

Common Drugs Requiring Patient Counselling

	ATHLETICS	SSRI	Methotrexate	Lithium	Atypical anti-psychotics	Levodopa	Bisphosphonates
Check understanding of condition							
How it works	Action	Antidepressants alter the balance of some of the chemicals in the brain (neurotransmitters). SSRI antidepressants mainly affect a neurotransmitter called serotonin. An altered balance of serotonin and other neurotransmitters is thought to play a part in causing depression and other conditions.	It is a 'disease-modifying agent' which has both reduced inflammation and suppresses the immune system. Early use improves outcome and symptoms.	Mood stabiliser. Exact mechanism unknown. Thought to enter the cells and interfere with neurotransmitter release and second messenger systems.	Schizophrenia is caused by an over-activity of chemicals in transmission of messages in the brain. Olanzapine works by blocking the receptors in the brain that are involved in transmitting these messages between the nerve cells.	Levodopa works to replace some of the dopamine your brain is no longer able to make. This will help to reduce your symptoms, in particular your rigidity and your slow movements. Given with carbidopa (inhibits peripheral levodopa degeneration)	Prevents the bone from being broken down and by helping to rebuild new bone. Remember lifestyle factors can also help with this, such as exercise, no smoking (we can help) and eating a well-balanced diet.
Treatment course	Timeline	Once daily	Once weekly with folic acid at another time. Build up dose slowly.	Once or twice daily depending on brand	Tablet daily or depot injection every 2-4 weeks	3-4 times daily with food (reduces nausea)	Once weekly or smaller dose daily
	How to take	Tablet	Tablet usually Injection also available	Tablet, capsule or syrup	Tablet or depot injection Start at a small dose and build up over week or 2. Dose adjusted depending on the person's response	Tablet	Swallow tablet with full glass of water Take at least 30 minutes before food or anything other than water Be upright for 30 minutes after swallowing
	Length of treatment	Stop 3-6 months after feeling better (taper off)	Long term	Lifelong usually (if works) Regular reviews by psychiatrist	Long term (keeps symptoms from returning) Tell doctor if wanting to get pregnant	As long as it works effectively After 5 years most suffer end dose deterioration (works for shorter time) and on-off effect (fluctuate between severe parkinsonism and repetitive involuntary movements)	Long term
	Effects - time before	4-6 weeks	4-6 months	1-2 weeks	Several days or weeks	Fast acting	-
	Tests	-	<u>FBC, LFTs, U&Es</u> -Before starting -Then, every 2 weeks until therapy stabilised -Then, every 2-3 months	Before starting - FBC, U&Es, TFTs, βHCG, ECG Check lithium level after 5 days, then every week until stable for 4 weeks, then every 3 months . Check TFTs, U&Es, Ca ²⁺ every 6 months.	Occasional LFTs (may impair liver function)	-	Dental checkups – before starting then regularly (risk of osteonecrosis of jaw)
Side effects	Important side effects	GI (diarrhoea, nausea, vomiting) + Appetite & weight change Headaches Drowsiness (can take at night) Anxiety for 2w Withdrawal	Alopecia Headaches GI disturbance <u>Myelosuppression</u> 1. Infection (go to A&E if you have fever/other infection signs) 2. Unexpected bleeding/bruising/purpura 3. Anaemia	GI (abdo pain, nausea) Metallic taste Fine tremor Water symptoms (thirst, polyuria, impaired urinary concentration; weight gain and oedema) <u>Lithium toxicity symptoms</u> GI (anorexia, diarrhoea, vomiting) Neuromuscular (dysarthria, dizziness, ataxia, in coordination; muscle twitching, tremor) Others (drowsiness, apathy, restlessness)	Anti-dopaminergic (tardive dyskinesia, tremor, movement disorders) Anti-cholinergic (constipation, dry mouth) Anti-histaminergic (weight gain, dizziness/drowsiness) Anti-adrenergic (hypotension)	Psychosis Nausea & vomiting Dyskinesias Postural hypotension <u>BUT</u> other drugs help with these e.g. domperidone (peripheral dopamine antagonist) & selegiline (MAO inhibitor - inhibits dopamine degeneration in CNS so a lower levodopa dose can be used)	Headache Heartburn, bloating, indigestion GI (diarrhoea/constipation, black stools, abdo pain)
	Complications & Contraindications	- <u>Contraindications</u> Suicide risk (→refer), past psychiatric illness	Myelosuppression Liver toxicity (careful of alcohol) Pulmonary toxicity (tell us if you get breathlessness/SOB)	Renal toxicity Nephrogenic diabetes insipidus Hypothyroidism	Neuroleptic malignant syndrome (high fever and muscle rigidity) Agranulocytosis (swelling of mouth or throat or rash) Withdrawal	End-dose deterioration On-off effects	Osteonecrosis of the jaw
	Supplementary advice	www.mind.org.uk	NO NSAIDs/ aspirin Get annual flu jab Arthritisresearch.org.uk	www.bipolaruk.org.uk	www.rethink.org	Parkinsons.org.uk	www.Nos.org.uk
			<u>Contraindications</u> Pregnancy (including male if trying!) Hepatic impairment Breast-feeding Active infection Immunodeficiency	<u>Contraindications</u> 1st trimester pregnancy Breast feeding Cardiac disease Significant renal impairment Addison's disease Low sodium diets Untreated hypothyroidism	<u>Contraindications</u> Liver failure Pheochromocytoma <u>Cautions</u> Epilepsy, DM, glaucoma, Parkinsons, heart, prostate, kidney problems, pregnancy	<u>Contraindications</u> Glaucoma	<u>Contraindications</u> Pregnancy Dysphagia Stomach ulcers Severe renal impairment

	ATHLETICS	Warfarin	Levothyroxine	Statin	Metformin	Iron tablets
Check understanding of condition						
How it works	Action	Thins the blood. It does this by blocking vitamin K – the vitamin used by the body to make proteins that cause the blood to clot.	A synthetic version of the normal hormone produced by the thyroid gland called thyroxine. It is given to bring your thyroxine levels back up to normal.	Statins stops the liver making cholesterol. Cholesterol is <u>one of</u> the things which predisposes to artery problems causing heart disease, stroke and kidney disease. It is important to also address other risk factors...	Increases the sensitivity of cells to insulin, thereby allowing the body to make better use of the lower insulin levels.	Replace your body's store of iron, a mineral required to make red blood cells (which is deficient)
Treatment course	Timeline	Once daily (usually in the evening)	Once daily before breakfast	Once daily in the evening	Once daily with breakfast (may be increased to twice daily)	1-3 times daily (depending on brand)
	How to take	Tablet(s)	Tablet	Tablet	Take tablet with or immediately after a meal at the same time each day	Work best if taken on empty stomach but most take with food because iron can irritate the stomach. Tablet
	Length of treatment	3 months for DVT 6 months for PE Lifelong for AF	Lifelong	Lifelong	Lifelong if it works	Usually - 4 months (3-4 weeks for Hb to normalise, then take for 3 months after that to replenish stores)
	Effects- time before	2-3 days	Few weeks	Decreases risk over many years	-	3-4 weeks
	Tests	Start 5mg for 4 days then test INR on day 5 and 8, adjusting dose accordingly. Started concomitantly with LMWH if immediate effect is required. Then, regular INR checks by anti-coagulation clinic – regularity determined by INR stability	Start test dose then review in 2-3 weeks. TSH test every 2-3 months until stable. When TSH level stable, check annually.	Review in 4w, then every 6 months. LFTs before starting, at 3 months & at 12 months. (statins cause altered LFTs)	U&Es before starting, then annually	Hb in 3-4 weeks
Side effects	Important side effects	Bleeding (1-2%) – tell doctor if any unusual bleeding e.g. bruises, dark stools, cuts take longer to heal. Also diarrhoea, rash, hair loss, nausea. <u>Many drug interactions</u> Mainly with cytochrome P450 inhibitors/inducers (see notes on drug interactions), steroids	Rare when thyroxine level stable as it's replacing a normal hormone. May be hyperthyroid symptoms if level is too high (vomiting, diarrhoea, headache, palpitations, heat intolerance) or hypothyroid symptoms if level is too low.	Muscle pains Hair loss Itching Also nausea, sickness, diarrhoea, abdo pain	Nausea, diarrhoea, abdo pain, weight loss	GI irritation (nausea, sickness, diarrhoea, abdo pain) Coloured stools Taste bad
	Complications & Contraindications	- <u>Contraindications</u> Pregnancy Haemorrhagic stroke Significant bleeding <u>Cautions</u> Patients at high falls risk	- <u>Contraindications</u> -	Rhabdomyolysis <u>Contraindications</u> Pregnancy	Lactic acidosis <u>Contraindications</u> Renal impairment Ketoacidosis Low BMI NB. metformin must not be taken on the day of, and for 2 days after, having general anaesthetic or X-ray contrast media (increase lactic acidosis risk)	- <u>Contraindications</u> -
	Supplementary advice	Avoid liver, spinach, cranberry juice, alcohol binges No NSAIDs/ aspirin Given anticoagulant book	Free prescriptions for everything if taking levothyroxine!	Avoid grapefruit www.bhf.org.uk	If miss a dose, take as soon as remember unless it's close to next dose time www.diabetes.org.uk	-