

Make Every Session Count: Are Medications The Answer?

A Brief Guide to Psychiatric Medications

John Preston
Nicolette Varzos
Douglas Liebert



A Brief Guide to Psychiatric Medications

John Preston, Nikki Varzos, and Doug Liebert

e-Book 2016 International Psychotherapy Institute

From *Make Every Session Count* by John Preston, Nikki Varzos, and Doug Liebert

Copyright © 2000 by John Preston, Nikki Varzos, and Doug Liebert

All Rights Reserved

Created in the United States of America

Table of Contents

[A Brief Guide to Psychiatric Medications](#)

[Be an Informed Consumer](#)

[Depression](#)

[Anxiety and Panic](#)

[Other Disorders](#)

[You're Calling the Shots](#)

A Brief Guide to Psychiatric Medications

THESE DAYS YOU don't have to be seriously mentally ill to be prescribed psychiatric medications. In mental health clinics across the country, millions of people are being helped by brief therapy and benefiting from the appropriate use of certain psychiatric medications. Let's see what this is all about.

Research, especially during the past decade, has made it clear that the symptoms of *some* major mental disorders are related to chemical changes in the brain. Examples: psychotic disorders, panic disorder, depression, manic depressive (bipolar) illness, attention deficit disorder. As millions of people can attest, gritting your teeth, trying harder, or using willpower simply doesn't work to overcome these painful symptoms.

Renowned psychiatrist Dr. Roy Menninger is credited with the observation that medications will probably never be developed that can fill empty lives or mend broken hearts. There is no kind of medication that can give a person a sense of connection with other human beings, a feeling of self, or the kind of values that make life worth living. At the same time, many newly developed psychotropic medications can dramatically affect the course of a person's life in a positive sense, and can help some people achieve better outcomes in brief therapy.

Be an Informed Consumer

Many people do not need medication; on the other hand, many folks are helped tremendously with this type of treatment. We want you to be well informed about the role of medication in brief therapy so you can make decisions about the possible use of psychiatric medications in your own treatment (for a comprehensive guide to psychiatric medication treatment see *Consumer's Guide to Psychiatric Drugs* by Preston, O'Neal, and Talaga, New Harbinger Publications, 2000).

In the past, patients were given prescriptions by the doctor and simply told, "Take these and call me if you don't get better." These days, everyone is more sophisticated. Today's patients want and need to know what to expect from medication treatment, the risks and benefits, and the possible side effects. In our view, this a healthy development. Rather than being a "passive patient," it makes more sense to be actively involved in your treatment, to be knowledgeable, to ask questions, and to collaborate with your doctor as you work together to solve problems.

In this chapter, we'll give you the basics about psychiatric medications, so you can ask your doctor good questions about any and all concerns you may have about pursuing this aspect of treatment. When used appropriately, psychiatric medications make an enormous difference in reducing some types of human misery.

Psychiatric medications don't treat all forms of emotional pain. We'll focus here on those particular disorders that respond well to drug treatment, beginning with anxiety and depression, the most commonly encountered emotional problems.

Depression

Many people suffer from mild bouts of depression that may last a few days to a few weeks. However more serious forms of depression can last for months or years unless properly treated. Three types of depression have been shown to respond well to antidepressant medication treatment.

Major Depression

Moderate to severe depression that may last for many months if not treated. Antidepressant medications can be effective in more than 80 percent of cases of major depression. This is especially true if any of the following symptoms are present (these are symptoms that therapists look for to determine if medication treatment is warranted):

- Extreme sadness, despair, or irritability
- Unusual sleep habits: severe insomnia or excessive sleeping
- Pronounced fatigue
- Appetite changes (with either weight gain or weight loss)
- Loss of sex drive
- An inability to experience joy or pleasure
- Strong suicidal ideas

Dysthymia

This long-term, low-grade depression often begins in adolescence and may last a lifetime. Studies have shown that about 55 percent of people who suffer from dysthymia have a good response to antidepressants. The symptoms include:

- Negative, pessimistic thinking
- Low self-esteem; feelings of inadequacy
- Low energy and fatigue
- Lack of motivation and enthusiasm
- A decreased zest for life

Bipolar (Manic-Depressive) Disorder

This is a very serious psychiatric condition that causes extreme mood swings, from severe depression to episodes of mania (extra-high energy, agitation, decreased need for sleep, rapid speech, racing thoughts). All people with suspected bipolar disorder *must* be evaluated by a psychiatrist, and the disorder *must be treated with medications* (generally antidepressants and a mood stabilizer such as lithium or Depakote). Without medical treatment, people with bipolar disorder typically become progressively worse, and this grave disorder, if not treated, has a very high suicide rate.

Antidepressant Medications

Many forms of depression involve a biochemical malfunction in the brain. Antidepressants are a class of medication that have been shown to be highly effective in restoring normal brain functioning and reducing a number of depressive symptoms. It is important to note the following:

- Antidepressants are not tranquilizers. Unless anxiety is a major component, tranquilizers are not an appropriate treatment for depression.
- Antidepressants are not addictive.
- When prescribed they must be taken every day (as prescribed) if they are to work.

Antidepressant Medications

Generic	Brand
imipramine	Tofranil
desipramine	Norpramin
amitriptyline	Elavil
nortriptyline	Aventyl
nortriptyline	Pamelor
protriptyline	Vivactil
trimipramine	Surmontil
doxepin	Sinequan
doxepin	Adapin
maprotiline	Ludiomil
amoxapine	Asendin
trazodone	Deseyrel
fluoxetine	Prozac
bupropion	Wellbutrin
sertraline	Zoloft
paroxetine	Paxil
venlafaxine	Effexor
nefazodone	Serzone
mirtazapine	Remeron
citalopram	Celexa
reboxetine	Vestra

MAO Inhibitors

phenelzine	Nardil
tranylcypromine	Parnate

- When taking antidepressants patients are advised not to drink alcoholic beverages, since alcohol interferes with the effectiveness of the drug.
- Antidepressants (unfortunately) do not work overnight. It typically takes two to four weeks to notice the first signs of improvement. It's essential to know this so you won't feel discouraged during the first couple of weeks.

- If one antidepressant medication does not work, there are many other options. Most people can be successfully treated, although sometimes two to three medications must be tried in order to find the right drug for the patient's unique biochemical and emotional needs.
- Once symptoms have significantly improved, it is important to continue taking the medication for at least six months to avoid relapse.
- Antidepressants are not "happy pills." They simply operate to restore normal biological functioning (improved sleep, appetite, and energy levels).
- Antidepressants restore normal functioning in the brain (much like insulin helps diabetics function normally). This treatment should not be seen as a "chemical crutch," but rather a medical treatment that effectively returns one to normal biological functioning.
- Side effects of antidepressants are generally mild and not dangerous and will vary depending on what medication is used, but may include drowsiness, dry mouth, and mild nausea. Ask your physician/psychiatrist for a list of specific side effects that may occur with the particular medication prescribed for you.

Anxiety and Panic

Not all types of anxiety are effectively treated by medication; however, two types of anxiety disorders have been shown to respond well:

Panic Disorder: This disorder is characterized by brief episodes of intense panic that come on suddenly and usually last for only a few minutes (typically 5-20 minutes). During an attack, a person may experience the following symptoms:

- Trembling, nervousness, panic
- Shortness of breath and a smothering sensation
- Rapid heartbeat, lightheadedness, dizziness
- A fear of impending doom (often the belief that "I'm going to die" or "I'm going crazy")

Panic is a terribly unpleasant disorder that, thankfully, is very treatable with certain psychiatric medications.

It makes sense to actively be involved in your treatment, to be knowledgeable, to ask questions, and to collaborate with your doctor as you work together to solve problems

Anti-Panic Medications: Psychotropic drugs used to treat panic include two options:

- *Antidepressants* (see chart): All antidepressants have been shown to effectively treat panic disorder

with one exception, the drug bupropion. All of the statements made earlier regarding antidepressant treatment also apply to the treatment of panic attacks. It must be emphasized that antidepressants must be taken on a daily basis and it generally requires 2-4 weeks of treatment before panic symptoms begin to diminish.

- *High-Potency Tranquilizers:* The tranquilizers alprazolam (Xanax) and clonazepam (Klonopin) are fast-acting medications that are quite effective in treating panic disorder. Often panic attacks can be reduced or eliminated within a few days of starting treatment with these medications. However, tranquilizers have three major problems. The first is drowsiness. The second is that they should never be discontinued abruptly. Finally, tranquilizers can be addictive. However, this typically only occurs in people who have a history of prior drug or alcohol abuse (or people who have a lot of biological relatives with drug and alcohol abuse problems). Generally in these cases, tranquilizers should not be used.

Psychiatrists often find a combination of antidepressant and tranquilizer quite successful.

The majority of people suffering from panic disorder must take medications for at least one year and often longer.

Severe Anxiety Following Major Life Crises: Short-term use of tranquilizers (in addition to brief therapy) is sometimes recommended in the wake of serious life crises. The medications are used (often for only a couple of weeks) to target two main symptoms: insomnia (especially difficulty falling asleep), and *nervousness* and *restlessness*. See the following list of commonly used tranquilizers.

Anxiety Medications

Generic	Brand
For nervousness	
buspirone	BuSpar
chlordiazepoxide	Librium
oxazepam	Serex
clorazepate	Tranxene
lorazepam	Ativan

prazepam	Centrax
alprazolam	Xanax
clonazepam	Klonopin
For insomnia	
flurazepam	Dalmane
temazepam	Restoril
triazolam	Halcion
quazepam	Doral
zolpidem	Ambien
estazolam	Prosom
zaleplon	Sonata

As with antidepressants, patients should not drink alcohol when taking these medications.

- These should not be used in individuals with a drug or alcohol abuse history (except the drug buspirone).
- Never discontinue treatment abruptly. Always check with your physician before stopping treatment.

Other Disorders

We've focused primarily on the treatment of anxiety and depression in this chapter. Other emotional and psychiatric disorders can be successfully treated with psychiatric medications, however *typically not within the context of brief therapy*. In this section we will briefly list the symptoms of several disorders and medication options. Please refer to the books noted in the References section for details on drug treatment for various psychiatric disorders.

Obsessive-Compulsive Disorder

Recurring, persistent unpleasant or senseless thoughts or impulses that are difficult to prevent or ignore. Behaviors include repetitive actions or rituals carried out in an attempt to reduce obsessive ideas (repeatedly checking to see if doors and windows are locked; repeatedly washing hands).

Medication Options

Generic	Brand
clomipramine	Anafranil
fluoxetine	Prozac
sertraline	Zoloft
paroxetine	Paxil
fluvoxamine	Luvox
citalopram	Celexa

Bulimia

Binge eating followed by: self-induced vomiting, laxative use, strict dieting, or excessive exercise to prevent weight gain.

Medication Options: Antidepressants

Psychotic Disorders

(including schizophrenia, some forms of bipolar disorder and paranoia). These serious forms of mental illness have such symptoms as:

- Hallucinations, bizarre or unrealistic thoughts
- Confusion and grossly impaired judgment
- Agitation or chaotic behavior

Medication Options: Antipsychotic medications, such as chlorpromazine (Thorazine), haloperidol (Haldol), risperidone (Risperdal), quetiapine (Seroquel), clozapine (Clozaril), or olanzapine (Zyprexa).

Post-Traumatic Stress Disorder (PTSD)

This disorder often includes a rather characteristic group of symptoms in response to exposure to life events that were either extremely dangerous or frightening and/or in which a person encountered a tremendous sense of

powerlessness. The event may be a recent trauma or may be an event that occurred many years earlier. [In the latter case, a person may massively block out the memory and feelings of the original event(s), which begin to surface months or years later in the form of intrusive memories or dreams.]

Symptoms of PTSD include:

- Vivid re-experiencing of the traumatic event in thoughts, recollections, or nightmares
- Avoiding situations that remind one of the traumatic event
- Memory impairment (amnesia of the event)
- Feelings of numbness, detachment, and unreality
- Intense feelings of anxiety, irritability, or depression

Medication Options: Antidepressants; some tranquilizers

You're Calling the Shots

As an informed consumer and collaborator in your own medication treatment, remember—you're calling the shots. It's *your choice* whether or not to take psychotropic medication. *You* know how you respond to the treatment (positive effects and, at times, side effects). Discuss freely with your therapist any concerns you have about this part of treatment.