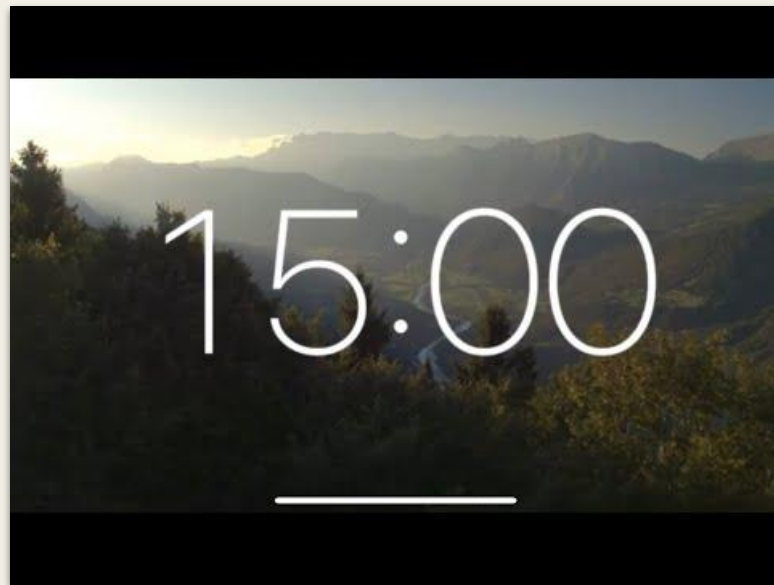


Antidepressant Medications

- Practice differs between clinicians and can be impacted by education, training and experience
- Evidence based practice approach & professional experience
- This presentation will be recorded
- Please add questions and commentary in the chat box!



Can you hear the music? If not, please check your audio settings.

*Peacock Mental
Health presents*

ANTIDEPRESSANT MEDICATIONS

Dr. Az del Pino (he/they), DNP-PMHNP

AJ del Pino (she/they), Client Success Manager



About Dr. Az, DNP, PMHNP-BC

- Cofounder of Peacock Mental Health LLC. A unique neuroqueer practice.
- Board-certified, Psychiatric Mental Health Nurse Practitioner (across the lifespan).
- Doctor of Nursing Practice, Psychiatric Mental Health Nurse Practitioner from the University of Arizona.
- Bachelor of Science (Nursing) - Edith Cowan University, Western Australia.
- Working in mental health for over 9 years in inpatient, residential treatment, intensive outpatient, partial hospitalization and outpatient.



Peacock Mental Health



Dr. Az

he/they
DNP-PMHNP




AJ del Pino

she/they
Client Success Manager



Crisel Joy Baldugo

she/her/hers
Healthcare Assistant



Providing safe, private and meaningful mental
health care for the LGBTQ2IA+ and neurodiverse
community of Arizona



What will we cover?

01

Prescribers

Who's prescribing antidepressants now?

02

Prescribing

What's the process?

03

Deep Dive

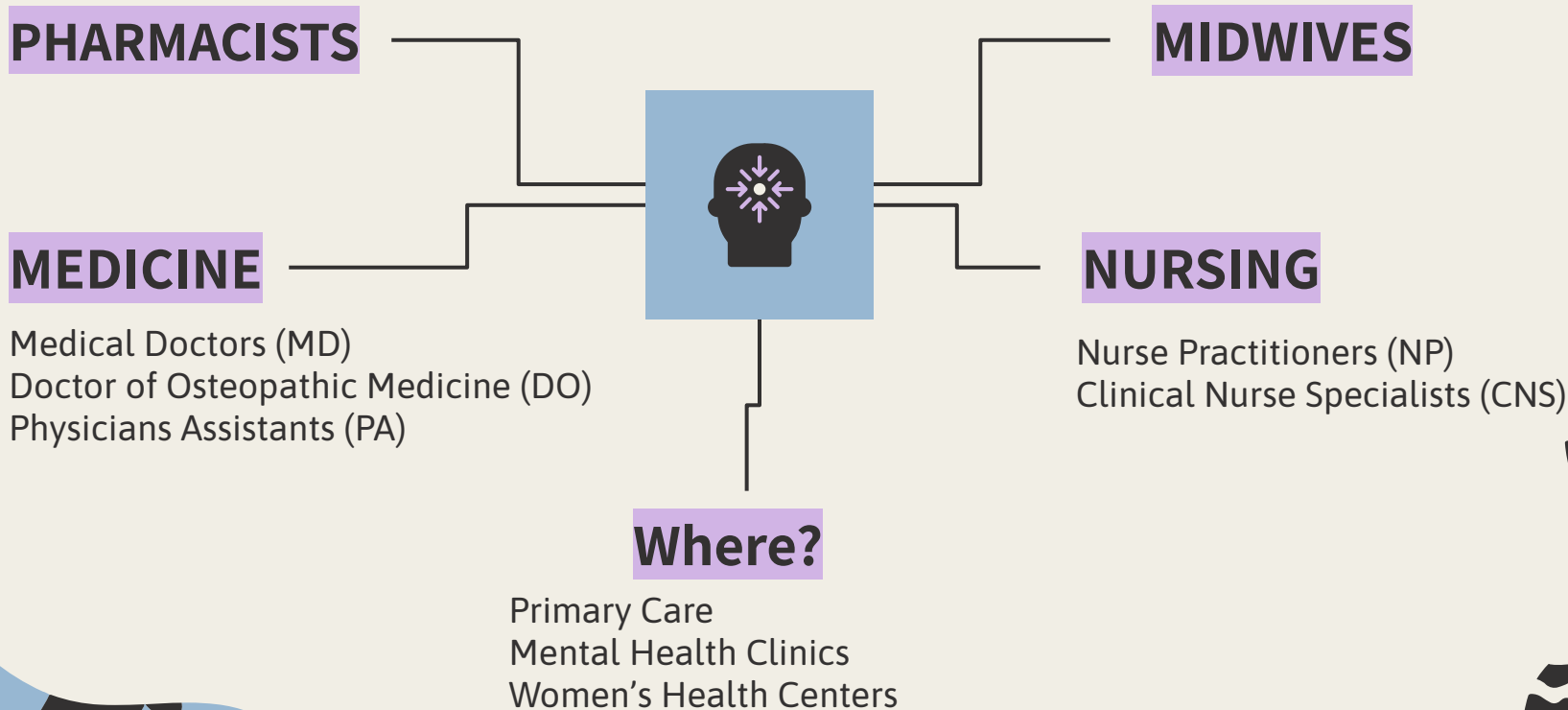
What classes exist for antidepressants?
How are they applied?

04

Summary

Let's review what we've covered and spend some time asking questions and discussing

Who's prescribing antidepressants now?



What's the process?



INITIAL ASSESSMENT

- Physical assessment, medical disorder, substance use, certain medications, & lifestyle factors.



LABS

- Screen/monitor medical conditions or nutritional deficiencies?



SCREENING TOOLS

- PHQ-9, The Beck Depression Inventory, GAD-7

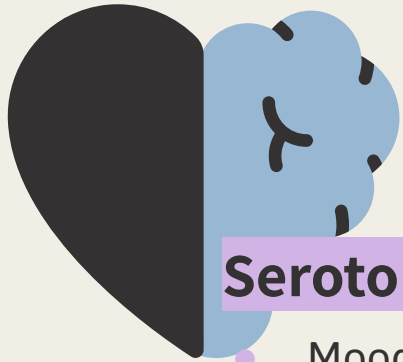


PSYCHOTHERAPY

- Established/willingness to start?

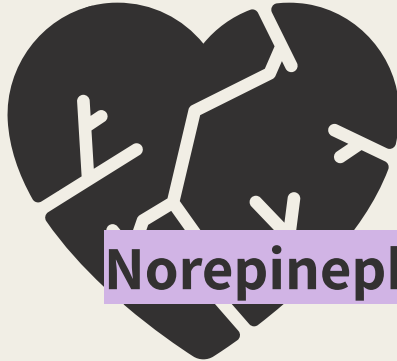
Neurotransmitters

Lay the foundation



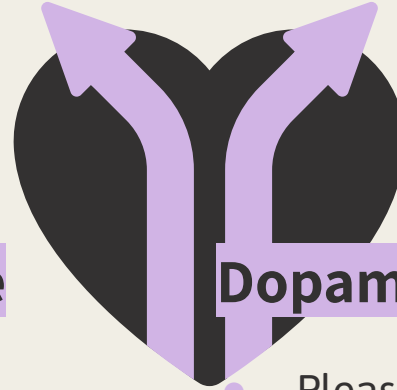
Serotonin

- Mood
- Energy level
- Appetite
- Sleep



Norepinephrine

- Energy level
- Focus
- Attention



Dopamine

- Pleasure
- Satisfaction
- Motivation

What classes exist for antidepressants?

Selective
Serotonin
Reuptake
Inhibitors
(SSRIs)



Blocking the
reabsorption or
reuptake of
serotonin.

Serotonin &
Norepinephrine
Reuptake Inhibitors
(SNRIs)



Block reabsorption
of the serotonin &
norepinephrine.

Monoamine
Oxidase
Inhibitors
(MAOIs)



Block activity of
monoamine oxidase -
enzyme that breaks
down norepinephrine,
serotonin, & dopamine.

Tricyclic
Antidepressants
(TCAs)



Impact numerous
neurotransmitters.

Atypical
Antidepressants



Affect levels of
dopamine,
serotonin, &
norepinephrine.

What do antidepressants treat?



Depressive disorders	FDA APPROVED
Anxiety disorders	FDA APPROVED
Borderline personality disorder	FDA APPROVED
Bulimia	FDA APPROVED
Post Traumatic Stress Disorder	FDA APPROVED
Chronic Pain	OFF LABEL
Migraine headache prevention	OFF LABEL
Diabetic neuropathy	OFF LABEL
Fibromyalgia	OFF LABEL
Premature Ejaculation	OFF LABEL
Sleep Problems	OFF LABEL
To Stop Smoking	OFF LABEL



Antidepressant Treatment



Therapeutic effect may take 4-6 weeks.



Mild side effects are common can be time-limited.



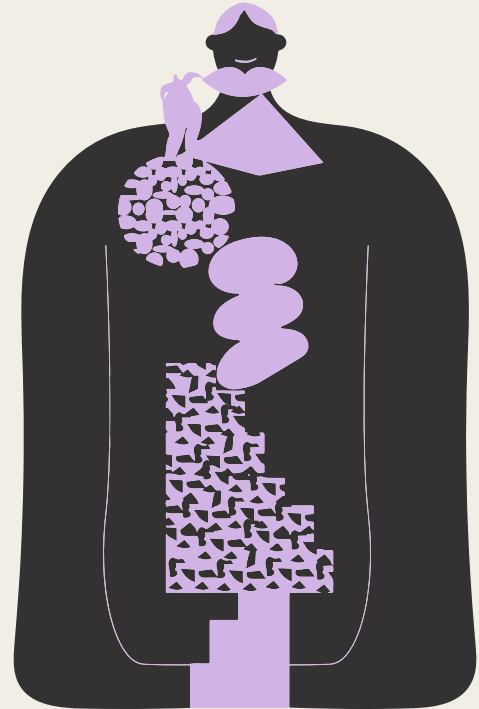
Duration of treatment 6-12 months.



Long-term antidepressant treatment may be recommended.



Abrupt discontinuation of antidepressants can cause antidepressant discontinuation/withdrawal syndrome.



Safety Warnings

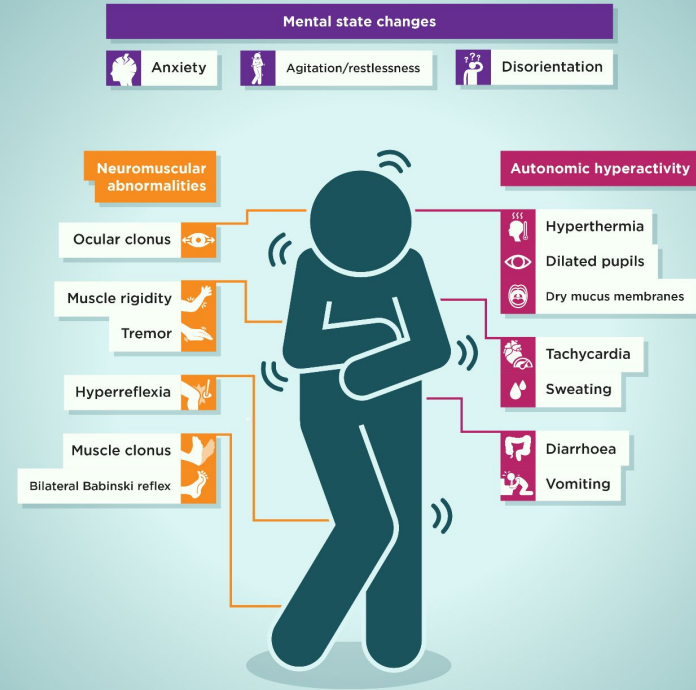
BOXED WARNINGS

Children, adolescence & young adults (18-24 years) - suicidality risk!

SEROTONIN SYNDROME

Life-threatening - toxic level of serotonin exists.

SIGNS AND SYMPTOMS OF SEROTONIN SYNDROME



Serotonin syndrome is a **potentially life-threatening** condition associated with increased serotonergic activity in the central nervous system. It is characterised by a triad of **mental state changes**, **autonomic hyperactivity**, and **neuromuscular abnormalities**.

Selective Serotonin Reuptake Inhibitors

How do SSRIs work?



Blocking the reabsorption or reuptake of serotonin.

Application



Safer option in intentional overdoses.

Serious side effects are rare.

Examples



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

SSRIs side effects

Most Common



- Nausea, vomiting, diarrhea, or constipation
- Feeling anxious or agitated
- Headache, dry mouth, or sweating
- Drowsiness
- Sleeping more or less than usual

Less Common



- Suicidal thoughts
- Weight loss or weight gain
- Low sex drive, or trouble achieving an erection or orgasm

BOXED WARNING Children, adolescence & young adults (18-24 years) - suicidality risk!

SEROTONIN SYNDROME RISK Life-threatening - toxic level of serotonin exists.



Selective Norepinephrine Reuptake Inhibitors

How do SNRIs work?



Blocking the reabsorption of the neurotransmitters serotonin & norepinephrine (brain)

May impact other neurotransmitters

Application



Can also be used to treat chronic pain and ADHD

Examples



- desvenlafaxine (Pristiq)
- duloxetine (Cymbalta)
- levomilnacipran (Fetzima)
- milnacipran (Savella)
- venlafaxine (Effexor)

SNRIs side effects

Most
Common



Nausea

Dizziness

Headache, dry mouth, or sweating

Less
Common



Sleeping more or less than usual

Weight gain

Low sex drive, or trouble achieving
an erection or orgasm

Increased blood pressure



BOXED WARNING Children, adolescence & young adults (18-24 years) - suicidality risk!

Monoamine Oxidase Inhibitors

How do MAOIs work?



Blocking the activity of monoamine oxidase - enzyme that breaks down norepinephrine, serotonin, and dopamine

Application



The original antidepressant

Numerous drug & food interactions

Significant side effect profile

Less common

Examples



- phenelzine (Nardil)
- selegiline (Emsam)
- tranylcypromine (Parnate)

MAOIs side effects

Significant Warnings



MAOIs + tyramine-containing foods/beverages = hypertensive crisis risk (dangerous elevations in blood pressure).

Avoid wine, aged cheese, sauerkraut, cured meats, draft beer, soy products.

Most Common



Low blood pressures when standing

Weight gain

Low sex drive, or trouble achieving an erection or orgasm

BOXED WARNING Children, adolescence & young adults (18-24 years) - suicidality risk!

SEROTONIN SYNDROME RISK Life-threatening - toxic level of serotonin exists.



Tricyclic Antidepressants

How do TCAs work?



Blocking the reabsorption of the serotonin & norepinephrine

Application



Also used to treat ADHD

Less commonly prescribed

Examples



- amitriptyline (Elavil)
- Amoxapine (Asendin)
- clomipramine (Anafranil)
- desipramine (Norpramin)
- doxepin (Sinequan)
- Imipramine (Tofranil)
- nortriptyline (Pamelor)
- protriptyline (Vivactil)

TCA_s side effects

Most
Common



Nausea

Dizziness

Headache, dry mouth, or sweating

Less
Common



Sleeping more or less than usual

Weight gain

Low sex drive, or trouble achieving
an erection or orgasm

Increased blood pressure

BOXED WARNING Children, adolescence & young adults (18-24 years) - suicidality risk!

SEROTONIN SYNDROME RISK Life-threatening - toxic level of serotonin exists.



Atypical Antidepressants

How do they work?



Affect levels of dopamine, serotonin, & norepinephrine.

Application



Targets specific symptoms

Avoids side effects

Ineffective antidepressants treatment

Examples



- bupropion (Wellbutrin)
- Esketamine (Spravato)
- mirtazapine (Remeron)
- nefazodone (Serzone)
- Ketamine
- trazodone (Desyrel)
- vortioxetine (Brintellix, Trintellix)

Atypical side effects

Most
Common



Side effects vary with each medication and can include;

Nausea

Dizziness & fatigue

Headache, dry mouth



BOXED WARNING Children, adolescence & young adults (18-24 years) - suicidality risk!

SEROTONIN SYNDROME RISK Life-threatening - toxic level of serotonin exists.

Troubleshooting

Validate the client
& psychotherapy

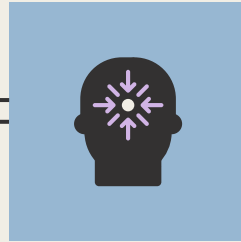
Re-evaluate
the diagnosis

Medication History

Re-evaluate the
dose

Change the medication

Pharmacogenetic Testing



Therapist & Psychiatric Provider



Refer

- Medication management
- Psychiatric practitioner



Collaborate

- Use of ROI
- Team approach



Support

- Promote self-advocacy
- Motivation

Questions and Chat!

Morning or evening dosing?

Dependant on if the medication is deemed activating or sedating.

Safety in pregnancy and breastfeeding?

Maternal health and pregnancy is important for the unborn baby's development. A risk vs. benefit discussion with the provider for both pregnancy and breastfeeding.

Alcohol or cannabis use?

Generally not recommended. Can be fatal in the MAOI class. Don't skip taking antidepressant to drink.

THANKS

Please follow up with us, or share
our details with your network

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www.peacockmentalhealth.com



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