

CAMFT'S 53RD ANNUAL CONFERENCE



JUSTICE FOR ALL



Empowerment / Collaboration / Resiliency

Thursday, May 4, 2017

10:15 A.M.–12:15 P.M. 2 CE Hours

HANDOUT 2 OF 2

TH1 “Harmonious Collaboration with a Psychiatrist” ●●

Presented by Donna Ehlers, MD

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OUTLINE OF PSYCHIATRIC CASE PRESENTATION

Chief Complaint: patient's words

HPI and psychiatric history: course/treatment

Psychiatric review of systems: symptoms inventory and duration

Depressive and bipolar, psychosis, anxiety, obsessive-compulsive and trauma-related, substance & alcohol use, neurocognitive, neurodevelopmental, personality, and other disorders.

Suicidal: thoughts, plan, intent, means (has gun?), personal and family history of suicide

Dangerous Legal

Medical/Family/Social history

Developmental: pre-natal history/sibs/raised by/family life/events/trauma

Mental status exam. Cognitive exam (for example MOCA, MMSE) in the last 5 minutes.

PRESENTATION

Differential diagnosis: most likely 2-3 and why?; specific examples and factors for and against
R/O Depressive and bipolar, psychosis, anxiety, obsessive-compulsive and trauma-related, substance & alcohol use, neurocognitive, neurodevelopmental, personality, and other disorders

Formulation:

Biologic: genetic d/o/ substance/medical

Psychologic: relate childhood / development to current conflicts.

Social-cultural:

+prognosis: function at work, hobbies, stable relationships, faith, volunteer: reflect ego strength

- prognosis: poor relationships, impulsivity, bad work history, non-adherence

Treatment

State goals of each of the following (include patient's goals):

Medication: why / side-effects / complications / compliance problems.

Therapy: individual / group

supportive / insight: behavioral / cognitive / psychodynamic

Choosing an Antidepressant— Our *Best Buy* Picks

Those medicines are substantially less expensive than the brand-name antidepressants we evaluate in this report, and are as effective and safe as any of them for initial treatment. They are also affordable options if you need to try another antidepressant because the first one your doctor prescribed did not help or caused unacceptable side effects. Both bupropion and escitalopram are more expensive than the others, so if cost is a concern, that may be something to consider when choosing an antidepressant for the first time. If you have drug coverage, talk with your doctor about finding the antidepressant that has the lowest out-of-pocket cost under your insurance plan.

Citalopram, escitalopram, fluoxetine, and sertraline are also available in liquid formulations.

All five *Best Buy* recommendations are generic drugs. There is no reason to take the brand-name version of any of those medicines. There are other generics available at comparable cost to our *Best Buy Drugs*. (See Table 5.) Our choice of the five was based on the strength of the evidence for effectiveness, the risk of side effects, the risk of having to discontinue the drug, and other unique factors as identified in Table 4.

Several antidepressants discussed in this report are approved to treat people diagnosed with a combination of anxiety and depression. Our *Best Buy* picks are for those whose diagnosis is depression only (though some mild anxiety symptoms may be present). Talk with your doctor about the best medicine for you if he or she identifies you as having a combined depression/anxiety illness.

Table 4. Effectiveness and Tolerability of Antidepressants

Generic Name	Brand Name	Response to Treatment (percent) ¹	People who Stopped Taking Drug Because of Side Effects (percent) ²	Comments/Special Notes ³
Bupropion	Wellbutrin	55-70	6-8	<ul style="list-style-type: none"> ■ Lowest rate of sexual side effects ■ Risk of seizures at high doses
Citalopram	Celexa	55-70	5-9	<ul style="list-style-type: none"> ■ Associated with rare but dangerous heart rhythm at high doses
Desvenlafaxine	Pristiq	55-70	6-22	<ul style="list-style-type: none"> ■ May increase blood pressure
Duloxetine	Cymbalta	55-70	3-13	<ul style="list-style-type: none"> ■ Has been associated with liver failure, including some cases that were fatal; should not be taken by people with liver disease or who consume substantial amounts of alcohol ■ May increase blood pressure

Choosing an Antidepressant— Our Best Buy Picks

Table 4. Effectiveness and Tolerability of Antidepressants (continued)

Generic Name	Brand Name	Response to Treatment (percent) ¹	People who Stopped Taking Drug Because of Side Effects (percent) ²	Comments/Special Notes ³
Escitalopram	Lexapro	55-70	3-10	■ FDA-approved for use by teenagers
Fluoxetine	Prozac, Sarafem	55-70	7-14	■ FDA-approved for use by children and teenagers
Fluvoxamine	Luvox CR	55-70	N/A	■ Not FDA-approved for treatment of depression; used "off-label" for this illness ■ Higher rate of side effects and drug interactions compared with several other SSRIs in one key study ⁴
Mirtazapine	Remeron	55-70	10-17	■ May experience relief faster ■ Higher risk of weight gain ■ Can cause drowsiness
Nefazodone	Generic only	47-59	Insufficient data	■ Reports of liver failure leading to death or liver transplant (See page 13)
Paroxetine	Paxil	55-70	7-16	■ Higher risk of sexual side effects compared with some other antidepressants ⁵ ■ Higher risk of sweating
Sertraline	Zoloft	55-70	7-14	■ Higher rate of diarrhea
Venlafaxine	Effexor	55-70	9-16	■ Substantially higher rate of nausea and vomiting ■ May increase blood pressure and heart rate

1. Response defined as at least 50 percent reduction in depression symptoms on behavioral and emotion rating scales.
2. Numbers are the lower and upper quarter percentile of discontinuation rates from studies.
3. Based on multiple studies and combined analysis of studies, or from the drug's product label information. Statements made in reference to all other drugs listed except where noted. List is not intended to be comprehensive.
4. The other SSRIs were fluoxetine (Prozac), paroxetine (Paxil), and sertraline (Zoloft).
5. Higher than fluoxetine (Prozac), sertraline (Zoloft), and fluvoxamine (Luvox CR) in controlled trials. Highest rate of sexual side effects (53 percent) in a 2004 Consumer Reports survey of 1,664 people when compared with bupropion (Wellbutrin) (21 percent); fluoxetine (Prozac) (41 percent); citalopram (Celexa) (45 percent); sertraline (Zoloft) (46 percent); and venlafaxine (Effexor) (51 percent).