

Quick Reference

FOR PSYCHOSOMATIC MEDICINE

Important Drug Interactions

Drug Interactions	Effect
Antipsychotics	
Alcohol	Intensifies CNS depression
Amphetamines	Antagonizes efficacy
Antacids	Decreases neuroleptic absorption
Anticholinergics	Additive anticholinergic effects
Antihypertensives ^a	Hypotension
Barbiturates	Decreases neuroleptic levels
Epinephrine ^a	Hypotension
Levodopa	Antagonizes levodopa efficacy
Lithium	Increases neurotoxicity
MAOIs ^a	Hypotension
TCAs	Increases TCA plasma levels
BZs	
Alcohol (and other CNS depressants)	Intensifies CNS depression
Alcohol (acute)	Increases BZ levels
Alcohol (chronic)	Decreases BZ levels
Antacids	Decreases BZ levels
Cimetidine ^b	Increases BZ levels
Disulfiram ^b	Increases BZ levels
SSRIs	Increases BZ levels
Isoniazid ^b	Increases BZ levels
Oral contraceptives ^b	Increases BZ levels
Rifampin ^b	Decreases BZ levels
Tobacco/nicotine ^b	Decreases BZ levels
Carbamazepine (induces CYP450 3A3/3A4)	
Alprazolam	Decreases alprazolam levels
Cimetidine	Increases carbamazepine levels
Clonazepam	Decreases clonazepam levels
Diltiazem, verapamil	Increases carbamazepine levels
Erythromycin	Increases carbamazepine levels
Isoniazid	Increases carbamazepine levels
Phenobarbital	Decreases carbamazepine levels
Phenytoin	Decreases carbamazepine levels
Primidone	Decreases carbamazepine levels
Propoxyphene	Increases carbamazepine levels
SSRIs	Increases carbamazepine levels
Valproate	Decreases valproate levels

(continued)

Important Drug Interactions (Continued)

Drug Interactions	Effect
Lithium	
Acetazolamide	Decreases lithium levels
Antipsychotics	Increases neurotoxicity
Beta-blockers	Decreases tremor
Carbamazepine	Increases lithium effects
Captopril, enalapril	Increases lithium levels
Cyclosporine	Markedly increases lithium levels
Diltiazem, verapamil	Increases lithium toxicity
Methyldopa	Increases lithium toxicity
Potassium iodide	Enhances hypothyroid effects
Tetracycline	Increases lithium levels
Thiazide diuretics	Increases lithium levels
SSRIs	
BZs ^b	Increases BZ levels
Carbamazepine	Increases carbamazepine levels
Antipsychotics	Increases neuroleptic levels
TCA	Increases TCA levels
MAOIs	
Alcohol	Additive CNS depression
Clomipramine	Serotonin syndrome
SSRIs	Serotonin syndrome
Meperidine	Serotonin syndrome
Phenothiazine	Hypotension
Succinylcholine	Prolongs muscle relaxation
Tyramine	Potential hypertensive crisis
Sympathomimetic drugs (amphetamine, cocaine, dopamine, ephedrine, epinephrine, metaraminol, norepinephrine, phenylpropanolamine, phenylephrine)	Potential hypertensive crisis
TCA	
Alcohol	Additive CNS depression
Anticholinergics	Additive anticholinergic effects
Antihypertensives (guanethidine, clonidine, debrisoquin)	Increases hypertension
Antipsychotics	Increases TCA plasma levels
BZs	Additive CNS depression
Class I antiarrhythmics (disopyramide, lidocaine, quinidine, procainamide)	Prolongs cardiac conduction
Liothyronine	Enhances antidepressant action

CNS=central nervous system; MAOI=monoamine oxidase inhibitor; TCA=tricyclic antidepressant; BZ=benzodiazepine; SSRI=selective serotonin reuptake inhibitor; CYP450=cytochrome P450

a Phenothiazines (chlorpromazine, thioridazine, and mesoridazine)

b Except oxazepam, lorazepam, alprazolam, and temazepam

Source: Rundell JR, Wise MG: Concise Guide to Consultation Psychiatry, 3rd ed, Washington, DC, American Psychiatric Press, 2000, pp 176–178

Pain Assessment Instruments for Acute and Chronic Pain

Acute Pain

Visual analog scale or numeric rating scale

Medication use

Observer rating

Recurrent/Chronic Pain

Visual analog scale, McGill Pain Questionnaire

Medication use

Observer rating

Pain diary

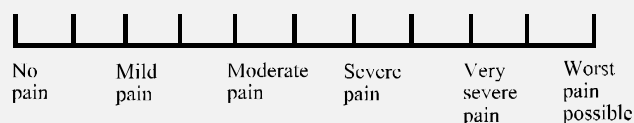
West Haven–Yale Multidimensional Pain Inventory

Psychological measures

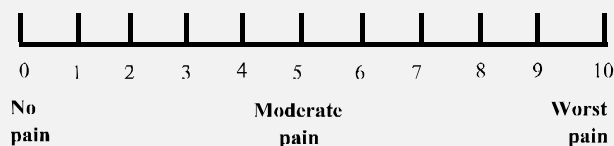
Source: Leo RJ: Concise Guide to Pain Management for Psychiatrists, Washington, DC, American Psychiatric Press, 2003, p 50

Pain Assessment Instruments

Verbal descriptor scale



Numeric rating scale



Visual analog scale



Faces scale



Source: Leo RJ: Concise Guide to Pain Management for Psychiatrists, Washington, DC, American Psychiatric Publishing, 2003, p 52

Role of Psychiatrists in Pain Management (Biopsychosocial Approach)

Assess pain

Assess intervening variables that affect pain

Prognosticate (consider factors that might influence pain, treatment compliance, and effects of treatment)

Determine problem areas for the patient

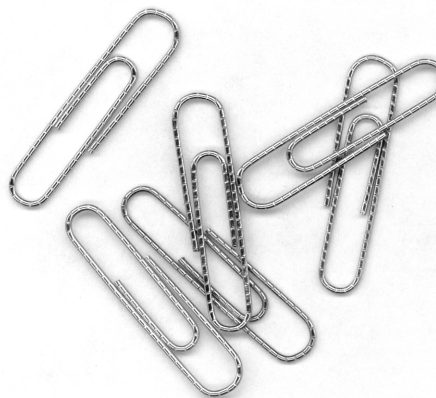
Establish a treatment approach

Delineate goals of treatment

Reassess treatment efficacy

Make modifications in the treating plans as necessary

Source: Leo RJ: Concise Guide to Pain Management for Psychiatrists, Washington, DC, American Psychiatric Press, 2003, p 8



Depression Screening Tool

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns:

 + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

TOTAL:

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs. Robert I. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr. Spitzer at rls8@columbia.edu. PHQ-9 Copyright © 1999 Pfizer Inc. All rights reserved. Reproduced with permission. PRIME MD TODAY is a trademark of Pfizer Inc.

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION*for healthcare professional use only***Scoring—add up all checked boxes on PHQ-9****For every ✓:** Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3**Interpretation of Total Score**

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Common Consent Options for Patients Who Lack the Mental Capacity for Health Care Decisions

Proxy consent of next of kin

Adjudication of incompetence; appointment of a guardian

Institutional administrators or committees

Treatment review panels

Substituted consent of the court

Advance directives (living will, durable power of attorney, health care proxy)

Statutory surrogates (spouse or court-appointed guardian)^a^a Medical statutory surrogate laws (when treatment wishes of the patient are unstated)*Source:* Simon RI, Schindler BA, Levenson JL: Legal issues, in *The American Psychiatric Publishing Textbook of Psychosomatic Medicine*. Edited by Levenson JL. Washington, DC, American Psychiatric Publishing, 2005, p 43**Helpful Questions for Domestic Abuse Screening by Clinicians**

1. Do you and your partner argue a lot? Does it ever get physical? Has either one of you hit the other? Has either one of you injured the other?
2. Do you ever feel unsafe at home?
3. Has anyone hit you or tried to injure you in any way?
4. Has anyone ever threatened you or tried to control you?
5. Have you ever felt afraid of your partner?
6. Is there anything particularly stressful going on now? How are things at home?
7. I see patients in my practice who are being hurt or threatened by someone they love. Is this happening to you? Has this ever happened to you?

Source: Onyike CU, Lyketsos CG: Aggression and violence, in *The American Psychiatric Publishing Textbook of Psychosomatic Medicine*. Edited by Levenson JL. Washington, DC, American Psychiatric Publishing, 2005, p 184