

# Bipolar Depression

## Step 1 (if not ECT or IV ketamine)

- quetiapine
- lurasidone \$\$\$
- lamotrigine
- lithium > 0.8
- lumateperone \$\$\$
- cariprazine (less effective) \$\$\$

Taper antidepressants

Why not add Omega 3 's and/or light therapy?

Steps 2 - 4: combos of the above

## Step 5 (augment with):

valproate

Why not add T3 or pramipexole?

Only if **not** bipolar I, mixed episode, rapid cycling or history of (hypo)manic switching, may use:

- bupropion
- fluoxetine + olanzapine combo
- other SSRIs (less desirable)

Then: ECT or IV ketamine (if ECT declined)

# Mania

## Step 1

Taper antidepressants

Classic mania (60%) - **lithium**

Mixed mania (40%) - **quetiapine**

or olanzapine, risperidone, ziprasidone, asenapine

Ensure sleep with antipsychotic and/or benzo (not trazodone). Consider blue-blocking glasses.

## Step 2

Classic - add **quetiapine** (or olanzapine, etc)

Mixed - add **valproate** (unless childbearing)

## Step 3

Classic - add **valproate** (unless childbearing)

Mixed - add **lithium**

## Steps 4-5

Stop any ineffective medications and add:

- 1st tier:
- carbamazepine (unless childbearing)
  - olanzapine
  - risperidone
  - haloperidol
- 2nd tier:
- aripiprazole, asenapine, ziprasidone
- 3rd tier:
- clozapine

# Schizophrenia

## Step 1 - 2nd-gen antipsychotic (SGA)

- **aripiprazole**
- **risperidone**
- lurasidone
- ziprasidone
- **not** olanzapine (metabolic)
- **not** quetiapine (too weak)

Adequate trial is 4 to 6 weeks

Unsatisfactory response?

- **monitor drug plasma level**
- LAI if poor adherence

## Step 2

A different antipsychotic

- consider risperidone (again)
- consider **olanzapine**
- consider 1st-gen antipsychotic

## Step 3

Titrate **clozapine** and taper other antipsychotic(s)

Step 4 - add to clozapine:

risperidone or aripiprazole

Consider: lamotrigine, memantine, omega 3's, ECT

Step 5 - taper off clozapine and consider:

aripiprazole (or other antipsychotic)

1st gen antipsychotic + mirtazapine

2nd gen antipsychotic + celecoxib (Celebrex)

Why not fluvoxamine + 1/3 dose clozapine?

The least-evidenced option:

combo of antipsychotics not including clozapine

# Regular Depression

## Step 1 (assure not bipolar)

- **sertraline**
- **escitalopram**
- **bupropion**

## Step 2 (switch to)

- a different 1st-line:
  - **SERT, ESCIT, BUP**
- **venlafaxine**
- **mirtazapine**
- TMS
- S-adenosylmethionine
- St John's wort

(or) augment with

- quetiapine
- risperidone
- aripiprazole
- lithium
- **bupropion or mirtazapine**
- **T3 - triiodothyronine (Cytomel)**
- light therapy
- omega-3 fatty acids
- L-methylfolate
- N-acetylcysteine (NAC)

# Severe Melancholic Depression

## Step 1 (assure not bipolar)

- **venlafaxine**
- **mirtazapine**

## Step 2

- **venlafaxine/mirtazapine**
- tricyclic antidepressant
  - nortriptyline
  - imipramine

(or) augment with

- Lithium
- T3 - triiodothyronine

# Treatment-Resistant Depression

## Step 1 - address comorbid conditions:

Chronic pain, OCD, ADHD, PTSD

If **atypical features** (reconsider bipolar):

- SSRI + aripiprazole
- Monoamine oxidase inhibitor
  - selegiline
  - phenelzine

If **not atypical features**:

- The Step 1- Step 2 options for regular or melancholic depression

Other options:

- "California Rocket Fuel" = venlafaxine + mirtazapine
- Augment with ECT
- Refer to Osser text for "Highly treatment-resistant depression"

# Generalized Anxiety Disorder

## Step 1

- SSRI (sertraline, escitalopram)
- or possibly duloxetine
- or possibly "main step 2 options"

## Step 2 (if no response)

- other SSRI or duloxetine
- main step 2 options
  - buspirone
  - **hydroxyzine**
  - **pregabalin**
  - bupropion
- other options
  - lavender oil (CalmAid)
  - *lorazepam* (or other BZD)
  - venlafaxine
  - kava
  - rhodiola rosea

If partial response, augment with:

- **hydroxyzine**
- **pregabalin** (or possibly gabapentin)
- benzodiazepine

## Step 3

- quetiapine
- risperidone
- valproate *Where's propranolol?*

# Social Anxiety Disorder

## Step 1:

- an SSRI
- may augment with buspirone

## Step 2: (switch to)

- venlafaxine
- mirtazapine
- a different SSRI
- clonazepam
- phenelzine (MAOI)

## Step 3: (including experimental options)

- gabapentin
- pregabalin
- tiagabine
- quetiapine
- risperidone *Where's propranolol?*

# PTSD

If sleep is not disturbed: **SSRI**

If sleep is disturbed, start with:

- **prazosin** (if nightmares)
- **trazodone** (if not nightmares)

If symptoms remain, add **SSRI**

*Benzodiazepines should be avoided.*

If SSRI ineffective, change to:

SNRI or mirtazapine

Possible next steps include:

- nefazodone (*alt to trazodone*)
- clonidine (*alt to prazosin*)
- lamotrigine or topiramate
- 2nd-gen antipsychotics: quetiapine, risperidone, aripiprazole
- phenelzine (MAOI)
- levetiracetam

# OCD

## Step 1 - SSRI

- sertraline
- fluoxetine (*CYP inhibitor*)
- fluvoxamine (*CYP inhibitor*)

SSRI at moderate dose for 8-12 weeks

**Check antidepressant serum levels**

Increase to FDA max, continue for 8-12 weeks

**Check antidepressant serum levels**

Increase SSRI beyond FDA max

## Step 2

Augment antidepressant with:

- risperidone
  - aripiprazole
- Or switch to (less desirable)
- clomipramine

## Step 3

- Add TMS

or augment with novel agents:

- memantine
- lamotrigine
- N-acetylcysteine (NAC)
- riluzole
- topiramate
- minocycline
- celecoxib
- ondansetron

## Step 4 - neurosurgery

- deep brain stimulation (*electrode implant*) or
- capsulotomy (ablation with Gamma Knife)