Psychotherapeutic Medications 2006

What Every Counselor Should Know

- Generic and Brand Medication Names
- Purpose
- Usual dose and frequency
- Potential Side Effects
- Emergency Conditions
- Cautions
- Addiction Treatment Medications

Unifying science, education and services to transform lives.

MID-AMERICA attc

The Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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ABOUT THIS BROCHURE

Originally developed as a companion piece to the Mid-America ATTC systems change curriculum, *A Collaborative Response: Addressing the Needs of Consumers with Co-Occurring Substance Use and Mental Health Disorders,* this edition includes adaptations made for inclusion in CSAT's *TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders*. The language has been modified to increase readability for a larger audience, and in keeping with the goal of updating the brochure annually, several new medications are included.

COUNSELORS' USE OF THIS BROCHURE

A list of generic and brand names is included for the following medications:

Antipsychotics/Neuroleptics
Antiparkinsonian Medications
Antimanic Medications
Antidepressant Medications
Antianxiety Medications
Stimulant Medications
Narcotic and Opioid Analgesics
Hypnotics (Sleep Aids)
Addiction Treatment Medications
Alcohol
Opioids
Others

Each section includes the following topics for the different medication types:

Purpose: Describes typical uses of medications, including specific symptoms treated and positive treatment response expected.

Usual dose, frequency, and side effects: Discusses when and how medications are administered, typical side effects, and methods for monitoring side effects.

Potential side effects: Lists common side effects.

Potential for abuse or dependence: Elaborates upon those medications with potential for abuse and/or physical dependence. Discusses withdrawal reactions and management of withdrawal.

Emergency Conditions: Includes risks associated with overdose, withdrawal or other drug reactions.

Cautions: Describes risks associated with use of additional medications (i.e., over the counter), increasing or discontinuing use of medications, adverse consequences with concurrent use of alcohol and/or street drugs.

Special Considerations for Pregnant Women: Describes risks for pregnant women prescribed psychotherapeutic medications. References to research are included. The special role of the substance abuse counselor in encouraging discussion between clients and the prescribing physician is emphasized.

IMPORTANT NOTES ACROSS MEDICATION TYPES

Name brand medications have a limited patent. When the patent expires, the medication may be made as a generic. The generic name of a medication is the *actual name of the medication and never changes*. A generic medication may be made by many different manufacturers. Additionally, manufacturers can make several forms of a single medication with only slight variations. For instance, they may vary the color, size, or shape of the medication. If a person says his or her medication "looks different" AND he or she is experiencing new side effects, *contact the prescriber immediately*.

For ease of reading, some technical terms are defined in accompanying footnotes. All medications are listed in the index along with page numbers for quick reference. When specific brands are discussed in the accompanying text, the name of the medication is **bolded** to assist the reader in finding the reference.

This brochure is available for free download via the Mid-America ATTC Web site at www.mattc.org.

LIMITATIONS OF THE BROCHURE

This brochure is designed as a quick "desk reference" for substance abuse and mental health treatment providers. It is not intended to be used as a complete reference for psychotherapeutic medications. The section, "Tips for Communicating with Physicians," is meant to be just that: tips for communicating. The brochure assumes providers are knowledgeable about the Health Insurance Portability and Accountability Act (HIPPA) regulations, including issues related to privacy and confidentiality and will use these communication tips in accordance with those regulations. For more information about HIPPA, refer to the SAMHSA Web site "HIPPA: What It Means for Mental Health and Substance Abuse Services" at http://www.hipaa.samhsa.gov/hipaa.html.

The section, "Talking with Clients about their Medication," is a prompt designed to help the provider initiate conversation about medication management and adherence with clients who have co-occurring mental health and substance use disorders. It is not intended as a complete guide to client education. For a more thorough discussion of these issues, see the current edition of the American Society of Addiction Medicine's (ASAM's) *Principles of Addiction Medicine*, Third Edition (ASAM 2003).

For physicians desiring a more in-depth discussion regarding the challenges of treating specific population groups with substance use disorders (e.g., homeless, older adults, people with HIV/AIDS or hepatitis, pregnant or nursing women, etc.), which include medication compliance, adverse drug interactions, and relapse with the use of potentially addictive medications, refer to the current edition of the American Society of Addiction Medicine's (ASAM's) *Principles of Addiction Medicine*, Third Edition (ASAM 2003).

GENERIC	BRAND
Traditional antipsychotics	
chlorpromazine	Thorazine, Largactil
fluphenazine	Prolixin, Permitil, Anatensol
haloperidol	Haldol
loxapine	Loxitane, Daxolin
mesoridazine	Serentil
molindone	Moban, Lidone
perphenazine	Trilafon, Etrafon
pimozide	Orap
thioridazine	Mellaril
thiothixene	Navane
trifluoperazine	Stelazine
Novel or atypical antipsychotics	
aripiprazole	Abilify
clozapine	Clozaril
olanzapine	Zyprexa, Zyprexa Zydis
quetiapine fumarate	Seroquel
risperidone	Risperdal
risperidone long-acting injection	Risperdal Consta
ziprasidone	Geodon

PURPOSE

Antipsychotics (neuroleptics) are most frequently used for persons who experience psychotic symptoms as a result of having some form of schizophrenia, severe depression or bipolar disorder. They may be used to treat brief psychotic episodes caused by drugs of abuse. Psychotic symptoms may include being out of touch with reality, "hearing voices," and having false perceptions (e.g., thinking you are a famous person, thinking someone is out to hurt you). Antipsychotic medications can be effective in either minimizing or stopping these symptoms altogether. In some cases, these medications can shorten the course of the illness or prevent it from happening again.

Positive treatment response to antipsychotic medications allows many with severe and disabling mental disorders to live and function in the community, often relatively normally. This positive response may include thoughts that are more rational, decreased psychosis,[1] paranoia and delusions, behavior that is more appropriate, and the ability to have relationships and work.

[1] *psychosis:* A mental disorder characterized by distinct distortions of a person's mental capacity, ability to recognize reality, and relationships to others to such a degree that it interferes with that person's ability to function in everyday life.

All of the older and newer antipsychotic medications are approved by the Food and Drug Administration (FDA) and are thus evidence-based treatments (EBT) for schizophrenia. The newest antipsychotic medications—**Risperdal, Zyprexa, Seroquel, Geodon**, and **Abilify**—are showing positive effects across a range of disorders. These medications stabilize mood and are also used to treat bipolar disorder. They are being added to antidepressants to treat severe depressions. Some have been shown to be effective at relieving anxiety in low doses, but the FDA does not approve this use. A growing number of the atypical antipsychotic medications have received FDA approval for treatment of manic episodes, and some for extended treatment of bipolar disorder.

USUAL DOSE, FREQUENCY & SIDE EFFECTS

All medications have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. This information is on the prescription bottle. Many medications are taken once a day, some at bedtime to take advantage of the drowsiness side effect of some antipsychotic medications. Several medications are taken in pill form or liquid form. Others are given by injection once or twice per month to ensure that the medication is taken reliably. It is important to take medications on schedule. It is also important that people talk to their doctor so they know about potential side effects and steps they need to take to monitor their health.

Novel or atypical antipsychotics are different from traditional antipsychotics. These medications are more powerful with treatment-resistant schizophrenia but may also be used with severe depression or other psychiatric illness. Because the atypical antipsychotics work in a slightly different way than traditional antipsychotics, they are less likely to produce serious side effects, such as tardive dyskinesia[2] or neuroleptic malignant syndrome.[3] The most common mild side effects are either sedation[4] or agitation, especially when starting the medications. The most worrisome side effects are weight gain and elevated blood sugar and lipids.[5] There is also some evidence that the use of atypical antipsychotics may lead to the development of diabetes mellitus[6]

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[2] *tardive dyskinesia:* A central nervous system disorder characterized by twitching of the face and tongue, and involuntary motor movements of the trunk and limbs; occurring especially as a side effect of prolonged use of antipsychotic medications.

[3] *neuroleptic malignant syndrome:* A very rare but life-threatening neurological disorder most often caused by a reaction to antipsychotic/neuroleptic medications. Typically developing within the first 2 weeks of treatment; but can develop at any time. The syndrome can also occur in people taking anti-Parkinsonian medications if discontinued abruptly.

[4] *sedation:* Inducing a relaxed easy state especially by the use of *sedatives* (drugs).

[5] *lipids:* Any of various substances including fats, waxes, and phosphatides that with proteins and carbohydrates make up the principal structural components of living cells.

[6] *diabetes mellitus:* An endocrine disorder in which insulin is inadequately secreted or used by the body.

(Sernyak et al. 2002). Because diabetes is associated with obesity, it is unclear whether the diabetes is actually caused by certain atypical antipsychotic medications or obesity. These issues can be medically worrisome and can lead to medication noncompliance. Since effectiveness and side effects vary across medications and people, matching the right medication to the right person is the key.

Clozaril can very rarely cause serious abnormalities or irregularities in the blood cells (blood dyscrasias[7]). Approximately 1 to 2 percent of people who take **Clozaril** develop a condition in which their white blood cell count drops drastically (agranulocytosis[8]). As a result, they are at high risk for infections due to a compromised immune system, and this could be fatal. However, most cases of agranulocytosis can be treated successfully by stopping **Clozaril** treatment. To maintain safety, white blood cell counts must be checked each week for 6 months and every 2 weeks thereafter. The results must be sent to the person's pharmacy before he or she can pick up the next supply of medication.

Abilify is a new antipsychotic that acts as either an enhancer or an inhibitor of dopamine[9] activity. Useful in the treatment of schizophrenia and other psychotic disorders, side effects include headache, anxiety and insomnia.[10]

Risperdal Consta, also a newly approved antipsychotic, is an injection of microencapsulated[11] medication that releases into the body at a constant level. An injection is usually given every 2 weeks. Side effects are similar to those for **Risperdal**.

Traditional antipsychotics are cheap, and the newer ones are expensive. In general, the newer antipsychotics, when taken in proper dosage, have fewer clinical side effects and a broader treatment response than traditional antipsychotics.

POTENTIAL SIDE EFFECTS

Tardive Dyskinesia

- Involuntary movements of the tongue or mouth
- Jerky, purposeless movements of legs, arms or entire body
- More often seen in women
- Risk increases with age and length of time on medication
- Usually seen with long-term treatment using traditional antipsychotic medications; rarely seen with atypical antipsychotic medications

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[7] *blood dyscrasias:* A disease of the blood usually involving cellular abnormalities (i.e., poorly functioning or fewer than normal platelets, or loss of certain blood proteins called "clotting factors"; poorly functioning or decreased numbers of red and/or white blood cells.

[8] *agranulocytosis:* A condition in which there are too few of a specific type of white blood cell called neutrophils in the blood. Affected people are susceptible to infections.

[9] *dopamine:* A type of neurotransmitter in the brain.

[10] *insomnia*: Difficulty falling or staying asleep, or poor sleep quality.

[11] *microencapsulated:* To enclose in a tiny capsule material (as a medicine) that is released when the capsule is broken, melted, or dissolved.

Symptoms of diabetes mellitus (associated with obesity)
- Excessive thirst and hunger
- Fatigue
- Frequent urination
- Headaches
- Slow healing cuts and/or blemishes
- Weight loss

Neuroleptic Malignant Syndrome (very rare)
- Blood pressure up and down
- Dazed and confused
- Difficulty breathing
- Muscle stiffness
- Rapid heart rate
- Sweating and shakiness
- Temperature above normal

Other
- Blurred vision
- Changes in sexual functioning
- Constipation
- Diminished enthusiasm
- Dizziness
- Drowsiness
- Dry mouth
- Lowered blood pressure
- Muscle rigidity
- Nasal congestion
- Restlessness
- Sensitivity to bright light
- Slowed heart rate
- Slurred speech
- Upset stomach
- Weight gain

Note: Any side effects that bother a person need to be reported and discussed with the prescribing physician. Anticholinergic/antiparkinsonian medications like **Cogentin** or **Artane** may be prescribed to control movement difficulties associated with the use of antipsychotic medications.

EMERGENCY CONDITIONS

Contact a physician and/or seek emergency medical assistance if the person experiences involuntary muscle movements, painful muscle spasms, difficulty urinating, eye pain, skin rash or the symptoms listed under tardive dyskinesia, and neuroleptic malignant syndrome. An overdose is always considered an emergency and treatment should be sought immediately.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken and dosage, including over-the-counter preparations, vitamins, minerals, and herbal supplements (i.e., St. John's wort, echinacea, ginkgo, ginseng).
- People taking antipsychotic medications should not increase their dose unless this has been *checked with their physician and a change is ordered*.

SPECIAL CONSIDERATIONS FOR PREGNANT WOMEN

For women of childbearing age who may be or think they may be pregnant, the physician should discuss the safety of this medication before starting, continuing, or discontinuing medication treatment. Substance abuse counselors may have a role in encouraging this discussion by suggesting their clients talk with the prescribing physician.

Generally, the use of antipsychotic medications should be avoided in the first trimester unless the mother poses a danger to herself, to others, or to the unborn child, or if the mother shows signs of profound psychosis (Cohen 1989). Tapering and discontinuation of antipsychotic medication 10 days to 2 weeks before delivery is generally advised, though the way this is done varies by medication (Mortola 1989).

ANTIPARKINSONIAN MEDICATIONS

GENERIC	BRAND
amantadine hydrochloride	Symmetrel, Symadine
benztropine mesylate	Cogentin
diphenhydramine hydrochloride	Benadryl
trihexyphenidyl hydrochloride	Artane

PURPOSE

Antiparkinsonian (anticholinergic) medications are used to control the side effects associated with antipsychotic medications. They are called antiparkinsonian because the neurological side effects of antipsychotic medications are similar to the symptoms of Parkinson's disease (i.e., tremors, stiff or rigid muscles, poor balance, and a distinctive unsteady walk).

USUAL DOSE & FREQUENCY

All medications have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. This information is on the prescription bottle. These medications have very specific doses and taking too much can be harmful. A doctor must be consulted in order to safely change the dose in response to side effects of the antipsychotic medications.

POTENTIAL SIDE EFFECTS

- Constipation
- Dizziness
- Dry mouth
- Heart failure
- Irritability
- Light-headedness
- Stomach upset
- Tiredness

EMERGENCY CONDITIONS

Report immediately any overdose or changes in heart rate and/or rhythm to the doctor.

POTENTIAL FOR ABUSE OR DEPENDENCE

Despite their utility, these medications can be abused by some persons with severe mental illness who require neuroleptics. Survey research has found that many abusers of antiparkinsonians used these medications "to get high, to increase pleasure, to decrease depression, to increase energy and to relax" (Buhrich et al. 2000, p. 929). The survey also found that the misuse of other drugs accompanied the misuse of antiparkinsonian medications.

Consequently, in the context of co-occurring mental health and substance use disorders, providers and consumers need to be aware of and openly communicate about the abuse potential of these medications.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken and dosage, including over-the-counter preparations, vitamins, minerals, and herbal supplements (i.e., St. John's wort, echinacea, ginkgo, ginseng).
- People taking antiparkinsonian medications should not increase their dose unless this has been *checked with their physician and a change is ordered*.

SPECIAL CONSIDERATIONS FOR PREGNANT WOMEN

The risk of birth defects associated with **Cogentin**, **Artane**, and **Benadryl** is not clear, although there is some evidence to suggest that amantadine (**Symmetrel, Symadine**) may produce a deformed baby (Mortola 1989). For all women of childbearing age who may be or think they may be pregnant, the physician should discuss the safety of this medication before starting, continuing, or discontinuing medication treatment. Substance abuse counselors may have a role in encouraging this discussion by suggesting their clients talk with the prescribing physician.

ANTIMANIC MEDICATIONS

GENERIC	BRAND
Lithium products	
lithium carbonate	Eskalith, Eskalith CR, Lithane, Lithobid, Lithonate, Lithotabs
lithium citrate	Cibalith
Anticonvulsant products	
carbamazepine	Tegretol
divalproex sodium	Depakote, Depakote Sprinkle, Depakote ER
lamotrigine	Lamictal
Atypical antipsychotics *(see Antipsychotics/Neuroleptics, p. 6 for side effects)*	
aripiprazole	Abilify
olanzapine	Zyprexa, Zyprexa Zydis
olanzapine plus fluoxetine	Symbyax
quetiapine fumarate	Seroquel
risperidone	Risperdal
ziprasidone	Geodon
Other anticonvulsant products *(not FDA approved for the treatment of mania)*	
gabapentin	Neurontin
levetiracetam	Keppra
oxcarbazepine	Trileptal
tiagabine hydrochloride	Gabitril
topiramate	Topamax, Topamax Sprinkle
valproate sodium	Depakene, Depacon
valproic acid	Depakene

PURPOSE

Antimanic medications are used to control the mood swings of bipolar (manic–depressive) illness. Bipolar illness is characterized by cycling mood changes from severe highs (mania) to severe lows (depression). The "highs" and "lows" vary in intensity, frequency, and severity. Bipolar I conditions include full manic episodes. Bipolar II conditions, by definition do not include full mania, but are characterized more as depression plus a low level of mania (hypomania). Bipolar cycles that occur more often than 3 times a year are considered "rapid cycling," a condition often found in people with higher rates of substance abuse.

Positive treatment responses to antimanic medications include less hyperactivity, pressured speech and/or illogical thought. They improve the clients' ability to sleep, concentrate and allow the person to function more normally.

If bipolar disorder is left untreated, the associated mania may worsen into a psychotic state and depression may result in thoughts of suicide. By leveling mood swings with antimanic medications, some of the suicidal and other self-harming behaviors can be decreased. Additionally, appropriate treatment with antimanic medications can reduce a person's violent outbursts toward others or property.

All of the lithium products, **Tegretol**, **Depakote**, and those products listed under atypical antipsychotics qualify as evidence-based treatments (EBT) for Bipolar I disorder. **Lamictal** qualifies as an EBT for Bipolar II disorder.

USUAL DOSE, FREQUENCY & SIDE EFFECTS

All medications have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. This information is provided on the prescription bottle. Most medications in this class are given 2 to 4 times per day. Some extended release formulations[12] may be given every 12 hours. Dosage is determined by the active amount of medication found in the person's blood after taking the medication, and by his or her response to the medication. Expect a check of monthly blood levels until the person is at his or her optimal dose.

Lithium products: Most common side effects are tremor, acne, and weight gain. People taking these products may require more fluids than they did before taking the medication. However, too much fluid in a person's diet can "wash" the lithium out of his or her system, and too little fluid can allow the lithium to concentrate in the system. Additionally, anything that can decrease sodium in the body (i.e., decreased table salt intake, a low-salt diet, excessive sweating during strenuous exercise, diarrhea, vomiting) could result in lithium toxicity.[13] People taking any antimanic medications should have blood levels tested regularly to check the concentration level of the medication in their bodies. Specifically, people taking lithium products, **Tegretol**, **Depakote**, and **Depakene** need their blood levels monitored.

Anticonvulsant products:[14] Most common side effects are sedation and weight gain. **Keppra** is noted for causing mood changes, primarily depression and anger in some people. This may limit its use as a mood stabilizer.

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[12] *extended release formulations:* Medications that have been made so that they act over a long period of time and do not have to be taken as often; may be referred to as CR (controlled release), ER or XR (extended release), or SR (sustained release).

[13] *lithium toxicity:* The quality, state, or relative degree of being poisonous, in this instance because of the presence or concentration of too much of the drug lithium in the blood.

[14] *anticonvulsants:* Usually refers to an agent that prevents or stops *convulsions*; an abnormal violent, involuntary contraction or series of contractions of the muscles.

For the most common side effects of atypical antipsychotics, refer to *Antipsychotics/Neuroleptics,* p. 6. It is likely that all of the newer atypical antipsychotics mentioned in the previous section will soon be FDA approved for treatment of mania.

POTENTIAL SIDE EFFECTS

- Blurred vision
- Coma*
- Diarrhea*
- Drowsiness
- Fatigue
- Hand tremor*
- Increased thirst and urination*
- Inflammation of the pancreas
- Irregular heart beats
- Kidney damage*
- Liver inflammation, hepatitis
- Nausea or vomiting
- Problems with the blood, both red and white cells
- Rash and skin changes
- Seizures
- Under or overactive thyroid*
- Weakness
- Weight gain

*These side effects are associated with lithium, anticonvulsants, and atypical antipsychotics only. Effects vary greatly between persons.

EMERGENCY CONDITIONS

Lithium overdose is a life-threatening emergency. Signs of lithium toxicity may include nausea, vomiting, diarrhea, drowsiness, mental dullness, slurred speech, confusion, dizziness, muscle twitching, irregular heartbeat and blurred vision. An overdose of any of the other antimanic medications is always considered an emergency and treatment should be sought immediately.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken and dosage, including over-the-counter preparations, vitamins, minerals, and herbal supplements (i.e., St. John's wort, echinacea, ginkgo, ginseng).
- People taking antimanic medications should not increase their dose unless this has been *checked with their physician and a change is ordered*.
- Persons taking antimanic medications are particularly vulnerable to adverse medical consequences if they concurrently use alcohol and/or street drugs.
- Lithium can cause birth defects in the first 3 months of pregnancy.
- Thyroid function must be monitored if a person takes lithium.

- Heavy sweating or use of products that cause excessive urination (i.e., coffee, tea, some high caffeine sodas, use of diuretics) can lower the level of lithium in the blood.
- Blood tests for medication levels need to be checked every 1 to 2 months.
- Use of these medications will lower the effectiveness of birth control medications.

SPECIAL CONSIDERATIONS FOR PREGNANT WOMEN

Some antimanic medications, such as **Depakene** (valproic acid), are associated with several birth defects if taken during pregnancy. If this type of medication must be used during pregnancy, the woman must be told that there is substantial risk of malformations (Robert et al. 2001). Lithium is also a medication that may be harmful to an unborn child. Those exposed to lithium before week 12 of gestation are at increased risk of heart abnormalities. For women taking lithium, blood levels of the medication should be monitored every 2 weeks. Ultrasound examinations should be performed on the fetus to rule out the development of an enlarged thyroid (goiter) in the unborn child (Mortola 1989).

Generally, the use of antipsychotic medications should be avoided in the first trimester unless the mother poses a danger to herself, to others, or to the unborn child, or if the mother shows signs of profound psychosis (Cohen 1989). Tapering and discontinuation of antipsychotic medication 10 days to 2 weeks before delivery is generally advised, though the way this is done varies by medication (Mortola 1989).

For women of childbearing age who may be or think they may be pregnant, the physician should discuss the safety of these medications before starting, continuing, or discontinuing medication treatment. Substance abuse counselors may have a role in encouraging this discussion by suggesting their clients talk with the prescribing physician.

ANTIDEPRESSANT MEDICATIONS

GENERIC	BRAND
SSRIs — Selective Serotonin Reuptake Inhibitors	
citalopram	Celexa
escitalopram oxalate	Lexapro
fluoxetine	Prozac, Prozac Weekly, Sarafem
fluvoxamine	Luvox
paroxetine	Paxil, Paxil CR
sertraline	Zoloft
Other new antidepressants	
bupropion	Wellbutrin, Wellbutrin SR
duloxetine	Cymbalta
mirtazapine	Remeron, Remeron SolTab
nefazodone	Serzone
trazodone	Desyrel
venlafaxine	Effexor, Effexor ER
Tricyclics & quatracyclics	
amitriptyline	Elavil
amoxapine	Asendin
clomipramine	Anafranil
desipramine	Nopramin, Pertofrane
doxepin	Sinequan
imipramine	Tofranil
maprotiline	Ludiomil
nortriptyline	Pamelor
protriptyline	Vivactil
Monoamine Oxidase (MAO) Inhibitors	
isocarboxazid	Marplan
phenelzine	Nardil
tranylcypromine	Parnate

PURPOSE

Antidepressant medications are used for moderate to serious depressions, but they can also be very helpful for milder depressions such as dysthymia. Most antidepressants must be taken for a period of 3 to 4 weeks to begin to reduce or take away the symptoms of depression but a full therapeutic effect may not be present for several months. Antidepressants are also the first line medications for certain anxiety disorders such as panic disorder, social phobia, and obsessive-compulsive disorders.

Positive early treatment responses to antidepressant medications include improved energy, concentration, and sleep. Later positive treatment responses include improved mood, attitude, and statements of "feeling better."

Treatment for a single episode of major depression should be continued for 2 years before discontinuing. Since major depression is a chronic recurrent illness for many people, long-term use of antidepressants is often indicated (much as one would take medication for high blood pressure or diabetes for a long period of time). Discontinuing antidepressant therapy before the depression is completely resolved may result in the person decompensating[15] and possibly becoming medication resistant. Untreated depression may result in suicide, especially with co-occurring substance use disorders. Therefore, treatment for depression must be taken as seriously as treatment for any other major life-threatening illness.

TYPES OF ANTIDEPRESSANTS

SSRIs are the most frequently prescribed class of antidepressants because of their broad effectiveness, low side effects, and safety. They are thought to affect the serotonin[16] system to reduce symptoms of depression. **Prozac Weekly** is an extended release formula of **Prozac** (fluoxetine) that can be dosed once per week. **Sarafem** is fluoxetine under another label used for treatment of Premenstrual Dysphoric Disorder. SSRIs include both less expensive generic medications (fluoxetine, citalopram, and paroxetine) and more expensive brand name only versions.

Other new antidepressants, such as **Effexor** work on both the serotonin and norepinephrine[17] levels. **Wellbutrin** is an antidepressant unrelated to other antidepressants. It has more effect on norepinephrine and dopamine levels than on serotonin levels in the brain. In addition, **Wellbutrin** can be "activating" (as opposed to sedating). It is not associated with weight gain or sexual dysfunction like many other antidepressant medications. **Wellbutrin** should, however, be avoided by people who are at risk for or who currently have a seizure disorder.

The MAO inhibitors and the tricyclic and quatracyclic antidepressants (named for their chemical structures) are older and less commonly used due to safety and side effects. MAOs are used for "atypical depressions," which produce symptoms like oversleeping, anxiety or panic attacks, and phobias. Also, they may be used when a person does not respond to other antidepressants. The older tricyclics may be preferred in spite of their common side effects because they are inexpensive.

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[15] *decompensate:* Loss of the body's ability to correct a defect by over development of or increased functioning of another organ or unimpaired parts of the same organ; loss of psychological ability to counterbalance feelings of inferiority, frustration, or failure in one area by achievement in another.

[16] *serotonin:* A type of neurotransmitter in the brain.

[17] *norepinephrine:* A hormone secreted by the adrenal gland, which (together with epinephrine) brings about changes in the body known as the "fight or flight" reaction.

USUAL DOSE, FREQUENCY & SIDE EFFECTS

All medications have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. This information is provided on the prescription bottle. Several factors are considered before an antidepressant is prescribed: the type of medication, the person's individual body chemistry, weight, and age. Generally, people are started on a low dose, and the dosage is slowly raised until the optimal effects are reached without troublesome side effects.

Both mild sedation and mild agitation sometimes occur with SSRI use. The most troubling SSRI side effect is decreased sexual performance, which may be difficult for many persons to discuss. Common side effects specific to both **Wellbutrin** and **Effexor** include sleeplessness and agitation. For the older tricyclics, side effects include dry mouth and sedation.

POTENTIAL SIDE EFFECTS

SSRIs

- Anxiety, agitation or nervousness
- Change in appetite (lack of or increase)
- Change in sexual desire
- Confusion
- Decrease in sexual ability
- Diarrhea or loose stools
- Dizziness
- Dry mouth
- Headache
- Heart rhythm changes
- Increased sweating
- Insomnia or sleepiness
- Lack or increase of appetite
- Shakiness
- Stomach upset
- Taste disturbances (**Wellbutrin**)
- Weight loss or gain

Tricyclics & quatracyclics

- Allergic reactions
- Blood cell problems (both white and red cells)
- Blurred vision
- Change in sexual desire
- Changes in heartbeat and rhythm
- Constipation
- Decrease in sexual ability
- Difficulty with urination
- Dizziness when changing position
- Dry mouth

- Fatigue
- Heart block[18]
- Increased sweating
- Kidney failure (**Asendin**)
- Muscle twitches
- Neuroleptic Malignant Syndrome (**Asendin**)
- Seizures
- Stroke
- Weakness
- Weight gain

MAO Inhibitors

- Blood cell problems (both white and red cells)
- Dizziness when changing position
- Fluid retention (swollen ankles, feet, legs or hands)
- Headache
- High blood pressure crisis[19]
- Insomnia
- Lack of appetite
- Rapid heart beat

EMERGENCY CONDITIONS

An overdose of any of the MAO inhibitors, tricyclics, quatracyclics, or other antidepressants is serious and potentially life threatening and *must be reported to a physician immediately*. Symptoms of tricyclic and quatracyclic overdose may include rapid heartbeat, dilated pupils, flushed face, agitation, loss of consciousness, seizures, irregular heart rhythm, heart and breathing stopping, and death.

The potential for a fatal outcome from an overdose with the SSRIs is much less. However, the possibility that a person has attempted suicide should be dealt with as an emergency situation that needs immediate intervention.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken and dosage, including over-the-counter preparations, vitamins, minerals, and herbal supplements (i.e., St. John's wort, echinacea, ginkgo, ginseng).
- People taking antidepressant medications should not increase their dose unless this has been *checked with their physician and a change is ordered.*

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[18] *heart block:* A condition where the heart beats irregularly or much more slowly than normal. Sometimes the heart may even stop for up to 20 seconds; caused by a delay or disruption of the electrical signals that usually control the heartbeat.

[19] *high blood pressure crisis:* A severe increase in blood pressure that can lead to stroke. Two types—emergency and urgent—require immediate medical attention.

- Withdrawal from SSRIs and other new antidepressants can cause flu-like symptoms. Discontinuing antidepressant therapy should be done gradually under a physician's care.
- People taking MAO inhibitors must avoid all foods with high levels of tryptophan or tyramine (e.g., aged cheese, wine, beer, chicken liver, chocolate, bananas, soy sauce, meat tenderizers, salami, bologna, and pickled fish). High levels of caffeine must also be avoided. If eaten, these foods may react with the MAO inhibitors to raise blood pressure to dangerous levels.
- Many medications interact with the MAO inhibitors. It is largely for this reason that they are rarely used. Other medications should not be taken unless the treating physician approves them. Even a simple over-the-counter cold medication can cause life-threatening side effects.
- People using MAO inhibitors should check all new medications with a physician or pharmacist before taking them.
- People taking antidepressant medications are particularly vulnerable to adverse medical consequences if they concurrently use alcohol and/or street drugs.
- If there is little to no change in symptoms after 3 to 4 weeks, talk to the doctor about raising the dose or changing the antidepressant.
- Treatment with antidepressants usually lasts a minimum of 9 to 12 months. Many patients are on long-term antidepressant therapy to avoid the frequency and severity of depressive episodes.

SPECIAL CONSIDERATIONS FOR PREGNANT WOMEN

Using SSRIs is safer for the mother and fetus than using tricyclic antidepressants. **Prozac** (fluoxetine) is the most studied SSRI in pregnancy and no increased incidence in birth defects has been noted, nor were developmental abnormalities of the nervous system observed in preschool-age children (Garbis and McElhatton 2001). However, possible withdrawal signs have been observed in the newborn. Given that the greatest amount of data are available for **Prozac**, this is the recommended SSRI for use during pregnancy (Garbis and McElhatton 2001). MAO Inhibitor use is not advised in pregnancy, and its use should be discontinued immediately if a woman discovers she is pregnant (Mortola 1989).

The physician should discuss the safety of antidepressant medications before starting, continuing, or discontinuing medication treatment with all women of childbearing age who may be or think they may be pregnant. Substance abuse counselors may have a role in encouraging this discussion between their clients and the prescribing physician.

ANTIANXIETY MEDICATIONS

GENERIC	BRAND
See also SSRI Antidepressants (p. 17)	
Benzodiazepines	
alprazolam	Xanax
chlordiazepoxide	Librium, Libritabs, Librax
clonazepam	Klonopin
clorazepate	Tranxene
diazepam	Valium
lorazepam	Ativan
oxazepam	Serax
Beta-blockers	
propranolol	Inderal
Other	
buspirone	BuSpar
hydroxazine embonate	Atarax
hydroxazine pamoate	Vistaril
olanzapine	Zyprexa, Zyprexa Zydis
quetiapine fumarate	Seroquel
risperidone	Risperdal
tiagabine hydrochloride	Gabitril

PURPOSE

Antianxiety medications are used to help calm and relax the anxious person as well as remove troubling symptoms associated with generalized anxiety disorder, posttraumatic stress disorder (PTSD), panic, phobias, and obsessive-compulsive disorders (OCD). The most common antianxiety medications are the antidepressants and the benzodiazepines. Positive treatment response to antianxiety medications varies a great deal by medication class.

SSRI antidepressants have become first line medications for the treatment of panic, social phobia, obsessive-compulsive disorders (in higher doses) and, more recently, generalized anxiety disorder. Positive treatment response to antidepressant medications includes a gradual reduction in anxiety, panic, and PTSD or OCD symptoms over weeks to months.

Benzodiazepines have a depressant effect on the central nervous system. Positive treatment response to benzodiazepines occurs rapidly, within days. However, especially among persons with co-occurring substance use disorders, the response may be short-lived and tolerance develops leading to the need for increased doses.

Additionally, benzodiazepines are cross tolerant[20] with alcohol and have a market as street drugs. For these reasons, most addiction medicine physicians only use them for a short time as alcohol withdrawal medicines, or as sedatives in acute[21] psychotic or manic episodes. If used in outpatient settings, careful monitoring for tolerance and abuse is needed.

Beta-blockers work on the central nervous system to reduce the flight or fight response. **Inderal**, occasionally prescribed for performance anxiety, is not addictive.

BuSpar works through the serotonin system to induce calm. It takes 3 to 4 weeks for **BuSpar** to reach adequate levels in the brain to successfully combat anxiety. **Atarax** and **Vistaril** are antihistamines that use the drowsiness side effect of the antihistamine group to calm and relax. **Atarax** and **Vistaril** work within an hour of being taken. **BuSpar**, **Atarax** and **Vistaril** are not addictive.

Low doses of **Risperdal**, **Seroquel**, **Zyprexa**, or other atypical antipsychotics may be used as non-addictive antianxiety medications. They are usually used when several other medications have failed (though use of atypical antipsychotics is expensive and not FDA approved for treatment of anxiety disorders). Their special formulation works to reduce anxiety and help the person think more clearly, though the mechanism for this is unclear.

Gabitril may be used to treat anxiety because it enhances the effects of the body's own naturally produced calmative agent, gamma aminobutyric acid (GABA). **Gabitril** is not FDA approved for treatment of anxiety disorders.

USUAL DOSE, FREQUENCY & SIDE EFFECTS

All medications have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. This information is provided on the prescription bottle. Usually, people are started on a low dose of medication, which is raised gradually until symptoms are removed or diminished. Major factors considered in establishing the correct dose are individual body chemistry, weight, and ability to tolerate the medication.

People taking benzodiazepines for longer than 4 to 8 weeks may develop physical tolerance to the medication. Benzodiazepines have a moderate potential for abuse. Even when taken as directed, withdrawal symptoms may occur if regular use of benzodiazepines

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[20] *cross tolerant:* Refers to a drug that produces a similar effect as the misused substance but does not produce the "high." Withdrawal symptoms can be minimized through use of *cross-tolerant* substances (i.e., alcohol withdrawal symptoms can be minimized through use of *cross-tolerant* sedatives, like benzodiazepines).

[21] *acute*: Marked by sharpness of severity (an *acute* pain). Having a sudden onset and short duration (*acute* disease). Urgent or critical condition.

is abruptly stopped. Withdrawal from high dose abuse of benzodiazepines may be a life-threatening situation. For these reasons benzodiazepines are usually prescribed for brief periods of time—days or weeks—and sometimes intermittently for stressful situations or anxiety attacks. Ongoing continuous use of benzodiazepines is not recommended for most people, especially those with a past or current history of substance abuse or dependence.

Beta-blockers act on the sympathetic nervous system and are not considered addictive. They also are used to treat high blood pressure, thus side effects might be low blood pressure or dizziness. Beta-blockers may enhance the effects of other psychotropic medications and are inexpensive. **Inderal** is taken as needed for performance anxiety. It is taken regularly (as prescribed) for treatment of high blood pressure or other heart conditions.

BuSpar is often used to control mild anxiety and is considered safe for long-term therapy but is expensive.

Atarax and **Vistaril** are safe, nonaddictive medications used to reduce anxiety. They are inexpensive and may be used for longer-term therapy. Their most common side effects are dry mouth and sedation. In older men, urinary retention may develop and this is a serious condition.

POTENTIAL SIDE EFFECTS

- Blood cell irregularities
- Constipation
- Depression
- Drowsiness or lightheadedness
- Dry mouth
- Fatigue
- Heart collapse (weakened heart muscles)
- Loss of coordination
- Memory impairment (**Inderal**)
- Mental slowing or confusion
- Slowed heart beat (**Valium**)
- Stomach upset
- Suppressed breathing (restrained or inhibited)
- Weight gain

POTENTIAL FOR ABUSE OR DEPENDENCE

Between 11 and 15 percent of people in the U.S. take a form of antianxiety medication—including benzodiazepines—at least once each year. If antidepressants are included, this figure is doubled. Benzodiazepines may cause at least mild physical dependence in almost everyone who uses the medication for longer than 6 months (i.e., if the medicine is abruptly stopped, the person will experience anxiety, increased blood pressure, fast heart beat, and insomnia). However, becoming physically dependent on benzodiazepines does not necessarily mean a person will become psychologically dependent or addicted to the medication. Most people can be gradually withdrawn from the medication—when indicated—and will not develop psychological dependence.

In general, abuse and dependence occur at lower rates with long-acting antianxiety medications (e.g., **Klonopin**, **Serax**, and **Tranxene**). Abuse and dependence are more likely to occur with faster-acting, high-potency antianxiety medications (e.g., **Ativan**, **Valium**, and **Xanax**).

Risk Factors Related to Developing Dependency on Antianxiety Medication:

Less than 1% of persons *who do not have a current substance abuse problem or a history of substance abuse* becomes dependent on antianxiety medications. These people are at ***little or no risk.*** They are more likely to skip doses, take lower doses than prescribed, or decrease their dose over time.

People with a prior history of substance abuse or dependence who are in recovery are at increased risk of becoming dependent on antianxiety medications. These people are at ***moderate risk.***

Those with a history of abusing antianxiety medications or those who are opiate users are at ***higher risk*** of becoming dependent on antianxiety medications. Some studies indicate there is a moderately higher risk for alcohol dependent persons to become dependent on antianxiety medications.

EMERGENCY CONDITIONS

High doses of **Valium** can cause slowed heartbeat, suppression of breathing, and stop the heart from beating. Overdose on the older tricyclic antidepressant medications, which are often used for combined anxiety depression disorders, can be life threatening and immediate referral to emergency care is indicated.

Withdrawal from regular use of any of the benzodiazepines and similar medications must be done slowly over a month's time. Abrupt withdrawal from these medications can cause hallucinations, delusions and delirium, disorientation, difficulty breathing, hyperactivity, and grand mal seizures. A protocol for decreasing or tapering off doses of benzodiazepines is needed.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken and dosage, including over-the-counter preparations, vitamins, minerals, and herbal supplements (i.e., St. John's wort, echinacea, ginkgo, ginseng).
- People taking antianxiety medications should not increase their dose unless this has been *checked with their physician and a change is ordered*.
- People should not stop using these medications without talking to a doctor.
- People taking antianxiety medication are particularly vulnerable to adverse medical consequences if they concurrently use alcohol and/or street drugs.
- Using alcohol in combination with benzodiazepines may result in breathing failure and sudden death.

SPECIAL CONSIDERATIONS FOR PREGNANT WOMEN

The current state of knowledge suggests that benzodiazepine therapy in general does not pose as much risk of producing a deformed baby as compared to anticonvulsants (e.g., valproic acid) as long as they are given over a short time period. It appears that short-acting benzodiazepines, like those used to treat alcohol withdrawal (detoxification[22]), can be used in low doses even in the first trimester (Robert et al. 2001). Long-acting benzodiazepines should be avoided—their use during the third trimester or near delivery can result in a withdrawal syndrome in the baby (Garbis and McElhatton 2001). For use of the SSRIs in pregnancy, see page 21.

During pregnancy, the capacity of many drugs to bind to proteins[23] is decreased, including diazepam (a benzodiazepine) and **Methadone** (Adams and Wacher 1968; Dean et al. 1980; Ganrot 1972) with the greatest decrease noted during the third trimester (Perucca and Crema 1982). From a clinical standpoint, pregnant women could be at risk for developing greater toxicity[24] and side effects to these medications. Yet at the same time, increased metabolism of the medication may result, reducing the therapeutic effect (such as with methadone since many women seem to require

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[22] *detoxification:* A medical and biopsychosocial procedure that assists a person who is dependent on one or more substance to withdraw from dependence on all substances of abuse.

[23] *protein binding:* The affinity of a drug to attach (*bind*) to blood plasma proteins. The extent to which a drug is *bound* to plasma proteins can affect the distribution of the drug in the body. In most cases, *binding* to plasma proteins is reversible.

[24] *toxicity:* Poisonous nature; poisonous quality.

an increase in their dose of methadone during the last trimester) (Pond et al. 1985). In addition, there is a documented withdrawal syndrome in newborns exposed to benzodiazepines in utero (Sutton and Hinderliter 1990). Onset of this syndrome may be delayed more so than that associated with other drugs. For more information, see the forthcoming TIP *Substance Abuse Treatment: Addressing the Specific Needs of Women* (CSAT in development *b*).

For all women of childbearing age who may be or think they may be pregnant, the physician should discuss the safety of this medication before starting, continuing, or discontinuing medication treatment. Substance abuse counselors may have a role in encouraging this discussion by suggesting their clients talk with the prescribing physician.

STIMULANT MEDICATIONS

GENERIC	BRAND
d-amphetamine	Dexedrine
l & d-amphetamine	Adderall, Adderall CII, Adderall XR
methamphetamine	Desoxyn
methylphenidate	Ritalin, Ritalin SR, Concerta, Metadate ER, Metadate CD, Methylin ER, Focalin
pemoline	Cylert
modafinil	Provigil
Non-stimulants for ADHD	
atomoxetine hydrochloride	Strattera
bupropion	Wellbutrin
guanfacine	Tenex

PURPOSE

Stimulant medications are used to treat attention deficit/hyperactivity disorder (AD/HD), which is typically diagnosed in childhood but also occurs in adults. Symptoms consistent with AD/HD include short attention span, excessive activity (hyperactivity), impulsivity, and emotional development below the level expected for the person's age. The underlying manifestation of AD/HD is that it severely impacts and interferes with a person's daily functioning. Other conditions that may be treated with stimulants are narcolepsy,[25] obesity, and sometimes depression.

Positive treatment responses to stimulant medications include increased attention, focus and/or ability to stay on task, less hyperactivity, and moderation of impulsive behavior. People with AD/HD generally report that they feel "normal" when taking stimulants.

Non-stimulant medications for AD/HD differ somewhat. **Strattera** blocks the reuptake of norepinephrine, which helps reduce the symptoms of AD/HD. **Tenex** and **Wellbutrin** are non-stimulants that have been used successfully to treat symptoms of AD/HD. The advantage of these medications is that they are non-addictive, and do not cause a "high" even in larger doses. **Strattera** is FDA approved. While studies have shown **Wellbutrin** to be effective, it is not FDA approved.

[25] *narcolepsy:* A condition characterized by brief attacks of deep sleep.

USUAL DOSE, FREQUENCY & SIDE EFFECTS

All medications have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. This information is provided on the prescription bottle. With stimulants, there may be periods when the medication is not to be taken. The most common side effects of the stimulants are nervousness, sleeplessness, and loss of appetite. Some of these medications are expensive, but others are generic and quite inexpensive.

POTENTIAL SIDE EFFECTS

Stimulants

- Blood disorders (**Ritalin** and **Cylert**)
- Change in heart rhythm
- Delayed growth
- Dilated pupils
- Elevated blood pressure
- Euphoria
- Excitability
- Increased pulse rate
- Insomnia
- Irritability
- Liver damage (**Cylert**)
- Loss of appetite
- Rash
- Seizures (**Ritalin** and **Cylert**)
- Tourette's syndrome (**Cylert**)
- Tremor

Non-stimulants for AD/HD

Strattera *side effects include:*

- High blood pressure
- Nervousness, and side effects similar to some antidepressants

Wellbutrin *side effects include:*

- Increased chance of seizure activity

Tenex side effects include:

- Constipation
- Dizziness
- Dry mouth
- Low blood pressure
- Sleepiness

POTENTIAL FOR ABUSE OR DEPENDENCE

Stimulant medications may be misused. Recreational or non-medically indicated uses have been reported for performance enhancement and/or weight loss. People with AD/HD or narcolepsy, however, rarely abuse or become dependent on stimulant medications. Most addiction medicine doctors use antidepressants or **Strattera** (both non-stimulants) to treat AD/HD in adults with co-occurring substance use disorders. Using stimulant medications to treat AD/HD in children has been shown to reduce the potential development of substance use disorders.

EMERGENCY CONDITIONS

Psychiatric symptoms including paranoid delusions, thought disorders, and hallucinations have been reported when stimulants are used for long periods or taken at high dosages. Overdose with stimulants is a medical emergency. Seek help immediately.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken and dosage, including over-the-counter preparations, vitamins, minerals, and herbal supplements (i.e., St. John's wort, echinacea, ginkgo, ginseng).
- People taking stimulant medications should not increase their dose unless this has been *checked with their physician and a change is ordered*.
- People taking stimulant medications are particularly vulnerable to adverse medical consequences if they concurrently use alcohol and/or street drugs.
- With stimulants, there is the potential for development of tolerance and dependence on the medications with accompanying withdrawal. The potential for abuse and misuse is high, as is true with all Schedule II drugs.[26]

SPECIAL CONSIDERATIONS FOR PREGNANT WOMEN

For women of childbearing age who may be or think they may be pregnant, the physician should discuss the safety of this medication before starting, continuing, or discontinuing medication treatment. Substance abuse counselors may have a role in encouraging this discussion by suggesting their clients talk with the prescribing physician.

[26] *Schedule II drugs:* Drugs classified in *Schedule II* of the Controlled Substances Act; have a high potential for abuse with severe liability to cause psychic or physical dependence, but have some approved medical use.

NARCOTIC AND OPIOID ANALGESICS

Natural opioids

Opium, morphine and codeine products

Pure, semi or totally synthetic derivatives

Heroin, Percodan, Demerol, Darvon, oxycodone, and others

GENERIC	BRAND
buprenorphine	Buprinex
buprenorphine	Subutex, Suboxone*
butorphanol tartarate	Stadol spray
codeine phosphate	Codeine tablets
codeine sulfate	Codeine tablets
dihydromorphone hydrochloride	Dilaudid-5, Dilaudid HP
fentanyl transdermal	Duragesic patches
fentanyl transmucosal	Fentanyl, Oraley
hypromorphone hydrochloride	Dilaudid
meperidine hydrochloride	Demerol
methadone hydrochloride	Methadone
morphine hydrochloride	Morphine
morphine sulfate	Oramorph, Roxanol, Statex
oxycodone hydrochloride	Roxicodone, OxyContin
oxymorphone hydrochloride	Numorphan
pentazocine hydrochloride	Talwin
propoxyphene hydrochloride	Darvon
propoxyphene napsylate	Darvon-N
tramadol hydrochloride	Ultram

*Combined with naloxone[27] and taken under the tongue (sublingually).

The following products use a combination of an opioid or narcotic along with aspirin, **Tylenol**, or other pain reliever to treat mild to moderate pain.

Anesxia 5/50

Capital with Codeine

Darvocet N 100

Darvocet N 50

E-Lor or Wygesic

Empirin or Phenaphen with Codeine #3

Empirin or Phenaphen with Codeine #4

Endocet

Fioricet with Codeine

[27] *naloxone:* A narcotic antagonist used to reverse the effects of opioids.

Fiorinal with Codeine
Lorcet Plus
Lortab
Percocet
Percodan
Roxicet
Roxicet oral solution (contains alcohol)
Roxiprin
Talacen
Talwin Compound
Tylenol with Codeine
Tylenol with Codeine syrup (contains alcohol)
Tylox
Vicodin
Vicodin ES

PURPOSE

Some of these medications are used to control acute pain that is moderate to severe. They are normally used only for this type of pain—and for a short time—because they could become addictive. An exception is using opioids to alleviate the chronic pain associated with cancer, where research has shown that abuse or addiction to these medications rarely occurs. Severe and chronic pain has long been under treated in the United States. This is partly due to concerns about addiction and partly due to laws that made certain opioids, like heroin, illegal. However, people with addictions still feel pain and, in certain situations, they need pain management just like anyone else. Physicians are beginning to prescribe opioids more freely to manage pain—including methadone and buprenorphine.

Methadone is a synthetic opioid used in heroin detoxification treatment programs to maintain sobriety from heroin addiction. Many people who have been addicted to heroin have returned to a productive life because of methadone treatment. **Methadone** is also frequently used to provide relief for specific types of pain, especially in pain clinics. The management of chronic pain in a person who has been opiate abusing and dependent is one of the most challenging tasks in addiction medicine.

Heroin is a drug of abuse.

USUAL DOSE & FREQUENCY

All narcotic and opioid analgesics have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. This information is provided on the prescription bottle. Many narcotic or opioid

medications are taken 2 or more times a day. Some medications are taken in pill or liquid form. A few are taken in a nasal spray or as transdermal patches. Injectable narcotics are not listed here because they are not often used outside a hospital setting.

POTENTIAL SIDE EFFECTS

- Constipation
- Decreased ability to see clearly
- Decreased ability to think clearly
- Flushing and sweating
- Pupil constriction
- Respiratory depression (slowed breathing rate)
- Stomach upset
- Tolerance

POTENTIAL FOR ABUSE OR DEPENDENCE

With narcotic and opioid medications, there is a potential for the development of tolerance and dependence as well as the possibility of abuse and severe withdrawal reactions. There are many nonaddictive pain medications available for pain management that can be used after acute pain is reduced.

EMERGENCY CONDITIONS

- Convulsions and/or cardiac arrest with high dosages.
- Overdose may increase pulse rate, result in convulsions followed by coma or death.
- Overdose may depress the breathing centers in the brain leading to inability to breathe.
- An overdose is always considered an emergency and treatment should be sought immediately.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken and dosage, including over-the-counter preparations, vitamins, minerals, and herbal supplements (i.e., St. John's wort, echinacea, ginkgo, ginseng).
- People taking narcotic and opioid analgesics should not increase their dose unless this has been *checked with their physician and a change is ordered*.
- Persons taking an opioid medication are particularly vulnerable to adverse medical consequences if they concurrently use alcohol and/or street drugs, because alcohol and street drugs can increase the sedation effects of the opioids.
- Potential for development of tolerance and dependence exists.

SPECIAL CONSIDERATIONS FOR PREGNANT WOMEN

For all women of childbearing age who may be or think they may be pregnant, the physician should discuss the safety of this medication before starting, continuing, or discontinuing medication treatment. Both pregnant women and their unborn infants can become tolerant and physically dependent on opioids. This dependence as well as possible withdrawal syndromes needs to be assessed. Substance abuse counselors may have a role in encouraging this discussion by suggesting their clients talk with the prescribing physician. See p. 45 for information about methadone use during pregnancy.

HYPNOTICS (SLEEP AIDS)

GENERIC	BRAND
Barbiturates	
secobarbital	Seconal
Benzodiazepines	
clonazepam	Klonopin
diazepam	Valium
estazolam	ProSom
flurazepam	Dalmane
lorazepam	Ativan
oxazepam	Serax
quazepam	Doral
temazepam	Restoril
triazolam	Halcion
Non-benzodiazepines	
anticonvulsants	Neurontin*, Depakote*, Topamax*
sedating antidepressants	Desyrel, Remeron, Serzone, Sinequan
sedating antipsychotics	Seroquel*, Zyprexa*, Zyprexa Zydis*
zaleplon	Sonata
zolpidem	Ambien

*Use of these medications for sleep aid is "off-label."

PURPOSE

Hypnotics are used to help people with sleep disturbances get restful sleep. Lack of sleep is one of the greatest problems faced by those with chemical dependency and psychiatric illnesses. It can cause the symptoms of these disorders to worsen. For example, mood changes, psychosis and irritability increase with insomnia. Lack of sleep diminishes a person's ability to think clearly or process information. Sleep-wake cycles and the body's ability to heal itself also suffer when a person is sleep deprived. Older hypnotics, like barbiturates, cause the body to slow down and "pass out" or sleep. However, they also have a tendency to disturb sleep cycles. For this reason, and because of their potential for abuse and dependence, barbiturates are now rarely used.

Benzodiazepines enhance the body's natural calming agents, which induces sleep. Non-benzodiazepines such as **Ambien** and **Sonata** affect one of the body's receptors for the natural calming agent, GABA. These medications are short acting and do not disturb sleep-staging cycles. Rebound insomnia is a side effect of both, however, if the medications are used for more than 2 weeks and then abruptly stopped.

Sedating antidepressants work by using their sleep producing side effects to induce sleep. They are nonaddictive but have the capacity to produce all the side effects of their class of antidepressant. Sedating antipsychotics use their calming and sedation side effects to induce sleep. They are non-addictive but have the capacity to produce all the side effects of atypical antipsychotics. Anticonvulsants may be used for sedation when treating acute or prolonged withdrawal symptoms from alcohol.

Paradoxically, those with addiction disorders can become rapidly tolerant and dependent on the most commonly used hypnotics, which are the benzodiazepines and even one of the non-benzodiazepines—**Ambien.** Tolerance can lead to decreasing effectiveness, escalating doses, and an even worse sleep disorder when the agent is withdrawn. For this reason, most addiction medicine doctors use sedating antidepressants, anticonvulsants, or sedating antihistamines if the sleep problem continues past acute withdrawal symptoms.

USUAL DOSE & FREQUENCY

All medications have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. This information is provided on the prescription bottle. All of these medications are generally used for limited periods (3 to 4 days for barbiturates or up to a month for others). All of these medications quickly develop tolerance and eventually the usual dose will no longer help the person sleep.

POTENTIAL SIDE EFFECTS

- Breathing difficulty (**Seconal**)
- Dizziness
- Drowsiness
- Hangover feeling or daytime sleepiness
- Headache
- Lethargy
- Weakness

POTENTIAL FOR ABUSE OR DEPENDENCE

With hypnotics, there is the potential for development of tolerance and dependence on the medications with accompanying withdrawal. The potential for abuse and misuse is high. See *Potential for Abuse or Dependence* for benzodiazepines, p. 25. There are many drawbacks to long-term use of hypnotics such as damaged sleep staging and addiction. Even **Ambien** and **Sonata**, if taken for longer than 7 to 14 days, can have a discontinuation rebound insomnia effect. Nonaddictive medications are available to treat insomnia.

EMERGENCY CONDITIONS

Overdose with any of these medications can be life threatening. Seek help immediately.

Combinations of alcohol and barbiturates or alcohol and benzodiazepines can be deadly.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken and dosage, including over-the-counter preparations, vitamins, minerals, and herbal supplements (i.e., St. John's wort, echinacea, ginkgo, ginseng).
- People taking hypnotic medications should not increase their dose unless this has been *checked with their physician and a change is ordered*.
- People taking hypnotic medications are particularly vulnerable to adverse medical consequences if they concurrently use alcohol and/or street drugs.
- There is potential for development of tolerance and dependence with accompanying withdrawal. Potential for abuse and misuse is high.

SPECIAL CONSIDERATIONS FOR PREGNANT WOMEN

Barbiturate use during pregnancy has been studied to some extent, but the risk of taking this medication should be discussed with the client (Robert et al. 2001). There also are reports of a withdrawal syndrome in newborns following prenatal exposure to some barbiturates (Kuhnz et al. 1988). For all women of childbearing age who may be or think they may be pregnant, the physician should discuss the safety of this medication before starting, continuing, or discontinuing medication treatment. Substance abuse counselors may have a role in encouraging this discussion by suggesting their clients talk with the prescribing physician.

ALCOHOL

GENERIC	BRAND
Alcohol withdrawal agents	
benzodiazepines (e.g., lorazepam)	Ativan
anticonvulsants (e.g., carbamazepine, divalproex sodium, gabapentin)	Tegretol, Depakote, Neurontin
barbiturates	
Alcohol relapse prevention agents	
disulfiram	Antabuse
naltrexone hydrochloride	ReVia, Depade
acamprosate	Campral
nalmefene hydrochloride	Revex
topiramate	Topamax

PURPOSE

Medications involved in alcohol treatment include those used for acute alcohol withdrawal as well as a growing number used for alcohol relapse prevention. Alcohol relapse prevention medications are just starting to be accepted in the field. It is anticipated that within the next few years, medications like **ReVia, Depade** and **Campral** will be more widely used given the developing body of research indicating that these medications work.

Alcohol withdrawal: Though usually only treated for 1 to 5 days, signs and symptoms of alcohol withdrawal go on for weeks or months. Signs and symptoms especially include sleep disorder, anxiety, agitation, and craving alcohol, knowing that a few drinks may temporarily make the alcoholic with "protracted withdrawal" feel more normal.

Benzodiazepines are by far the most commonly used medications for acute withdrawal in the U.S. However, if used longer than a few days, they induce tolerance and dependence. Anticonvulsants such as carbamazepine, divalproex sodium, and gabapentin are more commonly used in Europe. The advantage in using these medications is that they can be prescribed for weeks and months versus only days. A well-designed U.S. study (Malcolm et al. 2002) demonstrated that carbamazepine is much superior to lorazepam, a commonly used benzodiazepine, in treating alcohol withdrawal. **Inderal**, a beta-blocker, is sometimes used in alcohol withdrawal treatment along with either benzodiazepines or anticonvulsants to decrease anxiety, heart rate, sweating, and blood pressure. Antipsychotics may be used if the person develops severe alcohol withdrawal with hallucinations.

Alcohol relapse prevention: The oldest medication used in alcohol relapse prevention is **Antabuse**. It has been used for over 50 years. **Antabuse** blocks the breakdown of alcohol, resulting in toxic acetaldehyde[28] levels in the body. This in turn leads to severe nausea and vomiting. Research indicates **Antabuse** works better than placebo only in persons motivated enough to take it regularly, or in those that receive it in a "monitored" fashion 3 to 5 times per week. It works by causing the person to rethink a move to impulsive drinking, since they know if they have **Antabuse** on board, they will get sick.

Naltrexone (**ReVia, Depade**) was first developed as an opioid receptor blocker and used in monitored treatment programs for opioid dependence. Many opioid addicts, however, stopped taking it and returned to opioid use or they preferred methadone maintenance therapy. In spite of this, clinical observation of persons taking naltrexone showed that those who also used alcohol seemed to drink less and reported that alcohol use affected them less. Subsequent controlled, clinical trials comparing use of naltrexone to placebo condition have shown its effectiveness over placebo to decrease alcohol craving and relapse potential. Research with community populations (where persons are not monitored as closely for medication adherence) has not supported its effectiveness over a placebo condition to promote abstinence.

A new long-acting injectable form of naltrexone is now available. Use of this monthly treatment with even those persons who are less motivated about their recovery has led to a reduction in days drinking; and when drinking does occur, they consume less alcohol. Thus, naltrexone may be best seen as a "harm reduction" medicine versus a "complete abstinence" treatment enhancer.

Naltrexone is nonpsychoactive[29] and as an opioid receptor blocker, it can interfere with the use of opioids for treatment of acute pain. For more information on Naltrexone, see *TIP 28: Naltrexone and Alcoholism Treatment* (CSAT 1998).

Acamprosate (**Campral**) was FDA approved in early 2005. It has been available in Europe and other countries for over 10 years. Acamprosate appears to work through the GABA system and holds promise for alcohol craving and preventing relapse through a method different than naltrexone. It is reported to be nonpsychoactive, does not interact with most other medications, and does not cause any kind of tolerance or withdrawal symptoms even if the person uses alcohol when taking the medication.

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[28] *acetaldehyde:* A chemical compound produced when the body metabolizes alcohol; the liver enzyme, alcohol dehydrogenase, converts ethanol into *acetaldehyde*, which is then further converted into the harmless acetic acid by *acetaldehyde* dehydrogenase.

[29] *psychoactive*: Substances or drugs that affect the mind, especially mood, thought, or perception.

Unlike the injectable naltrexone, acamprosate does not appear to be effective in persons who are less than moderately motivated to abstain from alcohol use. Because of the way the medication is absorbed in the body, it must be taken several times a day. Outcome studies indicate that acamprosate is best at increasing complete abstinence from alcohol, or increasing the time before the first drink (relapse). The profile of the person for whom acamprosate would be selected is one seeking complete abstinence and who is moderately to highly motivated to abstain from alcohol use.

Nalmefene (**Revex**) is beginning to be used in its oral form to reduce alcohol craving; it is also beginning to be used in gambling and nicotine addictions.

OPIOIDS

GENERIC	BRAND
Opioid withdrawal agents	
buprenorphine	Subutex
buprenorphine and naloxone	Suboxone
clonidine	Catapres
methadone hydrochloride	Methadone
nalmefene hydrochloride	ReVia, Depade
naltrexone hydrochloride	Revex
Opioid maintenance agents	
buprenorphine	Subutex
buprenorphine and naloxone	Suboxone
LAAM (levo-alpha-acetyl-methadol)	
methadone hydrochloride	Methadone

PURPOSE

Medications for opioid withdrawal and maintenance are a key component in the stabilization of persons addicted to opiates. These medications have shown marked ability to decrease illness, crime, and deaths in this population. **Methadone** maintenance treatment is extensively researched. See *TIP 19: Detoxification from Alcohol and Other Drugs* (CSAT 1995) and *TIP 20: Matching Treatment to Patient Needs in Opioid Substitution Therapy* (CSAT 1995).

Opioid withdrawal: Mild opioid withdrawal can be accomplished with clonidine, a medication for treatment of high blood pressure. Usually clonidine is used in combination with sedatives such as benzodiazepines, antihistamines or even phenobarbital. Major opioid withdrawal is usually treated with either an equivalent dose of methadone gradually decreased over time, or more recently, a single dose of 24 mg of buprenorphine. In pilot studies, buprenorphine appears superior to clonidine.

Opioid maintenance agents: **Methadone** has been used in the U.S. for maintenance treatment of opioid addiction since the 1960s. It is a synthetic, long-acting medication used in heroin

detoxification programs to maintain abstinence from heroin use. When used in proper doses, methadone stops the cravings but does not create euphoria, sedation, or an analgesic[30] effect. Many people who have been addicted to heroin have returned to a productive life because of methadone treatment programs. **Methadone** also is occasionally used to provide relief for specific types of pain. (See also *Narcotic and Opioid Analgesics*, p. 31.)

Buprenorphine, or **Subutex**, is a prescription medication approved in 2002 for treating opioid addiction. It can be used for both opioid withdrawal and as a substitute for opioids in long-term treatment. Buprenorphine is the first medication available to doctors for use in their office-based practice. At low doses, it acts like methadone and satisfies the dependent person's need for an opioid to avoid painful withdrawal. It does not provide the user with the euphoria or rush typically associated with use of other opioids or narcotics. At moderate to high doses, it can precipitate withdrawal. It is, therefore, safer in overdose than methadone. **Suboxone** is buprenorphine combined with naloxone, a narcotic antagonist[31] used to reverse the effects of opioids. **Suboxone** is also approved for treating opioid addiction and offers the same benefits as those previously stated for buprenorphine.

LAAM, a synthetic opioid agonist[32] medication, is also used in the treatment of opiate addiction.

Naltrexone and nalmefene completely block the pleasurable reinforcement that comes from opioids. They are beginning to be more widely used for alcohol relapse prevention (see pp. 38-39). Nalmefene is more commonly used in its injectable form to reverse the effects of opioids when used for anesthesia. It is beginning to be used in its oral form to reduce alcohol craving; it is also beginning to be used in gambling and nicotine addictions.

OTHERS

Stimulant intoxication: Agitation and even paranoia and psychosis are treated with antipsychotics, often combined with benzodiazepines. Both alcohol and stimulant intoxication together commonly appear to cause these symptoms.

Stimulant withdrawal: There are no standard effective agents to treat stimulant withdrawal, though dopamine-enhancing agents such as amantadine, **Wellbutrin**, and desipramine have been tried with mixed results. This area has not been well researched.

[30] *analgesic:* Producing relief or insensibility to pain without loss of consciousness.

[31] *antagonist:* A substance that blocks the normal physiological function of a receptor site in the brain.

[32] *agonist:* A substance that binds to a receptor site in the brain and triggers a response by the cell; produces an action that often mimics the action of another substance.

Stimulant relapse prevention: Again, dopamine-enhancing agents such as **Wellbutrin** and desipramine have mixed results. The National Institute on Drug Abuse (NIDA) is researching agents that might alter how stimulants act on a person, including the development of "inoculation" agents that might inactivate stimulants.

Club Drugs: Little research has occurred in this area. There are reports that SSRI's may be protective of the damage caused to nerve cells by some of these drugs. Antipsychotics and sedatives are used to treat induced psychoses associated with club drug abuse.

Marijuana: Recently, a withdrawal syndrome to marijuana dependence has been described and validated. Medications for treating this syndrome have not been adequately tested. THC,[33] the chief intoxicant in marijuana, is a strong anticholinergic agent and is sedating. Therefore some clinicians have used moderate doses of the older tricyclic antidepressants (e.g., **Elavil** or **Tofranil**) to treat withdrawal from marijuana as they also have anticholinergic and sedating qualities but do not cause a high, nor are they abused.

USUAL DOSE & FREQUENCY

All medications have specific doses and frequencies. The physician will specify the exact amount of medication and when it should be taken. This information is provided on the prescription bottle. **Antabuse** should never be given to people without their full knowledge or when they are intoxicated. It should not be given until the person has abstained from alcohol for at least 12 hours. A daily, uninterrupted dose of **Antabuse** is continued until the person is in full and mature recovery and has reorganized his or her life to maintain recovery. Maintenance therapy may be required for months or even years.

Naltrexone (**ReVia, Depade**) in its oral form is usually taken once a day but can be taken at a higher dose every second or third day. It is usually started at full dose. The injectable form of naltrexone is taken once a month. Because of the way acamprosate (**Campral**) is absorbed, it must be taken as 2 pills 3 times a day with each dose separated by at least 4 hours.

Suboxone is given as a sublingual tablet (it is absorbed under the tongue). It is not absorbed if swallowed or chewed. If injected intravenously, Suboxone will cause opioid withdrawal. **Suboxone** and **Subutex** can be given by prescription and do not require daily attendance at a clinic. This is an advantage for persons who do not live near a methadone clinic.

People should continue to take naltrexone, acamprosate or **Suboxone** until they have reached full and mature recovery and have reorganized their life to maintain recovery.

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[33] *THC: T*etra*h*ydrocannabinol: an active chemical from hemp plant resin that is the chief intoxicant in marijuana.

POTENTIAL SIDE EFFECTS

Potential side effects for **Antabuse***:*

- Dark urine
- Drowsiness
- Eye pain
- Fatigue
- Impotence
- Indigestion
- Inflammation of optic nerve
- Jaundice
- Light colored stool
- Liver inflammation
- Loss of vision
- Psychotic reactions
- Skin rashes, itching
- Tingling sensation in arms and legs

Potential side effects for **Campral** *(acamprosate):*

- Agitation
- Coma
- Confusion
- Decreased urine output
- Depression
- Dizziness
- Headache
- Irritability and hostility
- Lethargy
- Muscle twitching
- Nausea
- Rapid weight gain
- Seizures
- Swelling of face ankles or hands
- Unusual tiredness or weakness

Potential side effects for opioid treatment medications (See also Narcotic and Opioid Analgesics, p. 31)

- Abdominal cramps
- Body aches lasting 5–7 days
- Diarrhea
- Dizziness
- Fatigue
- Headache
- Insomnia
- Nausea
- Nervousness

- Opioid withdrawal (in some cases)
- Runny eyes and nose
- Severe anxiety
- Vomiting

EMERGENCY CONDITIONS

- Convulsions and/or cardiac arrest with high dosages.
- Overdose may increase pulse rate, result in convulsions followed by coma or death.
- Overdose may depress the breathing centers in the brain leading to inability to breathe.
- An overdose is always considered an emergency and treatment should be sought immediately.

CAUTIONS

- Doctors and pharmacists should be told about all medications being taken and dosage, including over-the-counter preparations, vitamins, minerals, and herbal supplements (i.e., St. John's wort, echinacea, ginkgo, ginseng).
- People taking **Antabuse** should be warned to avoid even small amounts of alcohol in other food products or "disguised forms" as this will cause a reaction (i.e., vanilla, sauces, vinegars, cold and cough medicines, aftershave lotions, liniments).
- People taking **Antabuse** should be warned that consuming even small amounts of alcohol will produce flushing, throbbing in head and neck, headache, difficulty breathing, nausea, vomiting, sweating, thirst, chest pain, rapid heart rate, blurred vision, dizziness, and confusion.
- People taking opioid medications should not increase or decrease their dose unless this has been *checked with their physician and a change is ordered*.
- People taking opioid medications are particularly vulnerable to adverse medical consequences if they concurrently use alcohol and/or street drugs.
- People taking naltrexone or nalmefene should be warned that if they are dependent on opioids, taking these medications will cause opioid withdrawal for up to 3 days and block the effect of any opioids taken for up to 3 days.

SPECIAL CONSIDERATIONS FOR PREGNANT WOMEN

A National Institutes of Health consensus panel recommended methadone maintenance as the standard of care for pregnant women with opioid dependence. Pregnant women should be maintained on an adequate (i.e., therapeutic) methadone dose. An effective dose prevents the onset of withdrawal for 24 hours, reduces or eliminates drug craving, and blocks the euphoric effects of other narcotics. An effective dose usually is in the range of 50–150mg (Drozdick et al. 2002). Dosage must be individually determined, and some pregnant women may be able to be successfully maintained on less than 50mg while others may require much higher doses than 150mg. The dose often needs to be increased as a woman progresses through pregnancy, due to increases in blood volume and metabolic changes specific to pregnancy (Drozdick et al. 2002; Finnegan and Wapner 1988).

Generally, dosing of methadone is for a 24-hour period. However, because of metabolic changes during pregnancy it might not be possible to adequately manage a pregnant woman during a 24-hour period on a single dose. Split dosing (giving half the dose in the morning and half in the evening), particularly during the third trimester of pregnancy, may stabilize the woman's blood methadone levels and effectively treat withdrawal symptoms and craving.

Women who are on methadone may breastfeed their infant(s). Very little methadone comes through breast milk. The American Academy of Pediatrics (AAP) Committee on Drugs lists methadone as a "maternal medication usually compatible with breastfeeding" (AAP 2001, pp. 780–781).

The Federal government mandates that prenatal care be available for pregnant women on methadone. It is the responsibility of treatment providers to arrange this care. More than ever, there is need for collaboration involving obstetric, pediatric, and substance abuse treatment providers. Comprehensive care for the pregnant woman who is opioid dependent must include a combination of methadone maintenance, prenatal care, and substance abuse treatment. While it is not recommended that pregnant women who are maintained on methadone undergo detoxification, if these women require detoxification, the safest time is during the second trimester. In contrast, it is possible to detoxify women dependent on heroin who are abusing illicit opioids by using a methadone taper. For further information, consult the forthcoming TIP *Substance Abuse Treatment: Addressing the Specific Needs of Women* (CSAT in development *b*).

Buprenorphine has been examined in pregnancy and appears not to cause birth defects but it may be associated with a withdrawal syndrome in the newborn (Jones and Johnson 2001). Buprenorphine has not yet been approved for use with this

population. More data are needed about the safety and effectiveness of buprenorphine with pregnant women.

LAAM, a medication that is also used in the treatment of opioid addiction, is not approved for use with pregnant women.

Naloxone should not be given to a pregnant woman even as a last resort for severe opioid overdose. Withdrawal can result in spontaneous abortion, premature labor, or stillbirth (Weaver 2003).

Inderal, **Trandate**, and **Lopressor** are the beta-blockers of choice for treating high blood pressure during pregnancy (McElhatton 2001). However, the impact of using them for alcohol detoxification during pregnancy is unclear.

For all women of childbearing age who may be or think they may be pregnant, the physician should discuss the safety of these medications before starting, continuing, or discontinuing medication treatment. Substance abuse counselors may have a role in encouraging this discussion by suggesting their clients talk with the prescribing physician.

TIPS FOR COMMUNICATING WITH PHYSICIANS

ABOUT CLIENTS AND MEDICATION

Send a written report.

The goal is to get your concerns included in the client's medical record. When information is in a medical record, it is more likely to be acted on. Records of phone calls and letters may or may not be placed in the chart.

Make it look like a report—and be brief.

Include date of report, client name and Social Security Number. Most medical consultation reports are one page. Longer reports are less likely to be read. Include and prominently label sections:

- Presenting Problem
- Assessment
- Treatment and Progress
- Recommendations and Questions

Keep the tone neutral.

Provide details about the client's use or abuse of prescription medications. Avoid making direct recommendations about prescribed medications. Allow the physician to draw his or her own conclusions. This will enhance your alliance with the physician and makes it more likely that he or she will act on your input.

Download Sample Written Report Form—www.mattc.org

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NOTES

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For clients who admit to choosing NOT to take their medication:

- Acknowledge they have a right to choose NOT to use any medication.
- Stress that they owe it to themselves to make sure their decision is well thought out. It is an important decision about their personal health and they need to discuss it with their prescribing physician.
- Ask their reason for choosing not to take the medication.
- Don't accept *"I just don't like pills."* Tell them you are sure they wouldn't make such an important decision without having a reason.
- Offer as examples reasons others might choose not to take medication. For instance, they:
  1. Don't believe they ever needed it; *never were mentally ill*
  2. Don't believe they need it anymore; *cured*
  3. Don't like the side effects
  4. Fear the medication will harm them
  5. Struggle with objections or ridicule of friends and family members
  6. Feel taking medication means they're not personally in control

Transition to topics other than psychiatric medications. Ask what supports or techniques they use to assist with emotions and behaviors when they choose not to take the medication.

General Approach: The approach when talking with clients about psychiatric medication is exactly the same as when talking about their substance abuse decisions.

- Explore the triggers or cues that led to the undesired behavior (either taking drugs of abuse or not taking prescribed psychiatric medications).
- Review why the undesired behavior seemed like a good idea at the time.
- Review the actual outcome resulting from their choice.
- Ask if their choice got them what they were seeking.
- Strategize with clients about what they could do differently in the future.

TALKING WITH CLIENTS ABOUT THEIR MEDICATION

Untreated psychiatric problems are a common cause for treatment failure in substance abuse treatment programs. Supporting clients with mental illness in continuing to take their psychiatric medications can significantly improve substance abuse treatment outcomes.

Getting Started. Take 5-10 minutes every few sessions to go over these topics with your clients:

- Remind them that taking care of their mental health will help prevent relapse.
- Ask how their psychiatric medication is helpful.
- Acknowledge that taking a pill every day is a hassle.
- Acknowledge that everybody on medication misses taking it sometimes.
- Do not ask *if* they have missed any doses, rather ask, "*How many doses have you missed?*"
- Ask if they felt or acted different on days when they missed their medication.
- Was missing the medication related to any substance use relapse?
- Without judgment, ask *"Why did you miss the medication? Did you forget, or did you choose not to take it at that time?"*

For clients who forgot, ask them to consider the following strategies:

- *Keep medication where it cannot be missed:* with the TV remote control, near the refrigerator, or taped to the handle of a toothbrush. Everyone has 2 or 3 things they do everyday without fail. Put the medication in a place where it cannot be avoided when doing that activity, but always away from children.
- *Suggest they use an alarm clock* set for the time of day they should take their medication. Reset the alarm as needed.
- *Suggest they use a Mediset®:* a small plastic box with places to keep medications for each day of the week, available at any pharmacy. The Mediset® acts as a reminder and helps track whether or not medications were taken.

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