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## What you can do to help in your medication management:

- When you start a new medication, ask your provider when you should expect to see improvement in symptoms
- Keep note of how you felt before taking the drugs and what symptoms got better or worse after having taken the medications
- Ask supportive family/friends that you trust to notice any signs of improvement or any side effects of concern (such as an increase in suicidal thoughts or behaviors)
- Ask your provider what side effects you could expect to see and if these are symptoms that will go away over time or not
- If symptoms happen, keep notes about the details such as: when they started, if they stopped, if anything makes these symptoms worse or better and if you used any other medication to help treat it
- Ask your provider how to manage side effects if they were to happen
- Be open and honest about how you feel the medication therapy is working. Make sure to let your provider know any questions or concerns you may have

## Am I getting better or worse? Questions to ask and what to tell the doctor about your medicines:

Antidepressants, antipsychotics and mood stabilizers can be used to treat many different mental health conditions. But how do you know the drug is working?

Different medication classes have different lengths of time before you start to see the drug fully work.

## Antidepressants

Antidepressants may take up to 6 to 8 weeks before you start to see the drug fully work. However, some symptoms can be expected to see improvements sooner, like the following<sup>1</sup>:

- Better energy, appetite, and sleep within one week
- Better mood and motivation within 2 to 4 weeks.

## Examples of antidepressants

### *Selective Serotonin Reuptake Inhibitors (SSRIs)*

- Sertraline (Zoloft®)
- Fluoxetine (Prozac®)
- Paroxetine (Paxil®)
- Escitalopram (Lexapro®)
- Citalopram (Celexa®)
- Fluvoxamine (Luvox®)

### *Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)*

- Duloxetine (Cymbalta®)
- Venlafaxine (Effexor®)
- Desvenlafaxine (Pristiq®)

### *Atypical Antidepressants*

- Bupropion (Wellbutrin®)
- Mirtazapine (Remeron®)
- Trazodone (Desyrel®)

### *Tricyclic Antidepressants*

- Amitriptyline (Elavil®)
- Nortriptyline (Pamelor®)
- Doxepin (Silenor®)
- Imipramine (Tofranil®)
- Desipramine (Nopramin®)
- Trimipramine (Surmontil®)
- Protriptyline (Vivactil®)
- Amoxapine (Asendin®)

### Common side effects of antidepressants<sup>2</sup>

- Stomach upset (nausea/vomiting/diarrhea)
- Headache
- Sleepiness
- Restlessness
- Decrease in sex drive or difficulty in maintaining an erection

\*It is important to note, with antidepressants, to watch for more suicidal thoughts (especially in patients aged 24 years and younger)

### Antipsychotics

Antipsychotics may take up to 4 to 6 weeks to see the medicine fully work. However, some symptoms can be expected to see improvements sooner, like the following<sup>3</sup>:

- Decreased episodes of seeing, feeling, or hearing things that are not present in reality and feeling less upset may be seen in a few days
- Better mood and the ability to think clearly can be seen in ~ 2 weeks

### Examples of Antipsychotics

#### *First Generation Antipsychotics (also known as Typical Antipsychotics)*

- Haloperidol (Haldol®)
- Fluphenazine (Prolixin®)
- Chlorpromazine (Thorazine®)
- Loxapine (Loxitane®)
- Molindone (Moban®)
- Pimozide (Orap®)

#### *Second Generation Antipsychotics (also known as Atypical Antipsychotics)*

- Olanzapine (Zyprexa®)
- Quetiapine (Seroquel®)
- Aripiprazole (Abilify®)
- Risperidone (Risperdal®)
- Paliperidone (Invega®)
- Clozapine (Clozaril®)
- Lurasidone (Latuda®)
- Asenapine (Saphris®)
- Cariprazine (Vraylar®)
- Brexpiprazole (Brexulti®)
- Ziprasidone (Geodon®)

### Common side effects with antipsychotics<sup>4</sup>

- Sleepiness
- Constipation
- Dry mouth
- Weight gain
- Increase in cholesterol
- Abnormal movements ( muscle stiffness)
- Increase in blood sugar
- Increase in blood pressure
- Sexual dysfunction
- Restlessness

## Mood Stabilizers

Mood stabilizers may take up to 4-6 weeks to see the full effect. Some mood stabilizers will require blood work in order to make sure you are at the right dose that is safe and works best for you. There are some other medications that may interact with these medications so it is important to let your provider know all the medications you currently take, both prescribed and over the counter.

### Examples of Mood Stabilizers

- Lithium (Eskalith® or Lithobid®)
- Valproate or Divalproex Sodium (Depakote®)
- Carbamazepine (Tegretol®)
- Oxcarbazepine (Trileptal®)
- Lamotrigine (Lamictal®)

### *Mood Stabilizers that require blood work monitoring:*

- Lithium (Baseline, 5-7 days after dose change then every 6-12 months)
- Divalproex (Baseline, then every 6-12 months)
- Carbamazepine/Oxcarbazepine (Baseline, monthly for 3 months and then every 12 months)

### *Drug interactions*

Medications that can increase lithium levels<sup>7</sup>:

- Blood pressure medications, specifically ACE inhibitors, ARBs or thiazide diuretics ( e.g., Lisinopril, Losartan, and hydrochlorothiazide)
- Pain medications, specifically Non-steroidal inflammatory agents (e.g., ibuprofen, naproxen, and meloxicam)

Medications/Substances that can decrease lithium levels:

- Caffeine
- Acetazolamide
- Theophylline

### *Common side effects*

- Upset stomach (Nausea/Vomiting/Diarrhea)
- Weight gain
- Liver dysfunction (specifically valproate)
- Somnolence
- Tremor
- Hypothyroidism (specifically lithium)
- Extreme thirst (specifically lithium)
- Low sodium levels (symptoms of increased thirst/dehydration/confusion; specifically with carbamazepine and oxcarbazepine)
- Rash

## Side Effect Management

### *Which side effects usually get better over time?*

- Headache
- Upset stomach (nausea/vomiting/diarrhea)
- Sleepiness

### *How to treat the above side effects:*

- Headache: Over the counter pain medications (e.g., Tylenol)
- Upset stomach: Take medication with food
- Sleepiness: Take medication at night

Which side effects should your doctor know about immediately?

- Suicidal thoughts/behaviors
- Muscle problems or stiffness
- Confusion
- Fever
- Fast/irregular heart rate
- Shortness of breath or trouble breathing
- Excessive sweating (no apparent reason)
- Rash

### Common assessment tools providers may use in checking medication therapy <sup>5,6</sup>

At a doctor's office visit, they may measure symptom improvement using the Patient Health Questionnaire-9 (PHQ-9) tool. This tool is used to screen how bad the depressive symptoms that you may be experiencing have been in the last 2 weeks. The provider may use this tool to help change your medication.

With antipsychotics, the provider may use the Abnormal Involuntary Movement Scale (AIMS) to measure the movement problems these medicines may cause. These movement problems can happen in both first- and second-generation antipsychotics. However, most of the time, it is seen in first-generation antipsychotics.

The provider may or may not use an assessment tool for other mental health conditions. If no assessment tool is used, they will rely on your answers to determine how your symptoms have or have not improved.

Being open and honest about your symptoms and any side effects that you may be experiencing helps the provider find the best medication at the most effective and safest dose for you.



Go online to find more information and to view the references for this toolkit.

[aapp.org/555640](https://aapp.org/555640)

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