

Psychopharmacology in the Medically Ill

APM Resident Education Curriculum

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Content of Slide Kit

- Purpose of the Slide Kit
 - Review of clinical pearls of psychopharmacology in the medically ill
- Pharmacologic Review
 - Antidepressants
 - Anxiolytics
 - Antipsychotics
 - Mood stabilizers
- Clinical Pearls in Specific Medical Illnesses

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More of Pearls

Target to the 1st years and 2 years on CL service

Can cut the # of slides as needed

Case Presentation

- A 35 year old female with CAD s/p 2 stents complicated by a long history of anxiety presenting with classic signs of panic disorder. She is finally willing to consider an antidepressant to manage her anxiety. She is on clopidogrel (Plavix), atorvastatin (Lipitor), propranolol (Inderal), and is taking prn alprazolam (Xanax).
- Which antidepressant(s) should be avoided in this patient?
 - Amitriptyline (Elavil)
 - Citalopram (Celexa)
 - Paroxetine (Paxil)
 - Venlafaxine (Effexor)
 - Nortriptyline (Pamelor)

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This can be a case to look at it

Leave it open discussion and then present the case at end of the talk

Teaching points

Elavil – avoid, TCA ,anticholinergic, cardiac toxicity

citalopram – safe

paroxetine – anticholinergic, has 2D6 interaction , with Inderal

venlafaxine – BP elevation

Pamelor- less anticholinergic and hypotensive than Elavil, but
still a TCA

Answer – citalopram would be first choice, venlafaxine need to monitor BP

Antidepressant Review



Antidepressant Prevalence

- 10 % of the US population is being prescribed an antidepressant
- Community based survey of almost 19,000 pts
 - 1996 5.9 %
 - 2005 10.1 %

Arch of Gen Psychiatry, Aug , 2009

- Higher likelihood your CL patient will be on one...
- Increase prevalence of depression, lower stigma ?, increased advertising ?

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Sobering how many are on Antidepressants

Talk about it with residents

What do you think of direct to consumer advertising

Opinion of your patient on CL about meds

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