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Recent Trends in Psychiatric Medication Use

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A considerable number of medications are being used by the medical community to treat various psychiatric-related conditions. There have been changes in the use patterns of some medications; there is controversy over which drugs are better; and there are a growing number of new products now available on the market. Hopefully, the information presented here will provide some answers to questions that have surfaced with regard to recent trends in the use of psychiatric medications.

1. There seems to be a change in the pattern of use of antidepressants, for example, Prozac is appearing in the medical record less frequently and Lexapro is appearing more frequently. Is one drug better than another?

There are changes in the pattern of use of antidepressants. Some of this has been driven by very effective marketing on the part of pharmaceutical companies. Some of the change has been driven by new research. Those companies who have a fairly long patent protection remaining on their products are motivated to do research into alternative indications for the products, such as treatment of anxiety and panic disorders. Lexapro has been, in particular, marketed very effectively.

2. Why are antidepressants prescribed so frequently now?

Several factors have driven this. Training programs in internal medicine, family practice and obstetrics and gynecology now routinely include depression screening and primary psychiatric care in their training curriculums. Graduates from those programs are better equipped then they have ever been to incorporate psychiatric disease screening into their private practices upon graduation. Recent research has also demonstrated that depression is quite common, and affects up to 15 percent of the general population over the course of a lifetime.

3. What is Cymbalta?

Cymbalta, like Effexor, is a serotonin and norepinephrine reuptake inhibiting antidepressant. It has benefited from having a dual FDA approved indication for both depression and chronic pain. It has been heavily and effectively marketed to psychiatrists, internists and physicians dealing with chronic pain patients. It is being used in the treatment of fibromyalgia and related symptoms, and diabetic neuropathy and chronic pain syndromes.

4. What is Abilify?

Abilify is a new generation antipsychotic medication. It is less likely to cause weight gain and sedation, as compared to other newer generation antipsychotic medications.

5. What is Geodon?

Geodon is also a new generation antipsychotic medication that is less likely to be associated weight gain, sedation, elevated triglycerides or elevated cholesterol as compared to other recently developed atypical antipsychotic medications. Both Geodon and Abilify also may be less likely to be associated with elevated blood glucose and diabetes, as compared to previously available antipsychotic medications.

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6. Why are antipsychotics being prescribed so much more frequently now then they have in the past?

The older generation antipsychotic medications were somewhat difficult medications to use. They tended to cause sedation, muscle stiffness, blurred vision, constipation and dry mouth. Most of the originally available antipsychotic medications were also associated with tardive dyskinesia. This is a neurological syndrome which is manifested by abnormal involuntary motor movements. It can become permanent, and was seen in a high proportion of individuals using older generation antipsychotic medications.

The newer generation antipsychotic medications are only 1/10 to 1/20 as likely to cause tardive dykinesia and, in general, are much better tolerated than the older generation medications. Because of the safety and tolerability profile of the newer generation antipsychotic medications, they are easier to use. Research also has gradually demonstrated that antipsychotic medications can be of use in treating psychiatric syndromes other than schizophrenia. For reasons that are not completely understood, about 25–50 percent of individuals with treatment resistant depression will have a more complete response when an antipsychotic medication is added to an antidepressant medication. Individuals who have difficulty with emotional instability due to a serious personality disorder also can be helped by antipsychotic medications.

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All of the new atypical antipsychotic medications also have an indication for bipolar affective disorder and bipolar spectrum disorder. Classic bipolar affective disorder, which includes bouts of significant depression followed by bouts of classic mania, occurs in about 0.5 percent of the general population. Bipolar spectrum disorder, which consists of bouts of depression followed by episodes of mild or hypomanic symptoms, occurs in approximately 4–5 percent of the population. These individuals do not respond well to antidepressant medications alone and therefore have been treated with a combination of mood stabilizers, antidepressant medications and newer generation antipsychotic medications.

Individuals who have severe and persistent insomnia are often helped by use of Seroquel, a newer generation antipsychotic medication. This fact has widely increased Seroquel use among primary care physicians.

Individuals who have significant anxiety related to withdrawal from alcohol, and certain street drugs, have also been helped by empiric use of newer generation antipsychotic medications. Individuals with uncontrolled and treatment resistant anxiety have also been aided by newer generation antipsychotic medications. Finally, individuals who have chronic pain syndromes have sometimes been aided by use of newer generation antipsychotic medications.

Many of these indications are not FDA approved uses of antipsychotic medications, but have been demonstrated to be effective. It is likely that use of atypical antipsychotic medications will continue to increase among primary practitioners and psychiatrists.

7. Why is Depakote use increasing?

Depakote, originally an anticonvulsive medication, has been demonstrated to be useful in the treatment of bipolar affective disorder and bipolar spectrum disorder. It also has been used on an empiric basis to treat individuals with behavioral dyscontrol related to a personality disorder. It has also been useful in the elderly, to treat agitated behavior related to dementia.

8. What is Namenda?

Namenda is a new generation anti-dementia medication. It has a mechanism that is different than that of Aricept, Exelon or Razadyne. Studies have suggested that it can produce a synergistic effect when it is added to Aricept. The combination of Aricept and Namenda together is a very expensive, but a potentially reasonably effective method of slowing the rate of decline in individuals who have Alzheimer's type dementia and possibly other types of dementia. The combination of Aricept and Namenda may become more popular than either medication used alone. Occasionally, individuals who have been prescribed this combination will actually show some improvement in their cognitive testing. This

is, unfortunately, relatively rare, but it is quite rewarding to physicians and families when it does occur. Research suggests that entry into a nursing home may be delayed by a year or more in individuals who are treated with Aricept and Namenda early in the course of cognitive decline.

9. I have reviewed cases in which the applicant claims that his or her use of Aricept is "preventative," and is not related to the dementia process. Is this possible?

Yes, it's possible, but it's not common. Of the 100 or so patients that I am personally treating with Aricept, only about three patients would fall into the category of individuals who do not have an identifiable dementia syndrome, and are merely taking the medication on a "preventative" basis. This is not a FDA approved indication for this medication. Some individuals will have a subjective sense that they are starting to lose some capacity, and may also have a family history of dementia in a close relative. It's difficult to say no to those individuals when they ask for a trial of prophylaxis with Aricept. There's also some research that suggests that the earlier Aricept is given in the course in a very mild cognitive decline, the more effective it is in preserving cognitive function and in delaying the eventual onset in diagnosis of dementia. Again, this represents a very small percentage of the patients under my personal care.

10. Are there any new developments in psychiatric medications?

In the spring of 2006 a new antidepressant skin patch was approved. The patch is Ensam, and it is a monoaminie oxidase inhibitor, or MAOI. MAOIs, in the past, have been very effective, but have required strict dietary restrictions when they were given by mouth. It is possible that the Ensam patch will not require dietary restrictions. This medication may have obvious benefits in the elderly, as an antidepressant patch can be applied to the skin of an elderly individual who might otherwise not be willing or able to take oral medications reliably. It is also possible that this medication will be used in the combination therapy treatment of individuals who have severe and treatment resistant depression.

11. Why is so much psychiatric care given by primary care practitioners?

In most of the country there is a shortage of psychiatrists. Within the last three decades, psychiatry has not been a popular choice for students graduating from United States' medical schools. Also, within the last 15 years, the identification and treatment of depression has tripled. Both of these factors have combined to create an acute shortage of psychiatrists in many regions of the country. The long waiting time to obtain an appointment in a psychiatrist's office, combined with more comprehensive training in primary care offices, has led to primary care practitioners managing many mental health syndromes within their own offices. Some primary care physicians estimate that up to 15–20 percent of their practices consist of identifying and managing psychiatric syndromes. It is unlikely that pattern will change in the near future. ❋

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