Primer for Prescription Medications:

The Medicines for Side Effects – Part Two

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In my previous column, I began the discussion of medications that can be used to treat side effects. Most of that article dealt with the so-called extrapyramidal side effects, or "EPS," which are caused by traditional antipsychotic medications, and more rarely by some of the newer atypical antipsychotics. Fortunately, EPS is not as much of an issue today as it was from the 1950s through the 1990s, so in this article we will look at other side effects for which adding another medicine might help. Before proceeding, however, it may be worthwhile to restate a couple of general principles for those who have not read the previous article. First, all medicines have the potential to cause side effects—even those that are being used to decrease other side effects. Secondly, there are many options to consider when side effects do occur, including decreasing the dose of the medicine causing the side effect, changing the time(s) when the medication is given, or even stopping the medication altogether. Occasionally, when a patient is on more than one medication, it is useful to change one or more of the other medicines which may be interfering in some way with the breakdown, protein-binding, or elimination mechanisms that determine the active blood level. However, when none of these options work, and the benefits of the offending medicine outweigh the risks, adding a medication specificly for the most distressing side effect is at least worth considering.

Mood stabilizers, such as lithium (Eskalith™, Lithobid™) or divalrpoex (Depakote™), may have many side effects. Among them are the so-called neurological or "CNS" side effects; one of these is an 8 to 12 cycle-per-second tremor that can be very distressing, especially when there is a need for fine motor control. For many years, psychiatrists have added low doses of a beta-blocker such as propranolol (Inderal™) to decrease such tremors, starting at 5 to 10 mg once or twice a day. More recently, primidone (Mysoline™) has also been used to decrease this tremor, starting at 50 to 100 mg per day.

A number of psychotropic medicines can cause autonomic side effects. Among these is urinary retention, which will sometimes respond to bethanechol (Urecholine™) at a dose of 25 mg two to four times a day. Another is constipation, which may benefit from regular use of a stool softener, such as docusate sodium (Colace™) at 50 to 100 mg once or twice a day.

Selective serotonin re-uptake inhibitors (SSRIs) are not free of side effects and may produce, among other things, changes in arousal, drowsiness, or insomnia. When other options have not been effective to treat insomnia, the addition of trazodone (Desyrel™) or diphenhydramine (Benadryl™) at doses of 25 to 100 mg at bedtime may help without causing undue risk of worsening the depressive or anxiety condition for which the SSRI may be prescribed.

A note from the author: Most of the uses mentioned above are "off label"—that is, the Food and Drug Administration (FDA) allows pharmaceutical companies to market their products for only certain indications for which they have

submitted acceptable data. Physicians are not restricted to those uses, and the medical literature is filled with examples of other uses for medications. However, should something go wrong, it is always a good idea to advise patients that they are being treated with a medicine not specifically marketed for their symptoms. Also note that the doses cited above are generally those recommended for young to middle-aged adults who are otherwise healthy, and may require adjustment for children, older adults, or those with other health problems.

References

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