

DSM Diagnosis and Medications Quick Reference for Depression and Anxiety

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The intent of these notes is to give you some background into diagnoses, medications that you might encounter in your counsees as well as potential side effects to the meds. I am not advocating for or against medication—just hoping that this will give you a greater knowledge base when you are counseling. Your counsees may well have been diagnosed with some of the things that we will discuss and may be on these meds. The more you know, the more you can be prepared to help.

I. Depression

A. DSM-IV Criteria for Major Depressive Disorder (MDD)

1. Depressed mood or a loss of interest or pleasure in daily activities for more than two weeks.
2. Mood represents a change from the person's baseline.
3. Impaired function: social, occupational, educational.
4. Specific symptoms, at least 5 of these 9, present nearly every day:
 - a. Depressed mood or irritable most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
 - b. Decreased interest or pleasure in most activities, most of each day
 - c. Significant weight change (5%) or change in appetite
 - d. Change in sleep: Insomnia or hypersomnia
 - e. Change in activity: Psychomotor agitation or retardation
 - f. Fatigue or loss of energy
 - g. Guilt/worthlessness: Feelings of worthlessness or excessive or inappropriate guilt
 - h. Concentration: diminished ability to think or concentrate, or more indecisiveness
 - i. Suicidality: Thoughts of death or suicide, or has suicide plan

B. Depression Medications - SSRIs (selective serotonin reuptake inhibitors)

1. Prozac (fluoxetine)
 - a. Been out the longest of the above list
 - b. Somewhat “Activating” in nature
 - c. Long half life—stays in your system quite awhile.
 - d. Cheap
 - e. Gets a bad rap
 - f. Often, weight loss if any weight changes. Some gain.
2. Zoloft (sertraline)
 - a. Been out a long time
 - b. Has several doses that can be increased
 - c. Used in kids a lot, pregnant women, breastfeeders
 - d. Considered weight neutral
 - e. Inexpensive

3. Paxil (paroxetine)
 - a. Sedating, typically.
 - b. Weight gain is a common side effect.
 - c. Used often if there is a significant anxiety component as well

4. Celexa (citalopram)
 - a. Lexapro is the daughter product of celexa
 - b. Weight neutral
 - c. "middle of the road"
 - d. Side effects seem less in lexapro, but it tends to be more expensive

5. Lexapro (Escitalopram)

C. Common SSRI Medication Side-Effects

1. Nausea, queasiness
2. Fatigue, drowsiness
3. Headache
4. Dizziness
5. Weight changes
6. Sexual side effects
7. Dry mouth
8. Restlessness/Agitation

D. Depression Medications – SNRI's (Serotonin–norepinephrine reuptake inhibitors)

1. Effexor XR (venlafaxine) - Originally as Effexor, was in several doses.
 - a. Weight neutral
 - b. Headache and GI side effects sometimes preclude use.
 - c. Elevation of BP at higher doses.
 - d. Used off label for women with hot flashes as well.

2. Cymbalta (duloxetine) - Initially, was for depression and anxiety, but much more expanded use now
 - a. Fibromyalgia
 - b. Peripheral Neuropathy caused from Diabetes
 - c. Osteoarthritis
 - d. Chronic pain syndromes

3. Pristiq (desvenlafaxine)
 - a. Daughter product of Effexor
 - b. Less side effects
 - c. Expensive

E. Common SSRI Medication Side-Effects

1. Nausea/decreased appetite/GI side effects
2. Dry Mouth
3. Dizziness
4. Fatigue
5. Sexual dysfunction
6. Headache

F. Other Depression Medications

1. Viibryd
2. Abilify (weight gain!)
3. Brintellix

II. Anxiety

A. DSM Description

1. Excessive anxiety/worry most days for 6 months across many areas of life
2. Difficult to control the worry
3. Three of the following 6 symptoms:
 - a. Restlessness/on edge
 - b. Easily fatigued
 - c. Difficulty concentration/blank mind
 - d. Irritability
 - e. Muscle tension
 - f. Sleeping trouble (hard to get/stay asleep or restless)
4. The focus of the anxiety and worry is not confined to other primary psychiatric disorders such as Panic Attacks, OCD, Anorexia Nervosa, etc.
5. Significant distress and impairment in social, occupational, or other areas of functioning.
6. NOT substance related (not caused by alcohol, heroin, etc) or not from a medical cause (hyperthyroidism).

B. Anxiety Medications

1. SSRIs and SNRIs

2. Benzodiazepines

a. Examples

1. Valium (diazepam)
2. Ativan (lorazepam)
3. Xanax (Alprazolam)
4. Klonopin (Clonazepam)

b. Side-Effects - CAUTION!!

1. Sedating, mood-altering
2. Tolerance can develop
3. **Tendency to addiction**
4. Can cause acute withdrawal/seizures/death with stopping abruptly.
5. Work on similar receptors in the brain as alcohol.
6. Tranquilizers---often used for insomnia.

3. Antihistamines

a. Examples

1. Atarax
2. Vistaril
3. Benadryl

- b. Side effects
 - 1. sleepiness, fatigue, dry mouth, constipation
 - 2. Some can actually get the opposite and effect and feel like they are about to “crawl out of their skin.”
 - 3. NOT addictive

- 4. Buspirone
 - a. Cheap
 - b. Safe
 - c. Can be taken as needed.

III. Fibromyalgia

A. Description

- 1. Quite a bit of debate on this diagnosis, how to treat—does this truly represent more of a medical or psychological diagnosis?
- 2. Pain for at least three months not explained by other diagnoses.
- 3. Multiple trigger points/tender points
- 4. Severe fatigue
- 5. Poor sleep
- 6. Significant anxiety about the above.

B. Medications

- 1. SSRIs and SNRIs/Sleeping medications
- 2. Cymbalta
- 3. Savella - Constipation, dizzy, insomnia, sweats, palpitations, vomiting/nausea, dry mouth, Increased BP
- 4. Lyrica - Dizziness, drowsiness, dry mouth, edema, blurred vision, weight gain, and difficulty concentrating.

C. Treatment

- 1. I have seen more improvement in pain levels and fatigue from regular exercise than anything else/medications. Proper sleep is paramount as well.
- 2. I have seen two groups of people—unfortunately more of the former than the latter.
 - a. Those that seem really bogged down in their fatigue, pain, depression and anxiety. They continue to want to do testing, seeking out new treatments, doctor shopping.
 - b. Those that say, “Praise God it is nothing more serious or life threatening. I will work on healthy living and not dwell in the negative.”