



PSYCHOPHARMACOLOGY 101: Childhood Disorders

WHAT 'NON-PRESCRIBERS' NEED TO KNOW:
Ask me Anything - Q&A

Hello! My Name Is...

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AUDIENCE



Objectives:

- When to make a referral for medication management
- How to talk to parents about the need for medication
- How best to collaborate with a prescriber to coordinate services
- Working knowledge of psychotropic medications used to treat common disorders in CHILDREN AND ADOLESCENTS

Working Knowledge Of:

- SSRIs and SNRIs (for depression and anxiety disorders)
- Other anti-anxiety and anti-depressants
- Mood Stabilizers (for mood disorders)
- Stimulants (for ADHD)
- Non-stimulants (for ADHD)
- Benzodiazepines (for anxiety)



ANXIETY & MOOD DISORDERS: key characteristics

- **A. Anxiety Disorders**
 - *Social Phobia*
 - *Generalized Anxiety Disorder (GAD)*
 - *Specific Phobia*
 - *Panic Disorder*
 - *Agoraphobia*
- **B. Depressive Disorder**
 - *Major Depression*
- **C. Mood Disorder**
 - *Bipolar I & II Disorder*
- **D. Disruptive Behavior Disorder**
 - *ADHD*

SSRIs and SNRIs: facts

- **SSRIs** in general are the *most prescribed anti-depressants and most prescribed psychotropic medication* in the US
- According to the CDC, 11% of Americans age 12 and older are taking “antidepressants”
- 80% are prescribed outside of the mental health field



ADHD: facts

- Impairment of the ability to “*plan your work and work your plan*”
- Syndrome of inattention, distractibility, restless overactivity, impulsiveness, and deficits of executive function.
- ***Most common childhood onset psychiatric disorder***
- Prevalence 5% - 12%
- Careful collection of observations by parents, teachers, and others (bus drivers, coaches, sitters) is the MOST ESSENTIAL DIAGNOSTIC STRATEGY
- Parent and Teacher Rating Scales (Conners or Vanderbilt)



Definition of “*FDA APPROVED*”

“The drug is *safe and effective* for its intended use”



“OFF LABEL USE”

- Zoloft and Lexapro generally considered interchangeable in terms of efficacy
- When using Lexapro for panic disorder, it is “off label”
- Negative connotation for the consumer
- Vast majority of medications available are used commonly off label
- Main issue - cost for drug company to gain approval

SSRIs & SNRIs - names

SSRIs

- *Prozac (fluoxetine)*
- *Zoloft (sertraline)*
- *Paxil (paroxetine)*
- *Celexa (citalopram)*
- *Lexapro (escitalopram)*
- *Luvox (fluvoxamine)*

SNRIs

- *Effexor (venlafaxine)*
- *Pristiq (desvenlafaxine)*
- *Cymbalta (duloxetine)*
- *Fetzima (levomilnacipran)*

OTHER anxiolytics & anti-depressants:

- Buspar/buspirone
- Wellbutrin/bupropion
- Abilify/aripiprazole
- Seroquel/quetiapine
- Rexulti/brexpiprazole
- Remeron/mirtazapine
- Desyrel/trazodone
- Lithium (resistant depression/
chronic suicidality)



STIMULANTS - names

Methylphenidate

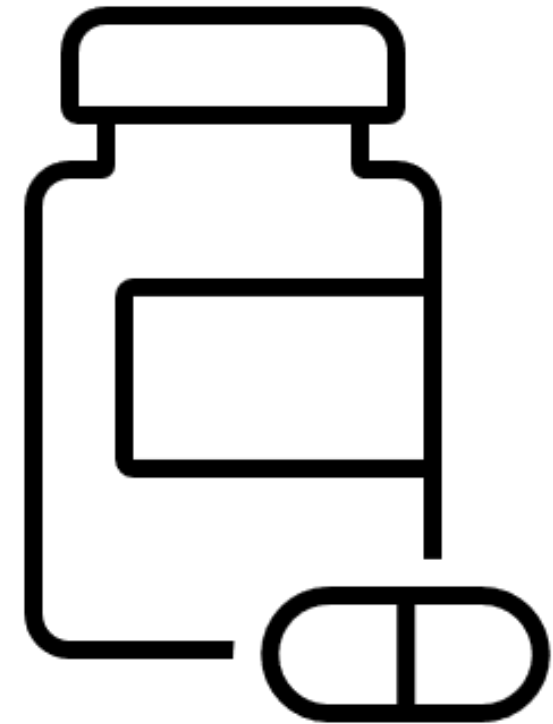
- *Ritalin*
- *Ritalin LA*
- *Concerta*
- *Methylin*
- *Metadate*
- *Metadate CD*
- *Focalin*

Amphetamines

- *Adderall*
- *Adderall XR*
- *Vyvanse*
- *Dexedrine*

NON-STIMULANTS

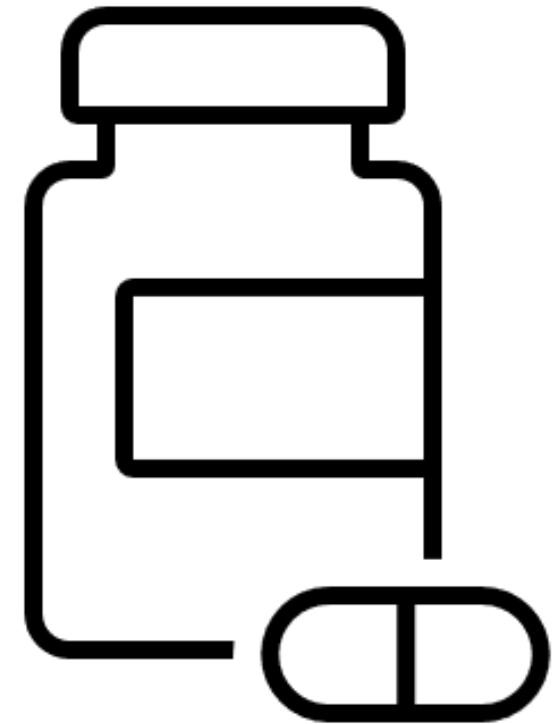
- ATOMOXETINE
- ALPHA 2 AGONISTS
 - *Guanfacine (Tenex or Intuniv)*
 - *Clonidine (Catapres or Kapvay)*
- ANTI-DEPRESSANTS
 - *Wellbutrin/bupropion*



BENZODIAZEPINES

Commonly used:

- XANAX (alprazolam)*
- ATIVAN (lorazepam)
- KLONOPIN (clonazepam)*
- VALIUM (diazepam)



SSRIs

First line treatment for both anxiety and depression



SNRIs



- Second line treatment
- Slightly higher rate of side effects
- Stronger discontinuation symptoms

Buspar/buspirone

- *Anxiolytic*
- *Start Dose: 5 mg BID to TID*
- *Max Dose: 30-60 mg/day*
- *Indic: GAD*



Wellbutrin/bupropion



- *Anti-depressant (NOT anxiolytic)*
- *Smoke cessation (Zyban)*
- **Contraindication: seizure disorder and eating disorder**
- *Starting dose: 75 mg daily*
- *Max dose: 450 mg daily*
- **PROS: no weight gain, no sexual side effects**

Abilify/aripiprazole; Seroquel/quetiapine; Rexulti/brexpiprazole

- *Adjunct treatment as anti-depressant (at low doses)*
- *Same side effect profile as anti-psychotics*



Remeron/mirtazapine



- *Anti-depressant (NOT anxiolytic)*
- *Starting dose: 7.5 mg nightly*
- *Max dose: 45 mg nightly*
- **PROS: sedative**
- **CONS: weight gain**

Desyrel/trazodone

- *Low dose: a sedative*
- *High dose: an anti-depressant*
- *Rare but medical emergency:
PRIAPISM*



Lithium

(resistant depression/chronic suicidality)



- *Severe case of depression and suicidality*
- *Starting dose: 150 mg daily*
- *Max dose: 900-1200 mg nightly*
- *Toxic and therapeutic window*

MOOD STABILIZERS



- Depakote, Lithium, Trileptal, Tegretol
- Lamictal
- Second generation atypical antipsychotics (Risperdal, Seroquel, Latuda, Abilify, etc)

Strattera/atomoxetine



- *Nonstimulant with FDA-approved indication*
- *Norepinephrine Reuptake Inhibitor (works by increasing norepinephrine and dopamine levels in the brain)*
- *Dose is 18-100 mg*
- *Co-morbid anxiety disorder*

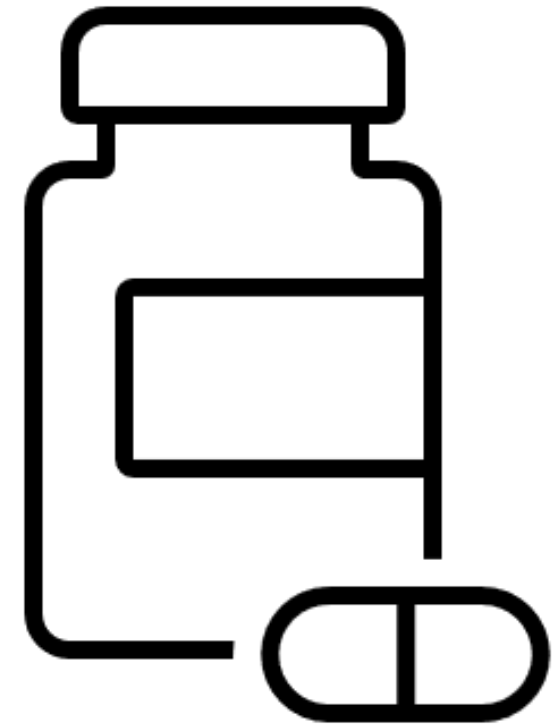
NON-STIMULANT NON-FDA (off label)

- ALPHA 2 AGONISTS

- *Guanfacine (Tenex or Intuniv), 0.5-4mg*
- *Clonidine (Catapres or Kapvay), 0.05-0.3 mg*
- *Use CANNOT be abruptly stopped (discontinuation effects)*
- *Helpful in aggression*

- ANTI-DEPRESSANTS

- *BUPROPRION (Wellbutrin), 75-300 mg*
- *Co-morbid depression*



Questions & Answers

