

Psychotherapy Guidebook

PHARMACOTHERAPY

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Table of Contents

[DEFINITION](#)

[HISTORY](#)

[TECHNIQUE](#)

[APPLICATIONS](#)

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DEFINITION

Pharmacotherapy is defined as the treatment of disease by the use of drugs. The term “psychopharmacotherapy” more explicitly refers to the treatment of psychiatric illnesses with medications. While Pharmacotherapy alone is seldom considered sufficient treatment, for the treatment of some psychiatric disorders it may be the most important single component in the control of the disabling symptoms. Today lithium carbonate, for instance, is considered the most essential part of the treatment of the recurrent mood swings of patients with manic-depressive illness. Comparably, one of the members of the major classes of antipsychotic drugs — the butyrophenones, the phenothiazines, or the thioxanthenes — is considered necessary for the management of symptomatic behavior of severely disturbed schizophrenics, especially if it is hoped that they be managed outside a hospital context. The most optimum care, even of the most severely disturbed patient, would always include an integrated program of Pharmacotherapy, psychotherapy, and sociotherapy.

HISTORY

Most of the major psychotropic drugs used today did not come into use until the middle of this century. Lithium carbonate was introduced for the treatment of manic-depressive illness in 1949 by an Australian named Cade, who found in some studies with uric acid that lithium had a calming effect on patients with labile (changeable) moods. Although the drugs's potential for the management of manic states was recognized early, it did not come into wide use in this country until the late 1960s and early 1970s. This was probably due in part to the fact that it was discovered in far-off Australia. In addition, patients using it became easily toxic unless carefully regulated, and in this country at the time of its discovery, the psychoanalytic movement was at its zenith. Use of drugs was disparaged as second-class treatment.

The first major antipsychotic drug to be used was Chlorpromazine, introduced in 1952. It was synthesized in an attempt to make a better antihistamine. When it was observed to produce tranquilization without sleep, it was given to a group of schizophrenics and found to be a potent antipsychotic agent.

The antidepressants were also first put into use in the 1950s. The drug Iproniazid, used in the treatment of tuberculosis, was found to have a mood-elevating effect on patients taking it, and in independent studies it was found to be effective in the treatment of depression. Because Iproniazid was found to have several undesirable effects in addition to its antidepressant quality,

efforts were made to find other drugs of the same general group that had fewer side effects but the same mood-elevating effects. Iproniazid and related compounds interfere with the enzyme monoamine oxidase, which is responsible for breaking down compounds such as dopamine and norepinephrine in the brain. Depression is thought to be related to reduced amounts of norepinephrine and dopamine at critical central nervous system sites. The other major group of antidepressant drugs, the tricyclic antidepressants (so-called because of their chemical structure), were developed about the same time.

TECHNIQUE

Skillful use of psychotropic drugs entails an awareness that they are not useful in all the forms of a given disorder and that even with individuals for whom they are appropriate and effective, dosage varies, and at times even the most chronic of severely ill patients may be relatively symptom-free without the use of drugs. Adept use of psychotherapeutic and sociotherapeutic techniques will often minimize the need for medication, even with psychotic patients.

Psychotropic drugs provide symptomatic relief, and it is the management of symptoms that the clinician aims for. Lithium carbonate is used for the treatment of cyclic mood disorders and appears particularly

effective in the management of mania. The antidepressants are not effective for the treatment of all depressions. They appear most effective in instances where there is a sleep disorder, appetite and weight disturbance, a reduction in libido, and a diurnal variation of mood. The antipsychotic agents do not appear to affect, in a major way, long-term social adjustment in chronic schizophrenics. They do, however, help reduce paranoid ideation, hallucinations, delusional thinking, and other disturbances of thought that interfere with functioning.

All the drugs must be used with considerable caution as there are a number of long-term and short-term side effects. A decision must be made early in the course of a patient's illness to ascertain whether the benefits to be gained by Pharmacotherapy outweigh the side effects that may result. The patient and his family, together with the psychiatric clinician, play a role in the decision. Sometimes the benefits are clearly apparent. A patient who is profoundly depressed may avoid hospitalization, continue to work, and not attempt suicide. Other times effects may be less apparent or a psychotherapeutic technique equally or more effective. In all instances it is good medicine not to continue Pharmacotherapy longer than is clinically indicated.

APPLICATIONS

Pharmacotherapy has been used in the management of all so-called psychogenic psychoses and for many organic brain syndromes. In addition, milder disturbances of behavior such as enuresis (bed-wetting) and the phobic-anxiety-depersonalization syndrome have also responded to drugs in many instances. Lithium carbonate is used in the treatment of manic-depressive illness, cyclothymic mood disturbances, and in some instances of episodic violence. The phenothiazines, butyrophenones, and thioxanthines are used in the management of psychotic symptomatology whether it is part of a schizophrenic reaction or an organic brain syndrome. In affective disorders (affecting mood or emotions), they may be used together with an antidepressant if a patient is paranoid or severely agitated. In chronic organic brain syndromes, small doses of the antipsychotic agents are sometimes effective in symptomatic management. Imipramine, a tricyclic antidepressant, has been used effectively in the treatment of enuresis and the phobic-anxiety-depersonalization syndrome. Haloperidol, a butyrophenone, is used in the treatment of Gilles de la Tourette's syndrome. The minor tranquilizers, such as the benzodiazepines, are used predominantly for insomnia, anxiety, and some alcohol withdrawal. The last mentioned group of drugs are probably much overprescribed, although when indicated, they can provide considerable relief.

