oral Disintegrating tablets: 25 mg, 50 mg, 100 mg, 200 mg
- Two different dosing “starter” kits are also available. One is for patients who are already taking valproate (Depakote®); the other is for patients who are already taking carbamazepine (Tegretol®).

Lamictal® XR™

- Tablets (extended release): 25mg, 50 mg, 100 mg, 200 mg

Generic Name : lamotrigine (la MOE tri jeen)

Medication class : mood stabilizer, anticonvulsant

All FDA Black Box Warnings are at the end of this fact sheet. Please review before taking this medication.

What is Lamictal® and what does it treat?

Lamotrigine is a medication that works in the brain to treat bipolar disorder (also known as manic depression). It is also approved for the treatment of seizure disorders. Bipolar disorder involves episodes of depression and/or mania.

Symptoms of depression include:

- Depressed mood – feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, or helpless
- Loss of interest or pleasure in normal activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation ('nervous energy')
- Psychomotor retardation (feeling like you are moving in slow motion)

Symptoms of mania include:

- Feeling irritable or 'high'
- Having increased self esteem
- Feeling like you don't need to sleep
- Feeling the need to continue to talk
- Feeling like your thoughts are too quick (racing thoughts)
- Feeling distracted
- Getting involved in activities that are risky or could have bad consequences (e.g. excessive spending)

What is the most important information I should know about Lamictal®?

Bipolar disorder requires long-term treatment. Do not stop taking lamotrigine even when you feel better.

Only your healthcare provider can determine the length of lamotrigine treatment that is right for you.

Missing doses of lamotrigine may increase your risk for a relapse in your mood symptoms and increase the risk of side effects when you take it.

Do not stop taking lamotrigine or change your dose without talking to with your healthcare provider first.

In order for lamotrigine to work properly, it should be taken every day as ordered by your healthcare provider.

Are there specific concerns about Lamictal® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with bipolar disorder who wish to become pregnant face important decisions. This is a complex decision since untreated bipolar disorder has risks for the fetus as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Lamotrigine has been associated with an increased risk of oral clefts. There may be precautions to decrease the risk of this effect. Discontinuing mood stabilizer medications during pregnancy has been associated with a significant increase in symptom relapse.

Regarding breastfeeding, caution is advised since lamotrigine does pass into breast milk.

What should I discuss with my healthcare provider before taking Lamictal®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use illegal drugs

How should I take Lamictal®?

Lamotrigine is usually taken 1 or 2 times daily. It may be taken with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 25 mg to 200 mg. Only your healthcare provider can determine the correct dose for you.

Extended release tablets: Swallow whole. Do not crush, chew or split tablets.

Lamotrigine orally disintegrating tablets must remain in their original packaging. Open the package with clean dry hands before each dose. Do not try to put tablets in a pillbox if you take the orally disintegrating tablets.

Lamotrigine orally disintegrating tablets will dissolve in your mouth within seconds and can be swallowed with or without liquid.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member a friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Lamictal®?

If you miss a dose of lamotrigine take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your dose or take more than what is prescribed. If you miss more than 3 days of medication, contact your prescriber because he/she may need to adjust your dose.

What should I avoid while taking Lamictal®?

Avoid drinking alcohol or using illegal drugs while you are taking lamotrigine. They may decrease the benefits (e.g. worsen your symptoms) and increase adverse effects (e.g., sedation) of the medication.

What happens if I overdose with Lamictal®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of lamotrigine does not exist.

What are possible side effects of Lamictal®?

Common Side Effects

- Nausea, insomnia, runny nose, non-serious rash, headache, diarrhea, abnormal dreams and itchy skin
- Feeling dizzy, drowsy or physically tired (fatigued)

Rare Side Effects

A serious, life threatening rash (also known as Stevens–Johnson Syndrome) may occur with the use of lamotrigine. Extra caution is needed in patients who are younger than the age of 16 and receiving lamotrigine. These patients may be at an increased risk of developing this life threatening rash.

Contact your healthcare provider immediately if you develop a skin reaction, fever, swelling, or shortness of breath.

Seizures may occur if a patient taking lamotrigine suddenly stops taking it.

Serious Side Effects

Studies have found that individuals who take antiepileptic medications including lamotrigine have suicidal thoughts or behaviors up to twice as often than individuals who take placebo (inactive medication). These thoughts or behaviors occurred in approximately 1 in 550 patients taking the antiepileptic class of medications.

Aseptic meningitis has been identified as a very rare but serious side effect of lamotrigine. It has been reported in less than 1/100,000 people taking lamotrigine. Contact your healthcare professional immediately if you experience headache, fever, chills, nausea, vomiting, stiff neck, rash, sedation, confusion or abnormal sensitivity to light while taking lamotrigine.

Are there any risks for taking Lamictal® for long periods of time?

To date, there are no known problems associated with long term use of lamotrigine. It is a safe and effective medication when used as directed.

What other medications interact with Lamictal®?

The following medications may **increase** the level and effect of lamotrigine:

- valproic acid/valproate/divalproex (Depakene®/Depakote®/Depakote ER®)

The following medications may **decrease** the level and effect of lamotrigine:

- Anticonvulsants such as phenytoin (Dilantin®), carbamazepine (Tegretol®/Carbatrol®/Equetro®), and phenobarbital
- Oral contraceptives (birth control pills)

- Rifampin (Rifadin®), ritonavir (Norvir®)

Lamotrigine may **increase** the levels and effects of clozapine

How long does it take for Lamictal® to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking lamotrigine. It will probably take several weeks to see big enough changes in your symptoms to decide if lamotrigine is the right medication for you.

Mood stabilizer treatment is generally needed lifelong for persons with bipolar disorder. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

Lexapro® (escitalopram)

Brand Name:

Lexapro®

- Tablets: 5 mg, 10 mg, 20 mg
- Liquid: 1 mg per mL

Generic Name: escitalopram (es sye TAL oh pram)

Medication class: Selective serotonin reuptake inhibitor (SSRI) antidepressant

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Lexapro® and what does it treat?

Escitalopram is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD) and generalized anxiety disorder (GAD).

Symptoms of depression include:

- **Depressed mood - feeling sad, empty, or tearful**
- **Feeling worthless, guilty, hopeless, and helpless**
- **Loss of interest or pleasure in your usual activities**
- **Sleep and eat more or less than usual (for most people it is less)**
- **Low energy, trouble concentrating, or thoughts of death (suicidal thinking)**
- **Psychomotor agitation (â€œnervous energyâ€)**
- **Psychomotor retardation (feeling like you are moving and thinking in slow motion)**
- **Suicidal thoughts or behaviors**

Generalized Anxiety Disorder (GAD) occurs when a person experiences excessive anxiety or worry for at least six months. Other symptoms include

- Restlessness
- Fatigue (low energy, feeling tired all the time)
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling asleep or waking up in the middle of the night)

What is the most important information I should know about Lexapro®?

Do not stop taking escitalopram, even when you feel better. Only your healthcare provider can determine the length of treatment that is right for you.

Missing doses of escitalopram may increase your risk for relapse in your symptoms.

Stopping escitalopram abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, feeling dizzy, vomiting, nightmares, headache, and/or paresthesias (prickling, tingling sensation on the skin).

Depression is also a part of bipolar illness. People with bipolar disorder who take antidepressants may be at risk for "switching" from depression into mania. Symptoms of mania include "high" or irritable mood, very high self esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, frequently involved in activities with a large risk for bad consequences (for example, excessive buying sprees).

Are there specific concerns about Lexapro® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with MDD who wish to become pregnant face important decisions. Untreated MDD has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

For mothers who have taken SSRIs during their pregnancy, there appears to be less than a 1% chance of infants developing persistent pulmonary hypertension. This is a potentially fatal condition that is associated with use of the antidepressant in the second half of pregnancy. However, women who discontinued antidepressant therapy were five times more likely to have a depression relapse than those who continued their antidepressant. If you are pregnant, please discuss the risks and benefits of antidepressant use with your healthcare provider.

Caution is advised with breastfeeding since escitalopram does pass into breast milk.

What should I discuss with my healthcare provider before taking Lexapro®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have, including a history of bipolar disorder
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take Lexapro®?

Escitalopram is usually taken 1 time per day with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 10 mg to 20 mg. Only your healthcare provider can determine the correct dose for you.

The liquid should be measured with a dosing spoon or oral syringe which you can get from your pharmacy.

Consider using a calendar, pillbox, alarm clock, or cell to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Lexapro®?

If you miss a dose of escitalopram, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Lexapro®?

Avoid drinking alcohol or using illegal drugs while you are taking antidepressant medications. They may decrease the

benefits (e.g., worsen your condition) and increase adverse effects (e.g., sedation) of the medication.

What happens if I overdose with Lexapro®?

If an overdose occurs, call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of escitalopram does not exist.

What are the possible side effects of Lexapro®?

Common Side Effects

- Headache, nausea, diarrhea, dry mouth, increased sweating
- Feeling nervous, restless, fatigued, sleepy or having trouble sleeping (insomnia)

These will often improve over the first week or two as you continue to take the medication.

Sexual side effects, such as problems with orgasm or ejaculatory delay often do not diminish over time.

Rare

Increased bleeding (e.g., gums may bleed more easily), low sodium blood levels (signs of low sodium levels may include headache, weakness, difficulty concentrating and remembering), teeth grinding

Serious Side Effects

Seizure

Are there any risks of taking Lexapro® for long periods of time?

To date, there are no known problems associated with long term use of escitalopram. It is a safe and effective medication when used as directed.

What other drugs may interact with Lexapro®?

Escitalopram should not be taken with or within 2 weeks of taking monoamine oxidase inhibitors (MAOIs). These include phenelzine (Nardil®), tranylcypromine (Parnate®), isocarboxazid (Marplan®), rasagiline (Azilect®), and selegeline (Emsam®).

Although rare, there is an increased risk of serotonin syndrome when escitalopram is used with other medications that increase serotonin, such as other antidepressants, migraine medications called "triptans" (e.g., Imitrex®), some pain medications (e.g., tramadol (Ultram®), and the antibiotic linezolid (Zyvox®).

Escitalopram may **increase** the effects of other medications that can cause bleeding (e.g., ibuprofen (Advil®, Motrin®), warfarin (Coumadin®) and aspirin).

How long does it take for Lexapro® to work?

Sleep, energy, or appetite may show some improvement within the first 1-2 weeks. Improvement in these physical symptoms can be an important early signal that the medication is working. Depressed mood and lack of interest in activities may need up to 6-8 weeks to fully improve.

Lithium

Brand names:

Eskalith®, Eskalith CR®, Lithobid®

- Tablets: 300mg, 450mg
- Capsules: 300mg
- Generic name: Lithium carbonate (tablets and capsules), Lithium citrate (liquid)
- Tablets: 300mg
- Slow-release tablets: 300mg, 450mg
- Capsules: 150mg, 300mg, 600mg
- Liquid: 300mg/5mL (300mg per teaspoonful)

What is lithium and what does it treat?

Lithium is a medication that works in the brain to treat bipolar disorder. It is approved for the treatment of bipolar disorder and acute mania. Bipolar disorder involves episodes of depression and/or mania.

A depressive episode, or depression, occurs when a person experiences several of the following symptoms at the same time: "low" or depressed mood (e.g., sad, empty, tearful), decreased interest in most or all activities, changes in appetite (usually decreased), changes in sleep (usually poor sleep), loss of energy, feeling worthless/guilty/hopeless/helpless, psychomotor agitation or retardation (i.e., thoughts/movements speeding up or slowing down), difficulty concentrating, and thoughts of death (suicidal thinking).

A manic episode, or mania, is when a person experiences several of the following symptoms at the same time: "high" or irritable mood, very high self esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, and frequently involved in activities with large risk for bad consequences (e.g., excessive buying sprees).

Bipolar disorder is a brain disorder (mental illness) that exposes people to these mood changes over the course of time. Bipolar disorder affects more than two million Americans each year, but individuals with this disorder can lead fulfilling lives when they receive proper treatment. Unfortunately, many people with this illness do not receive treatment.

What is the most important information I should know about lithium?

Do not stop taking lithium or change your dose without first talking to your healthcare provider.

Lithium is used for long-term treatment of bipolar disorder.

Do not stop taking lithium even when you feel better. Only your healthcare provider can determine the length of lithium treatment that is right for you.

Missing doses of lithium may increase your risk for a relapse in your mood symptoms.

In order for lithium to work properly, it should be taken every day as ordered by your healthcare provider.

Periodically, your healthcare provider may ask you to provide a blood sample to make sure the appropriate level of medication is in your body and to assess for side effects, such as changes in blood counts.

Are there specific concerns about lithium and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with bipolar disorder who wish to become pregnant face important decisions. This is a complex decision since untreated bipolar disorder has risks to the fetus as well as the mother. It is important to discuss with your doctor and caregivers.

Exposure to lithium during the first three months of pregnancy is associated with a slightly increased risk of "Ebstein's Anomaly", a heart valve defect. Even though recent data suggest that the risk of Ebstein's anomaly from first trimester use of lithium is very low, an ultrasound of the heart is recommended at 16 to 20 weeks of gestation. Serum lithium concentrations should be monitored monthly in early pregnancy and weekly near delivery. Avoidance of sodium depletion and avoidance of a low salt diet are recommended to prevent lithium toxicity.

Breast-feeding is not recommended in women who are taking lithium.

What should I discuss with my healthcare provider before taking lithium?

- Symptoms that are most bothersome to you about your condition
- If you have thoughts of suicide
- Medications you have taken in the past to treat bipolar disorder, whether they were effective or caused any adverse effects
- Any psychiatric or medical problems you may have
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving (such as psychotherapy (i.e., talk therapy) or substance abuse treatment). Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take lithium?

Lithium is usually taken two to three times per day with food.

If you are taking an extended release form of lithium, it is important to swallow the tablet whole. Do not crush or chew extended release tablets.

While the dose usually ranges from 900–1200 mg/day, your healthcare provider will determine the dose that is right for you based upon your response and your lithium blood level.

What happens if I miss a dose of lithium?

If you miss a dose of lithium, take it as soon as you remember it. If it is close to your next dose, wait until then to take the medication and skip the missed dose. Do not double your next dose or take more than your prescribed dose. Discuss any missed doses with your healthcare provider.

What should I avoid while taking lithium?

Avoid drinking alcohol or using illegal drugs while you are taking lithium. They may decrease the benefits (e.g., worsen your symptoms) and increase adverse effects (e.g., sedation, dizziness).

Avoid excessive intake of caffeinated beverages, such as coffee, tea, cola or energy drinks, since these may decrease levels of lithium and decrease effectiveness of the medication

What happens if I overdose with lithium?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1 (800) 222-1222.

Overdosing with lithium may lead to: confusion, difficulty concentrating, sluggishness, vomiting, diarrhea, poor coordination, tremor and muscle weakness or twitching. In severe cases, people can develop abnormal heart rhythm, seizures. Coma and death are possible.

A specific antidote for lithium does not exist.

What are possible side effects of lithium?

Common

Sedation, nausea, loss of appetite, mild diarrhea, dizziness, fine hand tremors, increased production of urine and excessive thirst are common side effects.

Rare

In rare cases, lithium may lead to a reversible condition known as diabetes insipidus. If this occurs you would notice a drastic increase in thirst and how much fluid you drink as well as how much you urinate.

Hypothyroidism and other thyroid conditions may occur with long term lithium use.

Are there any risks for taking lithium for long periods of time?

To date, there are rare kidney problems associated with long term use of lithium. Generally, it is a safe and effective medication when used as directed.

What other medications may interact with lithium?

There are a number of medications which can **increase** the amount of lithium in the body. These include:

- Diuretics: hydrochlorothiazide (Microzide), furosemide (Lasix), bumetanide (Bumex), torsemide (Demadex), acetazolamide (Diamox), chlorothiazide (Diuril), and chlorthalidone (Thalitone)
- Non-steroidal anti-inflammatory medications (NSAIDs) including: ibuprofen (Advil); naproxen (Aleve, Naprosyn); celecoxib (Celebrex); diclofenac (Voltaren); and nabumetone (Relafen)
- Angiotensin receptor blockers (ARBs): valsartan (Diovan), olmesartan (Benicar), candesartan (Atacand), losartan (Cozaar)
- Angiotensin converting enzyme (ACE) inhibitors: enalapril (Vasotec), captopril (Capoten), benazepril (Lotensin), fosinopril (Monopril)

Some substances may **decrease** the amounts of lithium in the body, examples include:

- Caffeine
- Theo-Dur®, Slo-Bid® (theophylline)

How long does it take for lithium to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking lithium. It will probably take several weeks to see big enough changes in your symptoms to decide if lithium is the right medication for you.

Mood stabilizer treatment is generally needed lifelong for persons with bipolar disorder. Your doctor can best discuss the duration of treatment you need based on your symptoms and course of illness.

Paxil® (paroxetine)

Brand names:

Paxil®

- Tablets (immediate release): 10 mg, 20 mg, 30 mg, 40 mg
- Liquid suspension: 10 mg/5 ml

Paxil CR®

- Tablets (controlled release): 12.5 mg, 25 mg, 37.5 mg

Pexeva®

- Tablets (immediate release): 10 mg, 20 mg, 30 mg, 40 mg

Generic name: paroxetine (pa ROKS e teen)

Medication class: Selective serotonin reuptake inhibitor (SSRI) antidepressant

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Paxil® and what does it treat?

Paroxetine is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD), generalized anxiety disorder (GAD), social anxiety disorder (social phobia), panic disorder, obsessive compulsive disorder (OCD), posttraumatic stress disorder (PTSD), and premenstrual dysphoric disorder (PMDD).

Symptoms of depression include:

- Depressed mood - feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, and helpless
- Loss of interest or pleasure in your usual activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation (â€œnervous energyâ€)
- Psychomotor retardation (feeling like you are moving and thinking in slow motion)
- Suicidal thoughts or behaviors

Generalized Anxiety Disorder (GAD) occurs when a person experiences excessive anxiety or worry for at least six months. Other symptoms include

- Restlessness
- Fatigue (low energy, feeling tired all the time)
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling asleep or waking up in the middle of the night)

Social phobia/social anxiety disorder is a fear of situations where one may feel as if they are being judged by others. Symptoms include:

- Blushing
- Difficulty talking
- Nausea
- Sweating
- Shaking

Panic Disorder occurs when a person experiences unexpected and repeated episodes of intense fear. These episodes have physical symptoms including chest pain, shortness of breath, heart palpitations, sweating, dizziness, and nausea. Fear of future episodes is also part of panic disorder.

Obsessive Compulsive Disorder (OCD) occurs when a person experiences the following symptoms at the same time:

- Obsessions (unwanted, recurrent, and disturbing thoughts)
- Compulsions (repetitive, ritualized behaviors that the person feels driven to perform in order to lessen the anxiety produced by the obsessions)

PTSD occurs when a person experiences a traumatic event (e.g. assault, combat experience) and then later feels on edge; avoids situations that remind them of the event; and experiences flashbacks or nightmares.

Premenstrual dysphoric disorder (PMDD) is a condition where a woman experiences depression, tension, and irritability for a few days prior to menstruation that end when menstruation begins. These symptoms are more severe than those of premenstrual syndrome (PMS).

What is the most important information I should know about Paxil®?

Do not stop taking paroxetine, even when you feel better. Only your healthcare provider can determine the length of treatment that is right for you.

Missing doses of paroxetine may increase your risk for relapse in your symptoms.

Stopping paroxetine abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, feeling dizzy, vomiting, nightmares, headache, and/or paresthesias (prickling, tingling sensation on the skin).

Depression is also a part of bipolar illness. People with bipolar disorder who take antidepressants may be at risk for "switching" from depression into mania. Symptoms of mania include "high" or irritable mood, very high self esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, frequently involved in activities with a large risk for bad consequences (for example, excessive buying sprees).

Are there specific concerns about Paxil® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with MDD who wish to become pregnant face important decisions. Untreated MDD has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

For mothers who have taken SSRIs during their pregnancy, there appears to be less than a 1% chance of infants developing persistent pulmonary hypertension. This is a potentially fatal condition that is associated with use of the antidepressant in the second half of pregnancy. However, women who discontinued antidepressant therapy were five times more likely to have a depression relapse than those who continued their antidepressant. If you are pregnant, please discuss the risks and benefits of antidepressant use with your healthcare provider.

Caution is advised with breastfeeding since paroxetine does pass into breast milk.

What should I discuss with my healthcare provider before taking Paxil®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects

- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have, including a history of bipolar disorder
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take Paxil®?

Paroxetine is usually taken 1 time per day with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 10 mg to 40 mg (50 mg for controlled release). Only your healthcare provider can determine the correct dose for you.

If you are taking paroxetine for PMDD, it can be taken once daily (everyday) or intermittently (usually starting 14 days prior to menstruation through the first full day of menses of each cycle). Discuss this with your prescriber.

The liquid should be measured with a dosing spoon or oral syringe which you can get from your pharmacy.

The controlled release form should be swallowed whole. It should not be chewed, crushed, or broken.

Consider using a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Paxil®?

If you miss a dose of paroxetine, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Paxil®?

Avoid drinking alcohol or using illegal drugs while you are taking antidepressant medications. They may decrease the benefits (e.g., worsen your condition) and increase adverse effects (e.g., sedation) of the medication.

What happens if I overdose with Paxil®?

If an overdose occurs, call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of paroxetine does not exist.

What are the possible side effects of Paxil®?

Common Side Effects

- Headache, nausea, diarrhea, dry mouth, increased sweating
- Feeling nervous, restless, fatigued, sleepy or having trouble sleeping (insomnia)

These will often improve over the first week or two as you continue to take the medication.

Sexual side effects, such as problems with orgasm or ejaculatory delay often do not diminish over time.

Rare

Increased bleeding (e.g., gums may bleed more easily), low sodium blood levels (signs of low sodium levels may include headache, weakness, difficulty concentrating and remembering), teeth grinding

Serious Side Effects

Seizure

Are there any risks of taking Paxil® or long periods of time?

To date, there are no known problems associated with long term use of paroxetine. It is a safe and effective medication when used as directed.

What other medications may interact with Paxil®?

Paroxetine should not be taken with or within two weeks of taking monoamine oxidase inhibitors (MAOIs). These include phenelzine (Nardil®), tranylcypromine (Parnate®), isocarboxazid (Marplan®), rasagiline (Azilect®), and selegiline (Emsam®).

Although rare, there is an increased risk of serotonin syndrome when paroxetine is used with other medications that increase serotonin, such as other antidepressants, migraine medications called "triptans" (e.g., Imitrex®), some pain medications (e.g., tramadol (Ultram®)), and the antibiotic linezolid (Zyvox®).

Paroxetine may increase the levels of:

- Atomoxetine (Strattera®)
- Antipsychotics, such as aripiprazole (Abilify®), risperidone (Risperdal®)
- Warfarin (Coumadin®)
- Cardiac medications such as propafenone (Rythmol®), metoprolol (Toprol XL®, Lopressor®) and propranolol (Inderal®)
- Tricyclic antidepressants, such as, desipramine (Norpramin®), imipramine (Tofranil®)

Combining paroxetine with thioridazine (Mellaril®) is not recommended.

Paroxetine may **increase** the effects of other medications that can cause bleeding (e.g., ibuprofen (Advil®, Motrin®), warfarin (Coumadin®) and aspirin).

How long does it take for Paxil® to work?

Sleep, energy, or appetite may show some improvement within the first 1-2 weeks. Improvement in these physical symptoms can be an important early signal that the medication is working. Depressed mood and lack of interest in activities may need up to 6-8 weeks to fully improve.

Prolixin[®] (fluphenazine)

Brand name:

Prolixin[®]

- Tablets: 1 mg, 2.5 mg, 5 mg, 10 mg
- Liquid: Oral 0.5 mg/mL and 5 mg/mL (concentrate)
- Injection: Fluphenazine hydrochloride (short-acting) 2.5 mg/mL; fluphenazine decanoate (long-acting) 25 mg/mL

Medication class: first generation antipsychotic (FGA)

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is PROLIXIN[®] and what does it treat?

Fluphenazine is a medication that works in the brain to treat schizophrenia. It is also known as a first generation antipsychotic (FGA) or typical antipsychotic. Fluphenazine rebalances dopamine to improve thinking, mood, and behavior.

Symptoms of schizophrenia include:

- Hallucinations - imagined voices or images that seem real
- Delusions - beliefs that are not true (e.g., other people are reading your thoughts)
- Disorganized thinking or trouble organizing your thoughts and making sense
- Little desire to be around other people
- Trouble speaking clearly
- Lack of motivation

Fluphenazine may help some or all of these symptoms.

What is the most important information I should know about PROLIXIN[®]?

Schizophrenia requires long-term treatment. Do not stop taking fluphenazine, even when you feel better.

Only your healthcare provider can determine the length of fluphenazine treatment that is right for you.

Missing doses of fluphenazine may increase your risk for a relapse in your symptoms.

Do not stop taking fluphenazine or change your dose without talking to with your healthcare provider first.

For fluphenazine to work properly, it should be taken everyday as ordered by your healthcare provider.

Are there specific concerns about PROLIXIN[®] and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with schizophrenia who wish to become pregnant face important decisions. This is a complex decision since untreated schizophrenia has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Breast-feeding is not recommended since fluphenazine does pass into breast milk.

What should I discuss with my healthcare provider before taking PROLIXIN[®]?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse

effects

- If you ever had muscle stiffness, shaking, tardive dyskinesia, neuroleptic malignant syndrome, or weight gain caused by a medication
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any psychiatric or medical problems you have, such as heart rhythm problems, long QT syndrome, heart attacks, diabetes, high cholesterol, or seizures
- If you have a family history of diabetes or heart disease
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take PROLIXIN®?

Fluphenazine is usually taken once or twice daily with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 2.5 mg to 10 mg. The dose of the long-acting injection ranges from 12.5 mg to 37.5 mg every 2-3 weeks. Only your healthcare provider can determine the correct dose for you.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member a friend to remind you or check in with you to be sure you are taking your medication.

The long-acting injection form of fluphenazine is administered every 2-3 weeks. Your healthcare provider will administer these injections.

What happens if I miss a dose of PROLIXIN®?

If you miss a dose of fluphenazine, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking PROLIXIN®?

Avoid drinking alcohol or using illegal drugs while you are taking fluphenazine. They may decrease the benefits (e.g. worsen your confusion) and increase adverse effects (e.g. sedation) of the medication.

What happens if I overdose with PROLIXIN®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of fluphenazine does not exist.

What are possible side effects of PROLIXIN®?

Common Side Effects

Rapid heartbeat, constipation, blurry vision, dry mouth, drop in blood pressure upon standing

Feeling drowsy, dizzy, or restless

Patients receiving fluphenazine decanoate long-acting injection may notice some pain at the site of the injection. This pain should resolve after a few days.

Rare Side Effects

Fluphenazine may increase the blood levels of a hormone called prolactin. Side effects of increased prolactin levels include females losing their period, production of breast milk and males losing their sex drive or possibly experiencing erectile problems. Long term (months or years) of elevated prolactin can lead to osteoporosis or increased risk of bone fractures.

Serious Side Effects

Some people may develop muscle related side effects while taking fluphenazine. The technical terms for these are "extrapyramidal effects" (EPS) and "tardive dyskinesia" (TD). Symptoms of EPS include restlessness, tremor, and stiffness. TD symptoms include slow or jerky movements that one cannot control, often starting in the mouth with tongue rolling or chewing movements.

All antipsychotics have been associated with the risk of sudden cardiac death due to an arrhythmia (irregular heart beat). To minimize this risk, antipsychotic medications should be used in the smallest effective dose when the benefits outweigh the risks. Your doctor may order an EKG to monitor for irregular heart beat.

Neuroleptic malignant syndrome is a rare, life threatening adverse effect of antipsychotics which occurs in <1% of patients. Symptoms include confusion, fever, extreme muscle stiffness, and sweating. If any of these symptoms occur, contact your healthcare provider immediately.

Are there any risks for taking PROLIXIN® for long periods of time?

Tardive dyskinesia (TD) is a side effect that develops with prolonged use of antipsychotics. If you develop symptoms of TD, such as grimacing, sucking, and smacking of lips, or other movements that you cannot control, contact your healthcare provider immediately. All patients taking either first or second generation antipsychotics should have an Abnormal Involuntary Movement Scale (AIMS) completed regularly by their healthcare provider to monitor for TD.

What other medications may interact with PROLIXIN®?

Fluphenazine may block the effects of agents used to treat Parkinson's disease such as levodopa/carbidopa (Sinemet®), bromocriptine, pramipexole (Mirapex®), ropinirole (Requip®), and others.

Fluphenazine may lower your blood pressure. Medications used to lower blood pressure may increase this effect and increase your risk of falling. Propranolol (Inderal®) is an example of this type of medication.

The following medications may increase the risk of heart problems when used with fluphenazine:

- Antipsychotics including chlorpromazine (Thorazine®), thioridazine (Mellaril®), iloperidone (Fanapt®), paliperidone (Invega®), pimozone (Orap®), quetiapine (Seroquel®), and ziprasidone (Geodon®).
- Antiarrhythmics (heart rhythm medications) including procainamide, quinidine, amiodarone (Cordarone®), dronedarone (Multaq®), and sotalol (Betapace®).

The following medications may **increase** the levels and effects of fluphenazine: bupropion (Wellbutrin®) fluoxetine (Prozac®) and paroxetine (Paxil®).

Metoclopramide (Reglan®) may increase the risk of EPS or TD when used in combination with fluphenazine.

How long does it take for PROLIXIN® to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking fluphenazine. It will probably take several weeks to see big enough changes in your symptoms to decide if fluphenazine is the right medication for you.

Antipsychotic treatment is generally needed lifelong for persons with schizophrenia. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

- Hallucinations, disorganized thinking, and delusions may improve in the first 1-2 weeks
- Sometimes these symptoms do not completely go away

- Motivation and desire to be around other people can take at least 1-2 weeks to improve
- Symptoms continue to get better the longer you take fluphenazine
- It may take 2-3 months before you get the full benefit of fluphenazine]

Prozac® (fluoxetine)

Brand names:

Prozac®

- Capsules: 10 mg, 20 mg, 40 mg

Prozac Weekly®

- Capsules (delayed-release): 90 mg

Sarafem®

- Tablets: 10 mg, 20 mg

Fluoxetine

- Capsules: 10 mg, 20 mg, 40 mg
- Capsules (delayed release): 90 mg
- Liquid: 20 mg/5 mL
- Tablets: 10 mg, 20 mg, 60 mg

Generic name: fluoxetine (floo OKS e teen)

Medication class: Selective serotonin reuptake inhibitor (SSRI) antidepressant

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Prozac® and what does it treat?

Fluoxetine is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD), obsessive compulsive disorder (OCD), panic disorder, bulimia nervosa, and premenstrual dysphoric disorder (PMDD).

Symptoms of depression include:

- Depressed mood - feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, and helpless
- Loss of interest or pleasure in your usual activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation (‘nervous energy’)
- Psychomotor retardation (feeling like you are moving and thinking in slow motion)
- Suicidal thoughts or behaviors

Obsessive Compulsive Disorder (OCD) occurs when a person experiences the following symptoms at the same time:

- Obsessions (unwanted, recurrent, and disturbing thoughts)
- Compulsions (repetitive, ritualized behaviors that the person feels driven to perform in order to lessen the anxiety produced by the obsessions)

Panic Disorder occurs when a person experiences unexpected and repeated episodes of intense fear. These episodes have physical symptoms including chest pain, shortness of breath, heart palpitations, sweating, dizziness, and nausea.

Fear of future episodes is also part of panic disorder.

Bulimia is a condition where a person binges on food, then uses various methods to purge (e.g., use of laxatives, vomiting) in order to prevent weight gain.

Premenstrual dysphoric disorder (PMDD) is a condition where a woman experiences depression, tension, and irritability for a few days prior to menstruation that end when menstruation begins. These symptoms are more severe than those of premenstrual syndrome (PMS).

What is the most important information I should know about Prozac®?

Do not stop taking fluoxetine, even when you feel better. Only your healthcare provider can determine the length of treatment that is right for you.

Missing doses of fluoxetine may increase your risk for relapse in your symptoms.

Stopping fluoxetine abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, dizziness, vomiting, nightmares, headache, and/or paresthesias (prickling, tingling sensation on the skin).

Depression is also a part of bipolar illness. People with bipolar disorder who take antidepressants may be at risk for "switching" from depression into mania. Symptoms of mania include "high" or irritable mood, very high self esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, frequently involved in activities with a large risk for bad consequences (for example, excessive buying sprees).

Are there specific concerns about Prozac® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with MDD who wish to become pregnant face important decisions. Untreated MDD has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

For mothers who have taken SSRIs during their pregnancy, there appears to be less than a 1% chance of infants developing persistent pulmonary hypertension. This is a potentially fatal condition that is associated with use of the antidepressant in the second half of pregnancy. However, women who discontinued antidepressant therapy were five times more likely to have a depression relapse than those who continued their antidepressant. If you are pregnant, please discuss the risks and benefits of antidepressant use with your healthcare provider.

Caution is advised with breastfeeding since fluoxetine does pass into breast milk.

What should I discuss with my healthcare provider before taking Prozac®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have, including a history of bipolar disorder
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take Prozac®?

Fluoxetine is usually taken 1 time per day with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 20 mg to 80 mg when taken once daily or 90 mg taken once weekly. Only your healthcare provider can determine the correct dose for you.

If you are taking fluoxetine for PMDD, it can be taken once daily (everyday) or intermittently (usually starting 14 days prior to menstruation through the first full day of menses of each cycle). Discuss this with your prescriber.

The liquid should be measured with a dosing spoon or oral syringe which you can get from your pharmacy.

The delayed release form should be swallowed whole. It should not be chewed, crushed, or broken.

Consider using a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Prozac®?

If you miss a dose of fluoxetine that you take daily, take it as soon as you remember, unless it is closer to the time of your next dose. If you take fluoxetine once weekly, take it as soon as possible, then go back to your regular schedule the next week. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Prozac®?

Avoid drinking alcohol or using illegal drugs while you are taking antidepressant medications. They may decrease the benefits (e.g., worsen your condition) and increase adverse effects (e.g., sedation) of the medication.

What happens if I overdose with Prozac®?

If an overdose occurs, call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of fluoxetine does not exist.

What are the possible side effects of Prozac®?

Common Side Effects

- Headache, nausea, diarrhea, dry mouth, increased sweating
- Feeling nervous, restless, fatigued, sleepy or having trouble sleeping (insomnia)

These will often improve over the first week or two as you continue to take the medication.

Sexual side effects, such as problems with orgasm or ejaculatory delay often do not diminish over time.

Rare Side Effects

Increased bleeding (e.g., gums may bleed more easily), low sodium blood levels (signs of low sodium levels may include headache, weakness, difficulty concentrating and remembering), teeth grinding

Serious Side Effects

Seizure

Are there any risks of taking Prozac® for long periods of time?

To date, there are no known problems associated with long term use of fluoxetine. It is a safe and effective medication when used as directed.

What other medications may interact with Prozac®?

Fluoxetine should not be taken with or within 6 weeks of taking monoamine oxidase inhibitors (MAOIs). These include phenelzine (Nardil®), tranylcypromine (Parnate®), isocarboxazid (Marplan®), rasagiline (Azilect®), and selegiline (Emsam®).

Although rare, there is an increased risk of serotonin syndrome when fluoxetine is used with other medications that increase serotonin, such as other antidepressants, migraine medications called "triptans" (e.g., Imitrex®), some pain medications (e.g., tramadol (Ultram®), and the antibiotic linezolid (Zyvox®).

Fluoxetine may **increase** the levels and effects of:

- Certain anticonvulsants, such as phenytoin (Dilantin®), carbamazepine (Tegretol®, Equetro®)
- Certain antipsychotics, such as haloperidol (Haldol®), aripiprazole (Abilify®)
- Benzodiazepines, such as alprazolam (Xanax®), diazepam (Valium®)
- Atomoxetine (Strattera®)
- Warfarin (Coumadin®)
- Tricyclic antidepressants, such as imipramine (Tofranil®), desipramine (Norpramin®)
- Beta blockers, such as metoprolol (Toprol XL®, Lopressor®) and propranolol (Inderal®)

Fluoxetine may **decrease** the effects of tamoxifen (Nolvadex®) and codeine.

Fluoxetine may **increase** the effects of other medications that can cause bleeding (e.g., ibuprofen (Advil®, Motrin®), warfarin (Coumadin®), and aspirin).

How long does it take for Prozac® to work?

Sleep, energy, or appetite may show some improvement within the first 1-2 weeks. Improvement in these physical symptoms can be an important early signal that the medication is working. Depressed mood and lack of interest in activities may need up to 6-8 weeks to fully improve.

Remeron® (mirtazapine)

Remeron®

- Tablets: 7.5 mg, 15 mg, 30 mg, 45 mg

Remeron SolTab®

- Orally disintegrating tablets: 15 mg, 30 mg, 45 mg

Generic name: mirtazapine (mir TAZ a peen)

Medication class: Tetracyclic antidepressant

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Remeron® and what does it treat?

Mirtazapine is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD).

Symptoms of depression include:

- Depressed mood - feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, and helpless
- Loss of interest or pleasure in your usual activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation (â€œnervous energyâ€)
- Psychomotor retardation (feeling like you are moving and thinking in slow motion)
- Suicidal thoughts or behaviors

What is the most important information I should know about Remeron®?

Do not stop taking mirtazapine, even when you feel better. Only your healthcare provider can determine the length of treatment that is right for you.

Missing doses of mirtazapine may increase your risk for relapse in your symptoms.

Stopping mirtazapine abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, dizziness, vomiting, nightmares, headache, and/or paresthesias (prickling, tingling sensation on the skin).

Depression is also a part of bipolar illness. People with bipolar disorder who take antidepressants may be at risk for "switching" from depression into mania. Symptoms of mania include "high" or irritable mood, very high self esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, frequently involved in activities with a large risk for bad consequences (for example, excessive buying sprees).

Are there specific concerns about Remeron® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with MDD who wish to become pregnant face important decisions. Untreated MDD has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Caution is advised with breastfeeding since mirtazapine does pass into breast milk.

What should I discuss with my healthcare provider before taking Remeron®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have, including a history of bipolar disorder
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take Remeron®?

Mirtazapine is usually taken 1 time per day at bedtime with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 15 mg to 45 mg. Only your healthcare provider can determine the correct dose for you.

Mirtazapine orally disintegrating tablets will dissolve in your mouth within seconds and can be swallowed with or without liquid.

Mirtazapine orally disintegrating tablets must remain in their original packaging. Open the package with clean dry hands before each dose. Do not try to put tablets in a pillbox if you take the orally disintegrating tablets.

Consider using a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Remeron®?

If you miss a dose of mirtazapine, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Remeron®?

Avoid drinking alcohol or using illegal drugs while you are taking antidepressant medications. They may decrease the benefits (e.g., worsen your condition) and increase adverse effects (e.g., sedation) of the medication.

What happens if I overdose with Remeron®?

If an overdose occurs, call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of mirtazapine does not exist.

What are the possible side effects of Remeron®?

Common Side Effects

Sedation, increased appetite, weight gain, feeling dizzy, increased cholesterol/triglyceride levels

Rare Side Effects

Agranulocytosis (low white blood cell count) can increase the risk of infection. If you develop symptoms of infection, such as

fever, chills, sore throat, swelling of the lining the mouth or other possible signs of infection, contact your prescriber.

Serious Side Effects

Seizures

Are there any risks of taking Remeron® for long periods of time?

To date, there are no known problems associated with long term use of mirtazapine. It is a safe and effective medication when used as directed.

What other medications may interact with Remeron®?

Mirtazapine should not be taken with or within 2 weeks of taking monoamine oxidase inhibitors (MAOIs). These include phenelzine (Nardil®), tranylcypromine (Parnate®), isocarboxazid (Marplan®), rasagiline (Azilect®), and selegeline (Emsam®).

Although rare, there is an increased risk of serotonin syndrome when mirtazapine is used with other medications that increase serotonin, such as other antidepressants, migraine medications called "triptans" (e.g., Imitrex®), some pain medications (e.g., tramadol (Ultram®), and the antibiotic linezolid (Zyvox®).

How long does it take for Remeron® to work?

Sleep, energy, or appetite may show some improvement within the first 1-2 weeks. Improvement in these physical symptoms can be an important early signal that the medication is working. Depressed mood and lack of interest in activities may need up to 6-8 weeks to fully improve.

Risperdal[®] (risperidone)

Brand name:

Risperdal[®]

- Tablets: 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg
- Orally disintegrating tablets: 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg
- Solution: 1 mg/ml

Risperdal Consta[®]

- Extended-release injectable suspension: 12.5 mg, 25 mg, 37.5 mg, 50 mg

Generic name: risperidone (ris PER i done)

Medication class: Second generation antipsychotic (SGA), atypical antipsychotic

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Risperdal[®] and what does it treat?

Risperidone is a medication that works in the brain to treat schizophrenia. It is also known as a second generation antipsychotic (SGA) or atypical antipsychotic. Risperidone rebalances dopamine and serotonin to improve thinking, mood, and behavior.

Symptoms of schizophrenia include:

- Hallucinations - imagined voices or images that seem real
- Delusions - beliefs that are not true (e.g., other people are reading your thoughts)
- Disorganized thinking or trouble organizing your thoughts and making sense
- Little desire to be around other people
- Trouble speaking clearly
- Lack of motivation

Risperidone may help some or all of these symptoms.

Risperidone is also FDA approved for the following indications:

- Acute treatment of manic or mixed episodes of bipolar disorder
- Maintenance (long-term) treatment of bipolar disorder (Risperdal Consta[®] only)
- Irritability associated with autistic disorders

This medication sheet will focus primarily on schizophrenia. You can find more information about bipolar disorder and autism spectrum disorders at http://www.nami.org/Template.cfm?Section=By_Illness.

What is the most important information I should know about Risperdal[®]?

Schizophrenia requires long-term treatment. Do not stop taking risperidone, even when you feel better.

Only your healthcare provider can determine the length of risperidone treatment that is right for you.

Missing doses of risperidone may increase your risk for a relapse in your symptoms.

Do not stop taking risperidone or change your dose without talking to with your healthcare provider first.

For risperidone to work properly, the tablet form should be taken everyday as ordered by your healthcare provider.

Are there specific concerns about Risperdal® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with schizophrenia who wish to become pregnant face important decisions. This is a complex decision since untreated schizophrenia has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Caution is advised with breastfeeding since risperidone does pass into breast milk.

What should I discuss with my healthcare provider before taking Risperdal®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you ever had muscle stiffness, shaking, tardive dyskinesia, neuroleptic malignant syndrome, or weight gain caused by a medication
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any psychiatric or medical problems you have, such as heart rhythm problems, long QT syndrome, heart attacks, diabetes, high cholesterol, or seizures
- If you have a family history of diabetes or heart disease
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take Risperdal®?

Risperidone tablets and solution are usually taken 1 or 2 times per day with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The oral dose usually ranges from 1 mg to 6 mg. The dose of the injection usually ranges from 12.5 mg to 50 mg. Only your healthcare provider can determine the correct dose for you.

Risperidone orally disintegrating tablets must remain in their original packaging. Open the package with clean dry hands before each dose. Do not try to put tablets in a pillbox if you take the orally disintegrating tablets.

Risperidone orally disintegrating tablets will dissolve in your mouth within seconds and can be swallowed with or without liquid.

Risperidone liquid should be measured with a dosing spoon or oral syringe, which you can get from your pharmacy.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member a friend to remind you or check in with you to be sure you are taking your medication.

The long-acting injection form of risperidone is administered every 2 weeks. Your healthcare provider will administer these injections.

What happens if I miss a dose of Risperdal®?

If you miss a dose of risperidone, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Risperdal®?

Avoid drinking alcohol or using illegal drugs while you are taking risperidone. They may decrease the benefits (e.g. worsen your confusion) and increase adverse effects (e.g. sedation) of the medication.

What happens if I overdose with Risperdal®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of risperidone does not exist.

What are possible side effects of Risperdal®?

Common Side Effects

Low blood pressure, feeling dizzy and increased heart rate, especially when standing up

Fatigue, sleepiness, headache, constipation, and appetite increases are also common and more likely in children than in adults.

Sexual dysfunction

Rare Side Effects

Risperidone may increase the blood levels of a hormone called prolactin. Side effects of increased prolactin levels include females losing their period, production of breast milk and males losing their sex drive or possibly experiencing erectile problems. Long term (months or years) of elevated prolactin can lead to osteoporosis, or increased risk of bone fractures.

Serious Side Effects

Some people may develop muscle related side effects while taking risperidone. The technical terms for these are "extrapyramidal effects" (EPS) and "tardive dyskinesia" (TD). Symptoms of EPS include restlessness, tremor, and stiffness. TD symptoms include slow or jerky movements that one cannot control, often starting in the mouth with tongue rolling or chewing movements.

Second generation antipsychotics (SGAs) increase the risk of weight gain, high blood sugar, and high cholesterol. This is also known as metabolic syndrome. Your healthcare provider may ask you for a blood sample to check your cholesterol, blood sugar, and hemoglobin A1c (a measure of blood sugar over time) while you take this medication.

- For more information including ideas for healthy eating and exercise, see the NAMI Hearts and Minds Program http://www.nami.org/template.cfm?section=Hearts_and_Minds.
- For the relative risk of each medication and monitoring recommendations, see Table 2 in the Consensus Conference on Antipsychotic Drugs <http://care.diabetesjournals.org/content/27/2/596.full.pdf+html>.

SGAs have been linked with higher risk of death, strokes, and transient ischemic attacks (TIAs) in elderly people with behavior problems due to dementia.

All antipsychotics have been associated with the risk of sudden cardiac death due to an arrhythmia (irregular heart beat). To minimize this risk, antipsychotic medications should be used in the smallest effective dose when the benefits outweigh the risks. Your doctor may order an EKG to monitor for irregular heart beat.

Neuroleptic malignant syndrome is a rare, life threatening adverse effect of antipsychotics which occurs in <1% of patients. Symptoms include confusion, fever, extreme muscle stiffness, and sweating. If any of these symptoms occur, contact your healthcare provider immediately.

Are there any risks of taking Risperdal® for long periods of time?

Tardive dyskinesia (TD) is a side effect that develops with prolonged use of antipsychotics. Medications such as risperidone have been shown to have a lower risk of TD compared to older antipsychotics, such as Haldol® (haloperidol). If you develop

symptoms of TD, such as grimacing, sucking, and smacking of lips, or other movements that you cannot control, contact your healthcare provider immediately. All patients taking either first or second generation antipsychotics should have an Abnormal Involuntary Movement Scale (AIMS) completed regularly by their healthcare provider to monitor for TD.

Second generation antipsychotics (SGAs) increase the risk of diabetes, weight gain, high cholesterol, and high triglycerides. (See "Serious Side Effects" section for monitoring recommendations.)

What other medications may interact with Risperdal®?

Risperidone may block the effects of agents used to treat Parkinson's disease such as levodopa/carbidopa (Sinemet®), bromocriptine, pramipexole (Mirapex®), ropinirole (Requip®), and others.

Risperidone may lower your blood pressure. Medications used to lower blood pressure may increase this effect and increase your risk of falling. Propranolol (Inderal®) is an example of this type of medication.

The following medications may **increase** the levels and effects of risperidone: divalproex sodium (Depakote®), fluoxetine (Prozac®), paroxetine (Paxil®), and verapamil (Calan®).

The following medications may **decrease** the levels and effects of risperidone: carbamazepine (Tegretol®, Equatro®), phenytoin (Dilantin®), phenobarbital, or rifampin (Rifadin®).

How long does it take for Risperdal® to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking risperidone. It will probably take several weeks to see big enough changes in your symptoms to decide if risperidone is the right medication for you.

Antipsychotic treatment is generally needed lifelong for persons with schizophrenia. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

- Hallucinations, disorganized thinking, and delusions may improve in the first 1-2 weeks
- Sometimes these symptoms do not completely go away
- Motivation and desire to be around other people can take at least 1-2 weeks to improve
- Symptoms continue to get better the longer you take risperidone
- It may take 2-3 months before you get the full benefit of risperidone

Saphris[®] (asenapine)

Saphris[®]

- Orally disintegrating sublingual tablets: 5 mg, 10 mg

Generic name: asenapine (a SEN a peen)

Medication class: Second generation antipsychotic (SGA), atypical antipsychotic

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Saphris[®] and what does it treat?

Asenapine is a medication that works in the brain to treat schizophrenia. It is also known as a second generation antipsychotic (SGA) or atypical antipsychotic. Asenapine rebalances dopamine and serotonin to improve thinking, mood, and behavior.

Symptoms of schizophrenia include:

- Hallucinations - imagined voices or images that seem real
- Delusions - beliefs that are not true (e.g., other people are reading your thoughts)
- Disorganized thinking or trouble organizing your thoughts and making sense
- Little desire to be around other people
- Trouble speaking clearly
- Lack of motivation

Asenapine may help some or all of these symptoms.

Asenapine is also FDA approved for the following indications:

- Acute treatment of manic or mixed episodes of bipolar disorder

This medication sheet will focus primarily on schizophrenia. You can find more information about bipolar disorders at http://www.nami.org/Template.cfm?Section=By_Illness.

What is the most important information I should know about Saphris[®]?

Schizophrenia requires long-term treatment. Do not stop taking asenapine, even when you feel better.

Only your healthcare provider can determine the length of asenapine treatment that is right for you.

Missing doses of asenapine may increase your risk for a relapse in your symptoms.

Do not stop taking asenapine or change your dose without talking to with your healthcare provider first.

For asenapine to work properly, it should be taken everyday as ordered by your healthcare provider.

Are there specific concerns about Saphris[®] and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with schizophrenia who wish to become pregnant face important decisions. This is a complex decision since untreated schizophrenia has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Breastfeeding is not recommended in women who are taking asenapine. It is not known if asenapine passes into breast milk.

What should I discuss with my healthcare provider before taking Saphris[®]?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you ever had muscle stiffness, shaking, tardive dyskinesia, neuroleptic malignant syndrome, or weight gain caused by a medication
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any psychiatric or medical problems you have, such as heart rhythm problems, long QT syndrome, heart attacks, diabetes, high cholesterol, or seizures
- If you have a family history of diabetes or heart disease
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take Saphris®?

Asenapine is usually taken 2 times per day. Do not eat or drink for 10 minutes after taking asenapine.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 5 mg to 10 mg. Only your healthcare provider can determine the correct dose for you.

Asenapine orally disintegrating tablets must remain in their original packaging. Open the package with clean dry hands before each dose. Do not try to put tablets in a pillbox if you take the orally disintegrating tablets.

The sublingual tablets will dissolve within seconds when placed under your tongue. It should not be swallowed.

Use a calendar, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Saphris®?

If you miss a dose of asenapine, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Saphris®?

Avoid drinking alcohol or using illegal drugs while you are taking asenapine. They may decrease the benefits (e.g. worsen your confusion) and increase adverse effects (e.g. sedation) of the medication.

What happens if I overdose with Saphris®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of asenapine does not exist.

What are possible side effects of Saphris®?

Common Side Effects

- Temporary numbness of the mouth and tongue
- Feeling drowsy or dizzy

Rare Side Effects

Asenapine may increase the blood levels of a hormone called prolactin. Side effects of increased prolactin levels include females losing their period, production of breast milk and males losing their sex drive or possibly experiencing erectile problems. Long term (months or years) of elevated prolactin can lead to osteoporosis, or increased risk of bone fractures.

Serious Side Effects

Some people may develop muscle related side effects while taking asenapine. The technical terms for these are "extrapyramidal effects" (EPS) and "tardive dyskinesia" (TD). Symptoms of EPS include restlessness, tremor, and stiffness. TD symptoms include slow or jerky movements that one cannot control, often starting in the mouth with tongue rolling or chewing movements.

Second generation antipsychotics (SGAs) increase the risk of weight gain, high blood sugar, and high cholesterol. This is also known as metabolic syndrome. Your healthcare provider may ask you for a blood sample to check your cholesterol, blood sugar, and hemoglobin A1c (a measure of blood sugar over time) while you take this medication.

- For more information including ideas for healthy eating and exercise, see the NAMI Hearts and Minds Program http://www.nami.org/template.cfm?section=Hearts_and_Minds.
- For the relative risk of each medication and monitoring recommendations, see Table 2 in the Consensus Conference on Antipsychotic Drugs <http://care.diabetesjournals.org/content/27/2/596.full.pdf+html>.

SGAs have been linked with higher risk of death, strokes, and transient ischemic attacks (TIAs) in elderly people with behavior problems due to dementia.

All antipsychotics have been associated with the risk of sudden cardiac death due to an arrhythmia (irregular heart beat). To minimize this risk, antipsychotic medications should be used in the smallest effective dose when the benefits outweigh the risks. Your doctor may order an EKG to monitor for irregular heart beat.

Neuroleptic malignant syndrome is a rare, life threatening adverse effect of antipsychotics which occurs in <1% of patients. Symptoms include confusion, fever, extreme muscle stiffness, and sweating. If any of these symptoms occur, contact your healthcare provider immediately.

Are there any risks of taking Saphris[®] for long periods of time?

Tardive dyskinesia (TD) is a side effect that develops with prolonged use of antipsychotics. Medications such as asenapine have been shown to have a lower risk of TD compared to older antipsychotics, such as Haldol (haloperidol). If you develop symptoms of TD, such as grimacing, sucking, and smacking of lips, or other movements that you cannot control, contact your healthcare provider immediately. All patients taking either first or second generation antipsychotics should have an Abnormal Involuntary Movement Scale (AIMS) completed regularly by their healthcare provider to monitor for TD.

Second generation antipsychotics (SGAs) increase the risk of diabetes, weight gain, high cholesterol, and high triglycerides. (See "Serious Side Effects" section for monitoring recommendations.)

What other medications may interact with Saphris[®]?

Asenapine may block the effects of agents used to treat Parkinson's disease such as levodopa/carbidopa (Sinemet[®]), bromocriptine, pramipexole (Mirapex[®]), ropinirole (Requip[®]), and others.

The following medications may increase the risk of heart problems when used with asenapine:

- Antipsychotics, including chlorpromazine (Thorazine[®]), thioridazine (Mellaril[®]), iloperidone (Fanapt[®]), paliperidone (Invega[®]), quetiapine (Seroquel[®]), and ziprasidone (Geodon[®]).
- Antiarrhythmics (heart rhythm medications), including procainamide, quinidine, amiodarone (Cordarone[®]), dronedarone (Multaq[®]), and sotalol (Betapace[®]).

The following medications may **increase** the levels and effects of asenapine: fluvoxamine (Luvox[®]) and ciprofloxacin

(Cipro[®]).

How long does it take for Saphris[®] to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking asenapine. It will probably take several weeks to see big enough changes in your symptoms to decide if asenapine is the right medication for you.

Antipsychotic treatment is generally needed lifelong for persons with schizophrenia. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

- Hallucinations, disorganized thinking, and delusions may improve in the first 1-2 weeks
- Sometimes these symptoms do not completely go away
- Motivation and desire to be around other people can take at least 1-2 weeks to improve
- Symptoms continue to get better the longer you take asenapine
- It may take 2-3 months before you get the full benefit of asenapine

Seroquel[®] (quetiapine)

Brand names:

Seroquel[®]

- Tablets (immediate release): 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg

Seroquel XR[®]

- Tablets (extended release): 50 mg, 150 mg, 200 mg, 300 mg, 400 mg

Generic name: quetiapine (kwe TYE a peen)

Medication class: Second generation antipsychotic (SGA), atypical antipsychotic

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Seroquel[®]/Seroquel XR[®] and what does it treat?

Quetiapine is a medication that works in the brain to treat schizophrenia. It is also known as a second generation antipsychotic (SGA) or atypical antipsychotic. Quetiapine rebalances dopamine and serotonin to improve thinking, mood, and behavior.

Symptoms of schizophrenia include:

- Hallucinations - imagined voices or images that seem real
- Delusions - beliefs that are not true (e.g., other people are reading your thoughts)
- Disorganized thinking or trouble organizing your thoughts and making sense
- Little desire to be around other people
- Trouble speaking clearly
- Lack of motivation

Quetiapine may help some or all of these symptoms.

Quetiapine is also FDA approved for the following indications:

- Acute treatment of manic episodes of bipolar disorder
- Acute treatment of depressive episodes of bipolar disorder
- Maintenance (long-term) treatment of bipolar disorder (when used alone or with lithium or valproate)
- Adjunctive treatment of major depressive disorder. This means quetiapine is used in addition to an antidepressant to help treat depression.

This medication sheet will focus primarily on schizophrenia. You can find more information about bipolar disorder and depression at http://www.nami.org/Template.cfm?Section=By_Illness.

What is the most important information I should know about Seroquel[®]/Seroquel XR[®]?

Schizophrenia requires long-term treatment. Do not stop taking quetiapine, even when you feel better.

Only your healthcare provider can determine the length of quetiapine treatment that is right for you.

Missing doses of quetiapine may increase your risk for a relapse in your symptoms.

Do not stop taking quetiapine or change your dose without talking to with your healthcare provider first.

For quetiapine to work properly, it should be taken everyday as ordered by your healthcare provider.

Are there specific concerns about Seroquel®/Seroquel XR® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with schizophrenia who wish to become pregnant face important decisions. This is a complex decision since untreated schizophrenia has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Caution is advised with breastfeeding since quetiapine does pass into breast milk.

What should I discuss with my healthcare provider before taking Seroquel®/Seroquel XR®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you ever had muscle stiffness, shaking, tardive dyskinesia, neuroleptic malignant syndrome, or weight gain caused by a medication
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any psychiatric or medical problems you have, such as heart rhythm problems, long QT syndrome, heart attacks, diabetes, high cholesterol, or seizures
- If you have a family history of diabetes or heart disease
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take Seroquel®/Seroquel XR®?

Quetiapine is usually taken 1, 2, or 3 times per day with or without food. The extended release should be taken without food or with a light meal (approximately 300 calories).

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 100 mg to 800 mg. Only your healthcare provider can determine the correct dose for you.

The extended release tablets should be swallowed whole. They should not be chewed, crushed, or broken.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Seroquel®/Seroquel XR®?

If you miss a dose of quetiapine, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Seroquel®/Seroquel XR®?

Avoid drinking alcohol or using illegal drugs while you are taking quetiapine. They may decrease the benefits (e.g. worsen your confusion) and increase adverse effects (e.g. sedation) of the medication.

What happens if I overdose with Seroquel®/Seroquel XR®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of quetiapine does not exist.

What are possible side effects of Seroquel[®]/Seroquel XR[®]?

Common Side Effects

Low blood pressure, feeling dizzy, and/or increased heart rate, especially when standing up

Fatigue, sedation, dry mouth, agitation, increased appetite, constipation

Rare Side Effects

Quetiapine may increase the blood levels of a hormone called prolactin. Side effects of increased prolactin levels include females losing their period, production of breast milk and males losing their sex drive or possibly experiencing erectile problems. Long term (months or years) of elevated prolactin can lead to osteoporosis, or increased risk of bone fractures.

Serious Side Effects

Some people may develop muscle related side effects while taking quetiapine. The technical terms for these are "extrapyramidal effects" (EPS) and "tardive dyskinesia" (TD). Symptoms of EPS include restlessness, tremor, and stiffness. TD symptoms include slow or jerky movements that one cannot control, often starting in the mouth with tongue rolling or chewing movements.

Second generation antipsychotics (SGAs) increase the risk of weight gain, high blood sugar, and high cholesterol. This is also known as metabolic syndrome. Your healthcare provider may ask you for a blood sample to check your cholesterol, blood sugar, and hemoglobin A1c (a measure of blood sugar over time) while you take this medication.

- For more information including ideas for healthy eating and exercise, see the NAMI Hearts and Minds Program http://www.nami.org/template.cfm?section=Hearts_and_Minds.
- For the relative risk of each medication and monitoring recommendations, see Table 2 in the Consensus Conference on Antipsychotic Drugs <http://care.diabetesjournals.org/content/27/2/596.full.pdf+html>.

SGAs have been linked with higher risk of death, strokes, and transient ischemic attacks (TIAs) in elderly people with behavior problems due to dementia.

All antipsychotics have been associated with the risk of sudden cardiac death due to an arrhythmia (irregular heart beat). To minimize this risk, antipsychotic medications should be used in the smallest effective dose when the benefits outweigh the risks. Your doctor may order an EKG to monitor for irregular heart beat.

Neuroleptic malignant syndrome is a rare, life threatening adverse effect of antipsychotics which occurs in <1% of patients. Symptoms include confusion, fever, extreme muscle stiffness, and sweating. If any of these symptoms occur, contact your healthcare provider immediately.

Are there any risks of taking Seroquel[®]/Seroquel XR[®] for long periods of time?

Tardive dyskinesia (TD) is a side effect that develops with prolonged use of antipsychotics. Medications such as quetiapine have been shown to have a lower risk of TD compared to older antipsychotics, such as Haldol[®] (haloperidol). If you develop symptoms of TD, such as grimacing, sucking, and smacking of lips, or other movements that you cannot control, contact your healthcare provider immediately. All patients taking either first or second generation antipsychotics should have an Abnormal Involuntary Movement Scale (AIMS) completed regularly by their healthcare provider to monitor for TD.

Second generation antipsychotics (SGAs) increase the risk of diabetes, weight gain, high cholesterol, and high triglycerides. (See "Serious Side Effects" section for monitoring recommendations.)

What other medications may interact with Seroquel[®]/Seroquel XR[®]?

Quetiapine may block the effects of agents used to treat Parkinson's disease such as levodopa/carbidopa (Sinemet[®]), bromocriptine, pramipexole (Mirapex[®]), ropinirole (Requip[®]), and others.

The following medications may increase the risk of heart problems when used with quetiapine:

- Antipsychotics, including chlorpromazine (Thorazine[®]), thioridazine (Mellaril[®]), iloperidone (Fanapt[®]), asenapine (Saphris[®]), paliperidone (Invega[®]), ziprasidone (Geodon[®])
- Antiarrhythmics (heart rhythm medications), including procainamide, quinidine, amiodarone (Cordarone[®]), dronedarone (Multaq[®]), sotalol (Betapace[®])

The following medications may **increase** the levels and effects of quetiapine: erythromycin (Eryt-Tab[®]), fluconazole (Diflucan[®]), and fluvoxamine (Luvox[®]).

The following medications may **decrease** the levels and effects of quetiapine: carbamazepine (Tegretol[®]), phenytoin (Dilantin[®]), phenobarbital, and rifampin (Rifadin[®]).

How long does it take for Seroquel[®]/Seroquel XR[®] to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking quetiapine. It will probably take several weeks to see big enough changes in your symptoms to decide if quetiapine is the right medication for you.

Antipsychotic treatment is generally needed lifelong for persons with schizophrenia. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

- Hallucinations, disorganized thinking, and delusions may improve in the first 1-2 weeks
- Sometimes these symptoms do not completely go away
- Motivation and desire to be around other people can take at least 1-2 weeks to improve
- Symptoms continue to get better the longer you take quetiapine
- It may take 2-3 months before you get the full benefit of quetiapine

Tegretol® (carbamazepine)

Brand names:

Tegretol®

- Tablet: 200 mg, 400 mg
- Chewable tablet: 100 mg
- Liquid suspension 100 mg/5 mL

Tegretol®-XR

- Extended release tablet: 100 mg, 200 mg, 400 mg

Carbatrol®, Equetro®

- Extended release capsule: 100 mg, 200 mg, 300 mg

Epitol®

- Tablet: 200 mg

Generic name: carbamazepine (kar ba MAZ e peen)

Medication class: anticonvulsant, mood stabilizer

What is Tegretol® and what does it treat?

Carbamazepine is a medication that works in the brain to treat bipolar disorder (also known as manic depression). It is approved for the treatment of epilepsy or seizure disorders as well as acute mania and mixed episodes associated with bipolar disorder. Bipolar disorder involves episodes of mania and/or depression.

Symptoms of depression include:

- Depressed mood – feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, or helpless
- Loss of interest or pleasure in normal activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation (‘nervous energy’)
- Psychomotor retardation (feeling like you are moving in slow motion)

Symptoms of mania include:

- Feeling irritable or ‘high’
- Having increased self esteem
- Feeling like you don’t need to sleep
- Feeling the need to continue to talk
- Feeling like your thoughts are too quick (racing thoughts)
- Feeling distracted
- Getting involved in activities that are risky or could have bad consequences (e.g. excessive spending)

What is the most important information I should know about Tegretol®?

Bipolar disorder requires long-term treatment. Do not stop taking carbamazepine, even when you feel better.

Only your healthcare provider can determine the length of carbamazepine treatment that is right for you.

Missing doses of carbamazepine may increase your risk for a relapse in your mood symptoms.

Do not stop taking carbamazepine or change your dose without talking to with your healthcare provider first.

For carbamazepine to work properly, it should be taken every day as ordered by your healthcare provider.

Periodically, your healthcare provider may ask you to provide a blood sample to make sure the appropriate level of medication is in your body and to assess for side effects, such as changes in blood cell counts.

Are there specific concerns about Tegretol® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider so that he/she can best manage your medications. People living with bipolar disorder who wish to become pregnant face important decisions. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Carbamazepine has been associated with an increased risk of defects of the head and face, fingernails, and developmental delay. There may be precautions to decrease the risk of these effects. Discontinuing mood stabilizer medications during pregnancy has been associated with a significant increase in symptom relapse.

The American Academy of Pediatrics committee on medications in breastfeeding lists carbamazepine as "compatible" with breast-feeding.

What should I discuss with my healthcare provider before taking Tegretol®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use illegal drugs

How should I take Tegretol®?

Carbamazepine is usually taken 2-4 times per day with or without food.

The dose usually ranges from 200-1600 mg/day. Only your healthcare provider can determine the correct dose for you.

Carbamazepine suspension: Measure with a dosing spoon or oral syringe, which you can get from your pharmacy.

Extended-release capsules: Swallow whole or sprinkle onto food, such as applesauce or pudding and eat immediately. Do not chew the sprinkle capsule or contents.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Tegretol®?

If you miss a dose of carbamazepine, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your dose or take more than what is prescribed.

What should I avoid while taking Tegretol®?

Avoid drinking alcohol or using illegal drugs while you are taking carbamazepine. They may decrease the benefits (e.g. worsen your symptoms) and increase adverse effects effects (e.g., sedation) of the medication.

What happens if I overdose with Tegretol®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of carbamazepine does not exist.

What are possible side effects of Tegretol®?

Common Side Effects

- Upset stomach, dry mouth, and constipation
- Feeling dizzy or drowsy

Rare Side Effects

Carbamazepine can cause a decrease in the body's sodium level, especially at higher doses. Some signs of low sodium include nausea, drowsiness, and confusion.

Serious Side Effects

Studies have found that individuals who take anticonvulsant medications including carbamazepine have suicidal thoughts or behaviors up to 2 times more often than individuals who take placebo (inactive medication). These thoughts or behaviors occurred in approximately 1 in 550 patients taking the anticonvulsant class of medications.

Mild rash occurs in about 10-15% in those who take carbamazepine. In rare cases (<1%) a severe, spreading rash with blistering of the skin in patches over the entire body along with fever, headache and cough can occur (Stevens-Johnson Syndrome). Although this is rare with carbamazepine, discontinuation of this medication is necessary.

Carbamazepine may lower blood counts. Your doctor will occasionally order blood work to monitor for this side effect.

Contact your healthcare provider immediately if you develop a skin reaction, fever, swelling, or shortness of breath.

Are there any risks for taking Tegretol® for long periods of time?

To date, there are no known problems associated with long term use of carbamazepine. It is a safe and effective medication when used as directed.

What other medications may interact with Tegretol®?

Carbamazepine may decrease the effectiveness of several other medications by increasing their breakdown and elimination from the body. The effectiveness of carbamazepine may be reduced by other medications as well. People who are taking carbamazepine should consult their doctor before taking or discontinuing the following:

- Oral contraceptives (birth control pills)
- Antipsychotics: Latuda® (lurasidone), Abilify® (aripiprazole), Geodon® (ziprasidone), Clozaril® (clozapine)
- Anticonvulsants: Dilantin® (phenytoin), Depakote® (valproic acid), Luminal® (phenobarbital), Lamictal® (lamotrigine), Sabril® (vigabatrin)
- Calcium Channel Blockers: Norvasc® (amlodipine); Calan®, Covera-HS®, Isoptin SR® (verapamil); Cardizem®,

Tiazac[®](diltiazem), Plendil[®] (felodipine), Procardia[®], Adalat[®] (nifedipine)

- Benzodiazepines: Xanax[®] (alprazolam), Halcion[®] (triazolam), Valium[®] (diazepam)
- Antibiotics: Biaxin[®] (clarithromycin), Ery-Tab[®] (erythromycin), Ketek[®] (telithromycin)
- Cholesterol lowering agents: Lipitor[®](atorvastatin), Mevacor[®] (lovastatin), Zocor[®] (simvastatin)
- HIV Medications: Crixivan[®] (indinavir), Norvir[®] (ritonavir); Fortovase[®], Invirase[®], (saquinavir), Kaletra[®] (lopinovir/ritonavir), Rescriptor[®] (delavirdine)
- Anticoagulants (blood thinners: e.g., warfarin, aspirin, clopidogrel)
- Tricyclic antidepressants: Elavil[®] (amitriptyline); Asendin[®] (amoxapine); Anafranil[®] (clomipramine); Norpramin[®], Pertofrane[®] (desipramine); Sinequan[®] (doxepin); Tofranil[®] (imipramine); Pamelor[®], Aventyl[®] (nortriptyline); Vivactil[®](protriptyline); Surmontil[®] (trimipramine)
- Other: Adenocard[®] (adenosine), Buspar[®] (buspirone), Camptosar[®] (irinotecan), Desyrel[®] (trazodone), Viagra[®] (sildenafil), Tagamet[®] (Cimetidine), corticosteroids, Luvox[®] (fluvoxamine)
- Monoamine oxidase (MAO) inhibitors: Marplan[®] (isocarboxazid), Nardil[®] (phenelzine), Eldepryl[®] (selegiline), Parnate[®](tranylcypromine)

How long does it take for Tegretol[®] to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking carbamazepine. It will probably take several weeks to see big enough changes in your symptoms to decide if carbamazepine is the right medication for you.

Mood stabilizer treatment is generally needed lifelong for persons with bipolar disorder. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

Topamax® (topiramate)

Brand name:

Topamax®

- Tablets: 25 mg, 50 mg, 100 mg, 200 mg
- Capsule: sprinkle: 15 mg, 25 mg

Generic name: topiramate (toe PYRE a mate)

Medication Class: anticonvulsant

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Topamax® and what does it treat?

Topiramate is a medication that works in the brain and is sometimes used in patients with bipolar disorder (also known as manic depression). It is approved for the treatment of seizures (epilepsy) in adults and children in combination with other anticonvulsants and for preventing migraine headaches in adults. Bipolar disorder involves episodes of depression and/or mania.

Symptoms of depression include:

- Depressed mood – feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, or helpless
- Loss of interest or pleasure in normal activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation (â€˜nervous energy’)
- Psychomotor retardation (feeling like you are moving in slow motion)

Symptoms of mania include:

- Feeling irritable or â€˜high’
- Having increased self esteem
- Feeling like you don’t need to sleep
- Feeling the need to continue to talk
- Feeling like your thoughts are too quick (racing thoughts)
- Feeling distracted
- Getting involved in activities that are risky or could have bad consequences (e.g. excessive spending)

What is the most important information I should know about Topamax®?

Bipolar disorder requires long-term treatment. Do not stop taking topiramate even when you feel better.

Only your healthcare provider can determine the length of topiramate treatment that is right for you.

Missing doses of topiramate may increase your risk for a relapse in your mood symptoms.

Do not stop taking topiramate or change your dose without talking to with your healthcare provider first.

In order for topiramate to work properly, it should be taken every day as ordered by your healthcare provider.

Are there specific concerns about Topamax[®] and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with bipolar disorder who wish to become pregnant face important decisions. This is a complex decision since untreated bipolar disorder has risks for the fetus as well as the mother. It is important to discuss with your doctor and caregivers.

Exposure to topiramate during pregnancy is associated with increased risk of oral clefts.

Breastfeeding is not recommended in women who are taking topiramate.

What should I discuss with my healthcare provider before taking Topamax[®]?

- Symptoms that are most bothersome to you about your condition
- If you have thoughts of suicide
- Medications you have taken in the past to treat bipolar disorder, whether they were effective or caused any adverse effects
- Any psychiatric or medical problems you may have
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have.
- Other non-medication treatment you are receiving (such as psychotherapy (i.e., talk therapy) or substance abuse treatment). Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take Topamax[®]?

Topiramate is usually taken 2 times per day with or without food.

The dose usually ranges from 25 mg to 400 mg. Only your healthcare provider can determine the correct dose for you.

Do not split or chew tablets as they have a bitter taste.

Capsules: Swallow whole or sprinkle onto food, such as applesauce or pudding and eat immediately. Do not chew the sprinkle capsule or contents.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member a friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Topamax[®]?

If you miss a dose of topiramate, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your dose or take more than what is prescribed.

What should I avoid while taking Topamax[®]?

Avoid drinking alcohol or using illegal drugs while you are taking topiramate. They may decrease the benefits (e.g., worsen your symptoms) and increase adverse effects (e.g., sedation, dizziness).

What happens if I overdose with Topamax[®]?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of topiramate does not exist.

What are possible side effects of Topamax®?

Common Side Effects

Thinking problems: slow thoughts, trouble finding the right word, confusion

Feel clumsy, unsteady, dizzy, tired, weak, or nervous

Rare Side Effects

- Mood or behavior changes: aggression, agitation, apathy, irritability, and depression
- Increased eye pressure, abnormal eye movements, hearing problems (ringing, buzzing and decreased hearing)
- Stomach pain, loss of appetite, change in the way food tastes, weight loss
- Fever, chills, sore throat, and menstrual changes. Sexual problems, painful urination, kidney stones and bladder control problems
- Itching, nosebleeds, pale skin, blisters, allergy (skin rash, swelling, troubled breathing), yellow eyes or skin, easy bruising

Are there any risks for taking Topamax® for long periods of time?

To date, there are no known problems associated with long term use of topiramate. It is a safe and effective medication when used as directed.

What other medications may interact with Topamax®?

Topiramate may **decrease** the levels and effects of oral contraceptives (birth control pills).

The following medications may **decrease** levels and effects of topiramate: carbamazepine (Tegretol®), phenytoin (Dilantin®), valproate (Depakote®) and phenobarbital

Combining valproate (Depakote®) with topiramate may increase ammonia levels in your blood. If this happens, you may get confused, disoriented, or have difficulty thinking.

Carbonic anhydrase inhibitors including acetazolamide, dichlorphenamide, methazolamide, and dorzolamide **increase** the risk of kidney stones when taken with topiramate.

How long does it take for Topamax® to work?

It is very important to tell your doctor how you feel during the first few weeks after you start taking topiramate. It will probably take several weeks to see big enough changes in your symptoms to decide if topiramate is the right medication for you.

Mood stabilizer treatment is generally needed lifelong for persons with bipolar disorder. Your doctor can best discuss the duration of treatment you need based on your symptoms and course of illness.

Wellbutrin® (bupropion)

Brand names:

Wellbutrin®

- Tablets (immediate release): 75 mg, 100 mg

Wellbutrin SR®

- Tablets (sustained release): 100 mg, 150 mg, 200 mg

Wellbutrin XL®, Budeprion XL®, Forfivo®

- Tablets (extended release): 150 mg, 300 mg, 450 mg (varies depending on product)

Aplenzin®

- Tablets (extended release): 174 mg, 348 mg, 522 mg

Budeprion SR®

- Tablets (sustained release): 100 mg, 150 mg

Zyban®, Buproban® (for smoking cessation)

- Tablets (sustained release): 150 mg

Generic name: bupropion (byoo PROE pee on)

Medication class: Norepinephrine-dopamine reuptake inhibitor antidepressant

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Wellbutrin® and what does it treat?

Bupropion is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD), seasonal affective disorder (SAD), and to help people stop smoking.

Symptoms of depression include:

- Depressed mood - feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, and helpless
- Loss of interest or pleasure in your usual activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation (‘nervous energy’)
- Psychomotor retardation (feeling like you are moving and thinking in slow motion)
- Suicidal thoughts or behaviors

SAD is a type of depression that occurs at the same time every year. It usually starts in the fall and may continue through the winter.

What is the most important information I should know about Wellbutrin®?

Do not stop taking bupropion even when you feel better. Only your healthcare provider can determine the length of treatment that is right for you.

Missing doses of bupropion may increase your risk for relapse in your symptoms.

Stopping bupropion abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, feeling dizzy, vomiting, nightmares, headache, and/or paresthesias (prickling, tingling sensation on the skin).

Depression is also a part of bipolar illness. People with bipolar disorder who take antidepressants may be at risk for "switching" from depression into mania. Symptoms of mania include "high" or irritable mood, very high self esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, frequently involved in activities with a large risk for bad consequences (for example, excessive buying sprees).

Are there specific concerns about Wellbutrin® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with MDD who wish to become pregnant face important decisions. Untreated MDD has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Caution is advised with breastfeeding since bupropion does pass into breast milk.

What should I discuss with my healthcare provider before taking Wellbutrin®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have, including a history of bipolar disorder
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take Wellbutrin®?

Bupropion is usually taken 1, 2, or 3 times per day with or without food. The number of times each day you take the medication will depend on which product your healthcare provider has prescribed. If you have been instructed to take it more than once daily, it is usually taken with 4-6 hours between doses.

You should not take more than one bupropion product at the same time.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 150 mg to 450 mg. Only your healthcare provider can determine the correct dose for you.

The sustained release and extended release forms should be swallowed whole. They should not be chewed, crushed, or broken.

Consider using a calendar, pillbox, alarm clock, or cell to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Wellbutrin®?

If you miss a dose of bupropion, take it as soon as you remember if it is still early in the day. Do not take a missed dose after 5:00 PM, as this may interfere with sleep. Do not take a missed dose of extended-release forms after 2:00 PM, as this may interfere with sleep. Discuss missed doses with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Wellbutrin®?

Avoid drinking alcohol or using illegal drugs while you are taking antidepressant medications. They may decrease the benefits (e.g., worsen your condition) and increase adverse effects (e.g., sedation) of the medication.

What happens if I overdose with Wellbutrin®?

If an overdose occurs, call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of bupropion does not exist.

What are the possible side effects of Wellbutrin®?

- Common Side Effects:
- Headache, weight loss, dry mouth, trouble sleeping, nausea, feeling dizzy, constipation, fast heartbeat
- Rare Side Effects
- Skin rash, sweating, ringing in the ears, feeling shaky, muscle pain, hallucinations, anxiety
- Serious Side Effects
- Seizure: Increased risk with history of head injury, brain tumor, liver disease, alcohol dependence, or eating disorder
- Cardiac (heart) effects: high blood pressure, increased heart rate

Are there any risks of taking Wellbutrin® for long periods of time?

To date, there are no known problems associated with long term use of bupropion. It is a safe and effective medication when used as directed.

What other medications may interact with Wellbutrin®?

Bupropion should not be taken with or within 2 weeks of taking monoamine oxidase inhibitors (MAOIs). These include phenelzine (Nardil®), tranylcypromine (Parnate®), isocarboxazid (Marplan®), rasagiline (Azilect®), and selegeline (Emsam®).

Increased risk of seizure when combined with:

- Other antidepressants or antipsychotics
- Theophylline (Uniphyll®, Theo-Dur®)
- Tramadol (Ultram®)
- Steroids
- Medications that lower blood sugar (including insulin)
- Some antibiotics (ciprofloxacin (Cipro®), isoniazid (Nydrizid®))
- Abrupt discontinuation of benzodiazepines (e.g., lorazepam (Ativan®))

Bupropion may increase the levels and effects of:

- Certain antidepressants: nortriptyline (Pamelor®), imipramine (Tofranil®), desipramine (Norpramin®), paroxetine (Paxil®), fluoxetine (Prozac®), sertraline (Zoloft®)
- Certain antipsychotics: haloperidol (Haldol®), aripiprazole (Abilify®), thioridazine (Mellaril®)
- Beta-blockers such as metoprolol (Toprol XL®, Lopressor®) and propranolol (Inderal®)
- Certain antiarrhythmics: propafenone (Rythmol®), flecainide (Tambocor®)

How long does it take for Wellbutrin® to work?

Sleep, energy, or appetite may show some improvement within the first 1-2 weeks. Improvement in these physical symptoms can be an important early signal that the medication is working. Depressed mood and lack of interest in activities may need up to 6-8 weeks to fully improve.

Xanax[®] (alprazolam)

Brand names:

Xanax[®]

- Tablets: 0.25 mg, 0.5 mg, 1 mg, 2 mg

Xanax XR[®]

- Extended release tablets: 0.5 mg, 1 mg, 2 mg, 3 mg

Niravam[®]

- Orally disintegrating tablets: 0.25 mg, 0.5 mg, 1 mg, 2 mg

Alprazolam Intensol[®]

- Liquid (concentrate): 1 mg/ml

Generic name: alprazolam (al PRAY zoe lam)

Medication class: benzodiazepine, anxiolytic (anti-anxiety)

What is XANAX[®] and what does it treat?

Alprazolam is a benzodiazepine. It is approved for the treatment of generalized anxiety disorder (GAD) and panic disorder with or without agoraphobia. However, benzodiazepines are also commonly used to treat difficulty sleeping and alcohol withdrawal.

Generalized Anxiety Disorder (GAD) occurs when a person experiences excessive anxiety or worry for at least six months. Other symptoms include

- Restlessness
- Fatigue (low energy, feeling tired all the time)
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling asleep or waking up in the middle of the night)

Panic Disorder occurs when a person experiences unexpected and repeated episodes of intense fear. These episodes have physical symptoms including chest pain, shortness of breath, heart palpitations, sweating, dizziness, and nausea. Fear of future episodes is also part of panic disorder.

What is the most important information I should know about XANAX[®]?

Do not drive a car or operate machinery until you know how this medication affects you because you may notice that you feel tired or dizzy.

Benzodiazepines, such as alprazolam, are often used for short periods of time only. They may produce emotional and/or physical dependence (addiction) even when used as recommended. Only your healthcare provider can determine the length of treatment that is right for you.

Do not stop taking alprazolam without talking to your healthcare provider first. Stopping alprazolam abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, tremor, dizziness, blood pressure changes, rapid heart rate, and seizures.

Are there specific concerns about XANAX[®] and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with anxiety disorders who wish to become pregnant face important decisions. It is important to discuss this with your doctor and caregivers.

Regarding breastfeeding, caution is advised since alprazolam does pass into breast milk.

What should I discuss with my healthcare provider before taking XANAX®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your healthcare provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have including obstructive sleep apnea
- All other medications you are currently taking (including over the counter products and herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take XANAX®?

Alprazolam may be taken with or without food.

Alprazolam may be taken every day at regular times or on an as needed (â€œPRNâ€) basis. Typically, your healthcare provider will limit the number of doses you should take in one day.

Your healthcare provider will determine the dose and method of taking the medication that is right for you based upon your response.

Alprazolam orally disintegrating tablets must remain in their original packaging. Open the package with clean dry hands before each dose. Do not try to put tablets in a pillbox if you take the orally disintegrating tablets.

Alprazolam orally disintegrating tablets will dissolve in your mouth within seconds and can be swallowed with or without liquid.

Extended release tablets: Swallow whole. Do not chew, crush or split tablet.

Alprazolam liquid: Measure with a dosing spoon or oral syringe, which you can get from your pharmacy.

If you take the medication everyday (instead of â€œas neededâ€), use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take it. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of XANAX®?

If you miss a dose of alprazolam, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking XANAX®?

Avoid drinking alcohol and using illegal drugs while you are taking alprazolam. They may decrease the benefits (e.g., worsen your condition) and increase the adverse effects (e.g., sedation) of the medication. Alcohol increases the risk of accidental overdose with medications like alprazolam.

What happens if I overdose with XANAX®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

Symptoms of overdose include confusion, impaired coordination, slow reflexes, coma, and death.

A specific treatment to reverse the effects of alprazolam does exist. This medicine, called flumazenil, can reverse the effects of alprazolam but must be given through an IV at a hospital. Only a doctor can decide if you need this medication.

What are the possible side effects of XANAX®?

Common Side Effects

- Feeling dizzy, drowsy, fatigued, or lightheaded
- Impaired coordination, decreased ability to concentrate

If you experience these side effects after starting clonazepam they will often improve over the first week or two as you continue to take the medication

Rare Side Effects

Increased heart rate, headache, memory impairment, irritability, restlessness

Serious Side Effects

Some people taking benzodiazepines develop a severe allergic reaction and swelling of the face. This can occur as early as with the first dose.

Some people taking benzodiazepines for sleep have experienced various behaviors while they were asleep/not fully awake, such as sleep driving, making phone calls, and preparing or eating food. The individuals have no memory of the events when they awaken.

Are there any risks for taking XANAX® for long periods of time?

Alprazolam is a safe and effective medication when used as directed. Benzodiazepines may produce emotional and/or physical dependence (addiction) even when used as recommended. Physical dependence may develop after 2 or more weeks of daily use.

What other medications may interact with XANAX®?

The following medications may **increase** the levels and effects of alprazolam:

- Ketoconazole (Nizoral®), itraconazole (Sporanox®), nefazodone (Serzone®), fluvoxamine (Luvox®), and cimetidine (Tagamet®)

The following medications may **decrease** the levels and effects of alprazolam:

- Carbamazepine (Tegretol®)

Alprazolam should not be taken with other benzodiazepine medications.

Alprazolam may cause drowsiness, so caution should be used when combining it with other medications that cause drowsiness. These could include:

- Antihistamines such as diphenhydramine (Benadryl®)
- Narcotic pain medication such as morphine, oxycodone (OxyContin®), and hydrocodone (Vicodin® and Lortab®),
- Sleeping medications such as zolpidem (Ambien®)
- Other anti-anxiety medications, antipsychotic medications, certain anticonvulsant medications, and tricyclic antidepressant medications (such as amitriptyline)

How long does it take for XANAX[®] to work?

When starting alprazolam, anxiety or insomnia may improve rapidly or over a period of days or within hours of the first dose of medication.

Zoloft® (sertraline)

Brand name:

Zoloft®

- Tablets: 25 mg, 50 mg, 100 mg
- Liquid: 20 mg/mL

Generic name: sertraline (SER tra leen)

Medication class: Selective serotonin reuptake inhibitor (SSRI) antidepressant

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Zoloft® and what does it treat?

Sertraline is an antidepressant medication that works to increase the **brain**. It is approved to treat adult major depressive disorder (MDD), posttraumatic stress disorder (PTSD), premenstrual dysphoric disorder (PMDD), panic disorder, and social anxiety disorder. It is also approved to treat obsessive-compulsive disorder (OCD) in adults, children and adolescents aged 6-17 years.

Symptoms of depression include:

- Depressed mood - feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, and helpless
- Loss of interest or pleasure in your usual activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation (‘nervous energy’)
- Psychomotor retardation (feeling like you are moving and thinking in slow motion)
- Suicidal thoughts or behaviors

PTSD occurs when a person experiences a traumatic event (e.g. assault, combat experience) and then later feels on edge; avoids situations that remind them of the event; and experiences flashbacks or nightmares.

Premenstrual dysphoric disorder (PMDD) is a condition where a woman experiences depression, tension, and irritability for a few days prior to menstruation that end when menstruation begins. These symptoms are more severe than those of premenstrual syndrome (PMS).

Panic Disorder occurs when a person experiences unexpected and repeated episodes of intense fear. These episodes have physical symptoms including chest pain, shortness of breath, heart palpitations, sweating, dizziness, and nausea. Fear of future episodes is also part of panic disorder.

Obsessive Compulsive Disorder (OCD) occurs when a person experiences the following symptoms at the same time:

- Obsessions (unwanted, recurrent, and disturbing thoughts)
- Compulsions (repetitive, ritualized behaviors that the person feels driven to perform in order to lessen the anxiety produced by the obsessions)

What is the most important information I should know about Zoloft®?

Do not stop taking sertraline, even when you feel better. Only your healthcare provider can determine the length of treatment that is right for you.

Missing doses of sertraline may increase your risk for relapse in your symptoms.

Stopping sertraline abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, feeling dizzy, vomiting, nightmares, headache, and/or paresthesias (prickling, tingling sensation on the skin).

Depression is also a part of bipolar illness. People with bipolar disorder who take antidepressants may be at risk for "switching" from depression into mania. Symptoms of mania include "high" or irritable mood, very high self esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, frequently involved in activities with a large risk for bad consequences (for example, excessive buying sprees).

Are there specific concerns about Zoloft® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with MDD who wish to become pregnant face important decisions. Untreated MDD has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

For mothers who have taken SSRIs during their pregnancy, there appears to be less than a 1% chance of infants developing persistent pulmonary hypertension. This is a potentially fatal condition that is associated with use of the antidepressant in the second half of pregnancy. However, women who discontinued antidepressant therapy were five times more likely to have a depression relapse than those who continued their antidepressant. If you are pregnant, please discuss the risks and benefits of antidepressant use with your healthcare provider.

Caution is advised with breastfeeding since sertraline does pass into breast milk.

What should I discuss with my healthcare provider before taking Zoloft®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have, including a history of bipolar disorder
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

How should I take Zoloft®?

Sertraline is usually taken 1 time per day with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 50 mg to 200 mg. Only your healthcare provider can determine the correct dose for you.

If you are taking it for PMDD, sertraline can be taken once daily (everyday) or intermittently (usually starting 14 days prior to menstruation through the first full day of menses of each cycle).

The liquid should be measured with an oral syringe or dropper which you can get from your pharmacy. It should be added to 4 ounces of water, ginger ale, lemon/lime soda, lemonade, or orange juice immediately prior to taking the medication. It should not be mixed in advance.

Consider using a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of Zoloft®?

If you miss a dose of sertraline, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Zoloft®?

Avoid drinking alcohol or using illegal drugs while you are taking antidepressant medications. They may decrease the benefits (e.g., worsen your condition) and increase adverse effects (e.g., sedation) of the medication.

What happens if I overdose with Zoloft®?

If an overdose occurs, call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of sertraline does not exist.

What are the possible side effects of Zoloft®?

Common Side Effects

- Headache, nausea, diarrhea, dry mouth, increased sweating
- Feeling nervous, restless, fatigued, sleepy or having trouble sleeping (insomnia)

These will often improve over the first week or two as you continue to take the medication.

Sexual side effects, such as problems with orgasm or ejaculatory delay often do not diminish over time.

Rare Side Effects

Increased bleeding (e.g., gums may bleed more easily), low sodium blood levels (signs of low sodium levels may include headache, weakness, difficulty concentrating and remembering), teeth grinding

Serious Side Effects

Seizure

Are there any risks of taking Zoloft® for long periods of time?

To date, there are no known problems associated with long term use of sertraline. It is a safe and effective medication when used as directed.

What other medications may interact with Zoloft®?

Sertraline should not be taken with or within two weeks of taking monoamine oxidase inhibitors (MAOIs). These include phenelzine (Nardil®), tranylcypromine (Parnate®), isocarboxazid (Marplan®), rasagiline (Azilect®), and selegiline (Emsam®).

Although rare, there is an increased risk of serotonin syndrome when sertraline is used with other medications that increase serotonin, such as other antidepressants, migraine medications called "triptans" (e.g., Imitrex®), some pain medications (e.g., tramadol (Ultram®)), and the antibiotic linezolid (Zyvox®). Symptoms associated with serotonin syndrome include nausea, vomiting, shivering, heavy sweating, rapid heart rate, and headache.

Sertraline should not be taken with pimozide (Orap®).

Sertraline may **increase** the effects of other medications that can cause bleeding (e.g., ibuprofen (Advil®, Motrin®), warfarin (Coumadin®) and aspirin).

Sertraline liquid should **NOT** be taken in combination with disulfiram (Antabuse®) due to the alcohol content of the concentrate.

How long does it take for Zoloft® to work?

Sleep, energy, or appetite may show some improvement within the first 1-2 weeks. Improvement in these physical symptoms can be an important early signal that the medication is working. Depressed mood and lack of interest in activities may need up to 6-8 weeks to fully improve.

Zyprexa® (olanzapine)

Brand names:

Zyprexa®

–Tablets: 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg

- Orally disintegrating tablets: 5 mg, 10 mg, 15 mg, 20 mg
- Injection (immediate release): 10 mg vials

Zyprexa Relprevv®

- Injection (extended release): 150 mg, 210 mg, 300 mg, 405 mg

Generic name: olanzapine (oh LAN za peen)

Medication class: Second generation antipsychotic (SGA), atypical antipsychotic

All FDA black box warnings are at the end of this fact sheet. Please review before taking this medication.

What is Zyprexa® and what does it treat?

Olanzapine is a medication that works in the brain to treat schizophrenia. It is also known as a second generation antipsychotic (SGA) or atypical antipsychotic. Olanzapine rebalances dopamine and serotonin to improve thinking, mood, and behavior.

Symptoms of schizophrenia include:

- Hallucinations - imagined voices or images that seem real
- Delusions - beliefs that are not true (e.g., other people are reading your thoughts)
- Disorganized thinking or trouble organizing your thoughts and making sense
- Little desire to be around other people
- Trouble speaking clearly
- Lack of motivation

Olanzapine may help some or all of these symptoms.

Olanzapine is also FDA approved for the following indications:

- Acute treatment of manic or mixed episodes of bipolar disorder
- Maintenance (long-term) treatment of bipolar disorder
- Acute treatment of agitation in schizophrenia and bipolar disorder

This medication sheet will focus primarily on schizophrenia. You can find more information about bipolar disorder and depression at http://www.nami.org/Template.cfm?Section=By_Illness.

What is the most important information I should know about Zyprexa®?

Schizophrenia requires long-term treatment. Do not stop taking olanzapine, even when you feel better.

Only your healthcare provider can determine the length of olanzapine treatment that is right for you.

Missing doses of olanzapine may increase your risk for a relapse in your symptoms.

Do not stop taking olanzapine or change your dose without talking to with your healthcare provider first.

For olanzapine to work properly, it should be taken everyday as ordered by your healthcare provider.

Are there specific concerns about Zyprexa® and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with schizophrenia who wish to become pregnant face important decisions. This is a complex decision since untreated schizophrenia has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers.

Caution is advised with breastfeeding since olanzapine does pass into breast milk. It is recommended that women receiving olanzapine should not breast-feed.

What should I discuss with my healthcare provider before taking Zyprexa®?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you ever had muscle stiffness, shaking, tardive dyskinesia, neuroleptic malignant syndrome, or weight gain caused by a medication
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any psychiatric or medical problems you have, such as heart rhythm problems, long QT syndrome, heart attacks, diabetes, high cholesterol, or seizures
- If you have a family history of diabetes or heart disease
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you smoke, drink alcohol, or use illegal drugs

How should I take Zyprexa®?

Olanzapine tablets are usually taken 1 time per day with or without food.

Typically patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The oral dose usually ranges from 5 mg to 20 mg. Only your healthcare provider can determine the correct dose for you.

Olanzapine orally disintegrating tablets must remain in their original packaging. Open the package with clean dry hands before each dose. Do not try to put tablets in a pillbox if you take the orally disintegrating tablets.

Olanzapine orally disintegrating tablets will dissolve in your mouth within seconds and can be swallowed with or without liquid.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member a friend to remind you or check in with you to be sure you are taking your medication.

The long-acting injection form of olanzapine is administered every 2 to 4 weeks. Your healthcare provider will administer these injections and keep you in a setting where you can be observed for at least 3 hours after each injection.

What happens if I miss a dose of Zyprexa®?

If you miss a dose of olanzapine, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss

this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking Zyprexa®?

Avoid drinking alcohol or using illegal drugs while you are taking olanzapine. They may decrease the benefits (e.g. worsen your confusion) and increase adverse effects (e.g. sedation) of the medication.

What happens if I overdose with Zyprexa®?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of olanzapine does not exist.

What are possible side effects of Zyprexa®?

Common Side Effects

Low blood pressure, upset stomach, constipation, dry mouth

Feeling dizzy, drowsy or restless

Rare Side Effects

Seizures, changes in body temperature, impaired sexual function

Olanzapine may increase the blood levels of a hormone called prolactin. Side effects of increased prolactin levels include females losing their period, production of breast milk and males losing their sex drive or possibly experiencing erectile problems. Long term (months or years) of elevated prolactin can lead to osteoporosis, or increased risk of bone fractures.

Serious Side Effects

Some people may develop muscle related side effects while taking olanzapine. The technical terms for these are "extrapyramidal effects" (EPS) and "tardive dyskinesia" (TD). Symptoms of EPS include restlessness, tremor, and stiffness. TD symptoms include slow or jerky movements that one cannot control, often starting in the mouth with tongue rolling or chewing movements.

Second generation antipsychotics (SGAs) increase the risk of weight gain, high blood sugar, and high cholesterol. This is also known as metabolic syndrome. Your healthcare provider may ask you for a blood sample to check your cholesterol, blood sugar, and hemoglobin A1c (a measure of blood sugar over time) while you take this medication.

- For more information including ideas for healthy eating and exercise, see the NAMI Hearts and Minds Program http://www.nami.org/template.cfm?section=Hearts_and_Minds.
- For the relative risk of each medication and monitoring recommendations, see Table 2 in the Consensus Conference on Antipsychotic Drugs <http://care.diabetesjournals.org/content/27/2/596.full.pdf+html>.

SGAs have been linked with higher risk of death, strokes, and transient ischemic attacks (TIAs) in elderly people with behavior problems due to dementia.

All antipsychotics have been associated with the risk of sudden cardiac death due to an arrhythmia (irregular heart beat). To minimize this risk, antipsychotic medications should be used in the smallest effective dose when the benefits outweigh the risks. Your doctor may order an EKG to monitor for irregular heart beat.

Neuroleptic malignant syndrome is a rare, life threatening adverse effect of antipsychotics which occurs in <1% of patients. Symptoms include confusion, fever, extreme muscle stiffness, and sweating. If any of these symptoms occur, contact your healthcare provider immediately.

Are there any risks of taking Zyprexa® for long periods of time?

Tardive dyskinesia (TD) is a side effect that develops with prolonged use of antipsychotics. Medications such as olanzapine have been shown to have a lower risk of TD compared to older antipsychotics, such as Haldol® (haloperidol).] If you develop symptoms of TD, such as grimacing, sucking, and smacking of lips, or other movements that you cannot control, contact your healthcare provider immediately. All patients taking either first or second generation antipsychotics should have an

Abnormal Involuntary Movement Scale (AIMS) completed regularly by their healthcare provider to monitor for TD.

Second generation antipsychotics (SGAs) increase the risk of diabetes, weight gain, high cholesterol, and high triglycerides. (See "Serious Side Effects" section for monitoring recommendations.)

What other medications may interact with Zyprexa®?

Olanzapine may block the effects of agents used to treat Parkinson's disease such as levodopa/carbidopa (Sinemet®), bromocriptine, pramipexole (Mirapex®), ropinirole (Requip®), and others.

Medications used to lower blood pressure may increase this effect. Propranolol (Inderal®) is an example of this type of medication.

Sedative medications, such as lorazepam (Ativan®) and diazepam (Valium®) may increase the risk of dizziness or sleepiness when used in combination with olanzapine. This risk is increased when these medications are given as an injection.

The following medications may **increase** the levels and effects of olanzapine: ciprofloxacin (Cipro®) and fluvoxamine (Luvox®)

Carbamazepine (Tegretol®) may **decrease** the levels and effects of olanzapine.

Cigarette smoke can decrease levels of olanzapine. Let your healthcare provider know if you start or stop smoking cigarettes. Nicotine patches do not impact olanzapine levels.

How long does it take for Zyprexa® to work?

It is very important to tell your doctor how you feel things are going during the first few weeks after you start taking olanzapine. It will probably take several weeks to see big enough changes in your symptoms to decide if olanzapine is the right medication for you.

Antipsychotic treatment is generally needed lifelong for persons with schizophrenia. Your doctor can best discuss the duration of treatment you need based on your symptoms and illness.

- Hallucinations, disorganized thinking, and delusions may improve in the first 1-2 weeks
- Sometimes these symptoms do not completely go away
- Motivation and desire to be around other people can take at least 1-2 weeks to improve
- Symptoms continue to get better the longer you take olanzapine
- It may take 2-3 months before you get the full benefit of olanzapine