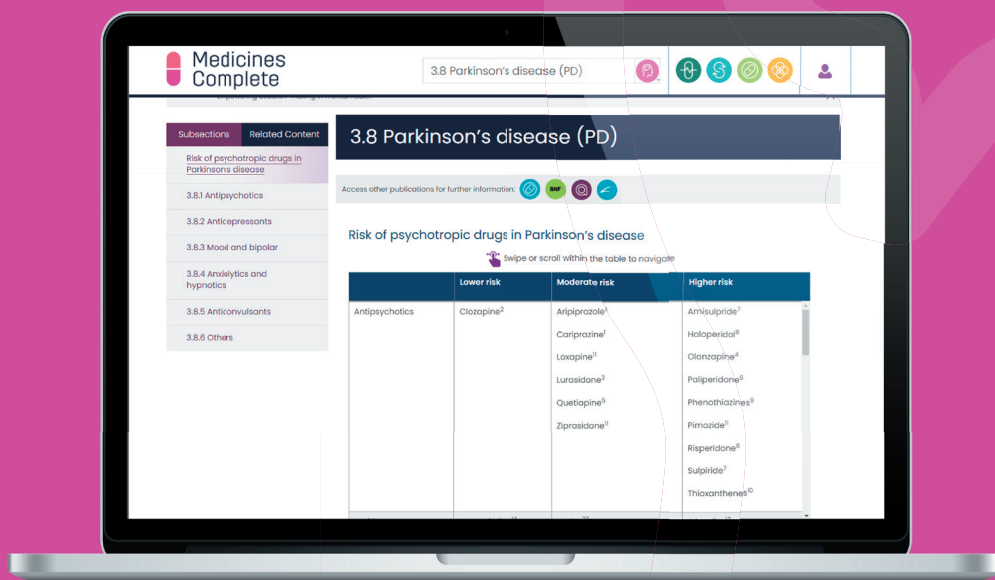




# How to navigate independent information, advice, and commentary on psychotropic drugs



Empowering decision-making in mental health



**Psychotropic Drug Directory**

Available through

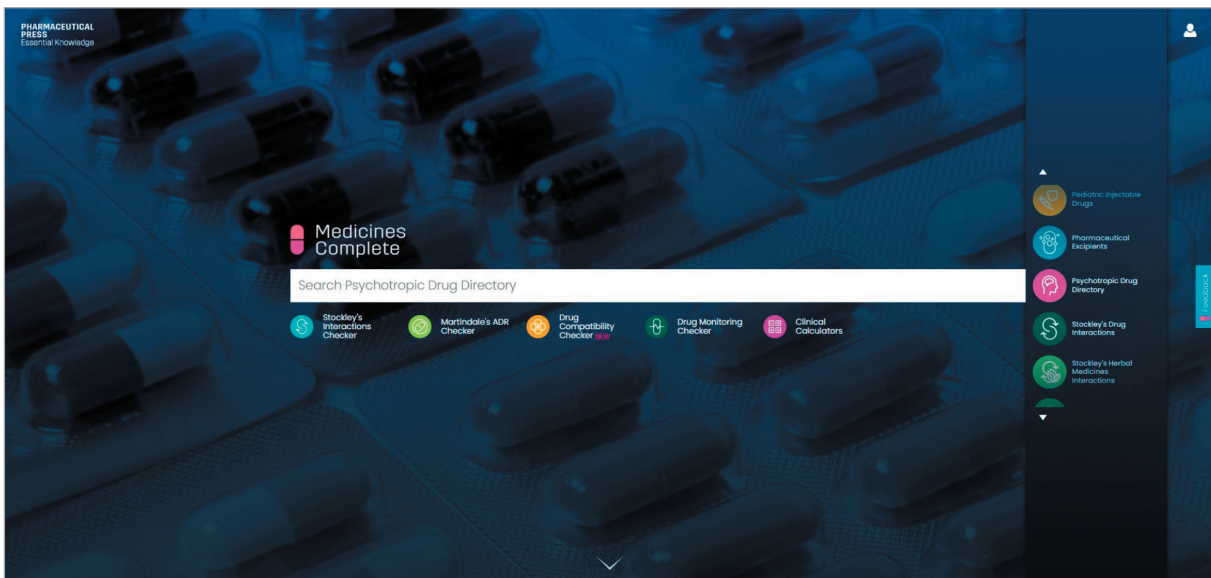
**Medicines  
Complete**



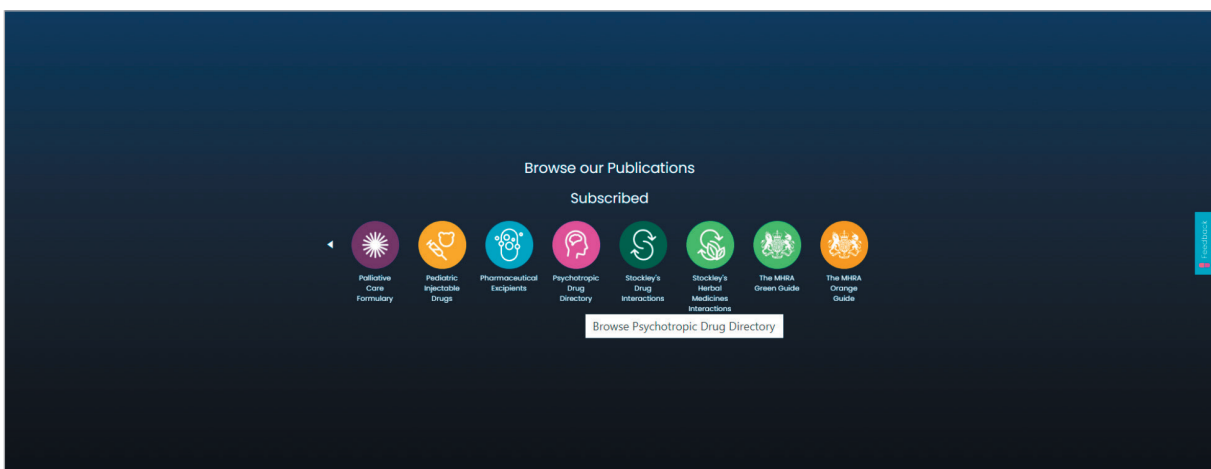
## Helping multidisciplinary teams confidently manage clinical scenarios

Learn how to navigate Psychotropic Drug Directory on MedicinesComplete, for independent information, advice and commentary.

- You can search Psychotropic Drug Directory from MedicinesComplete homepage by typing in your search criteria.

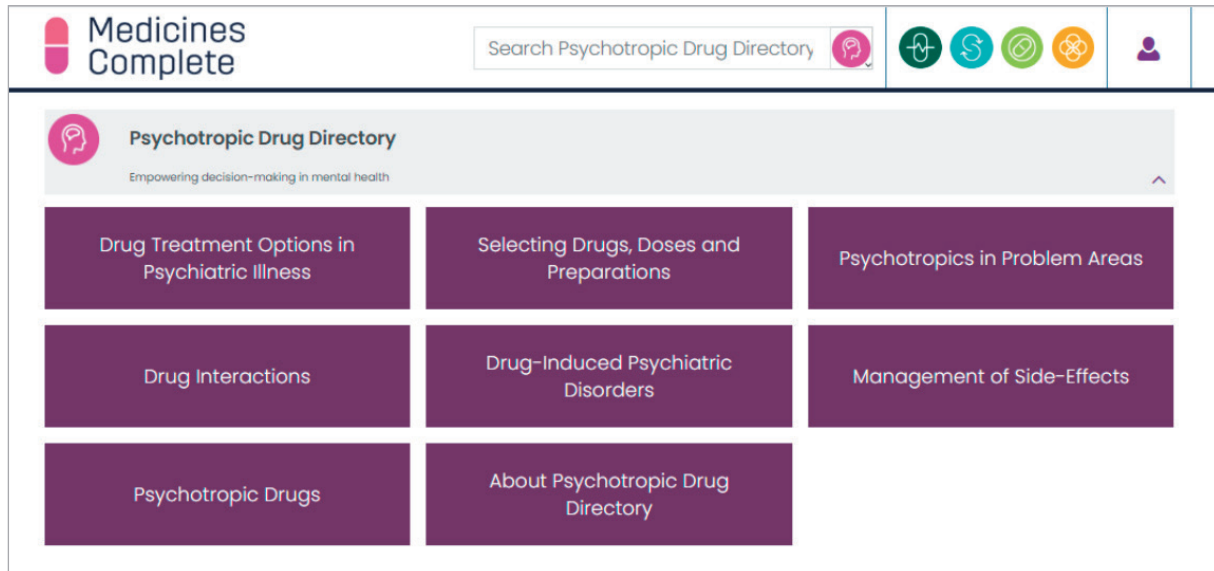


Or navigate directly to the Psychotropic Drug Directory contents page by scrolling down the homepage and selecting the publication icon.

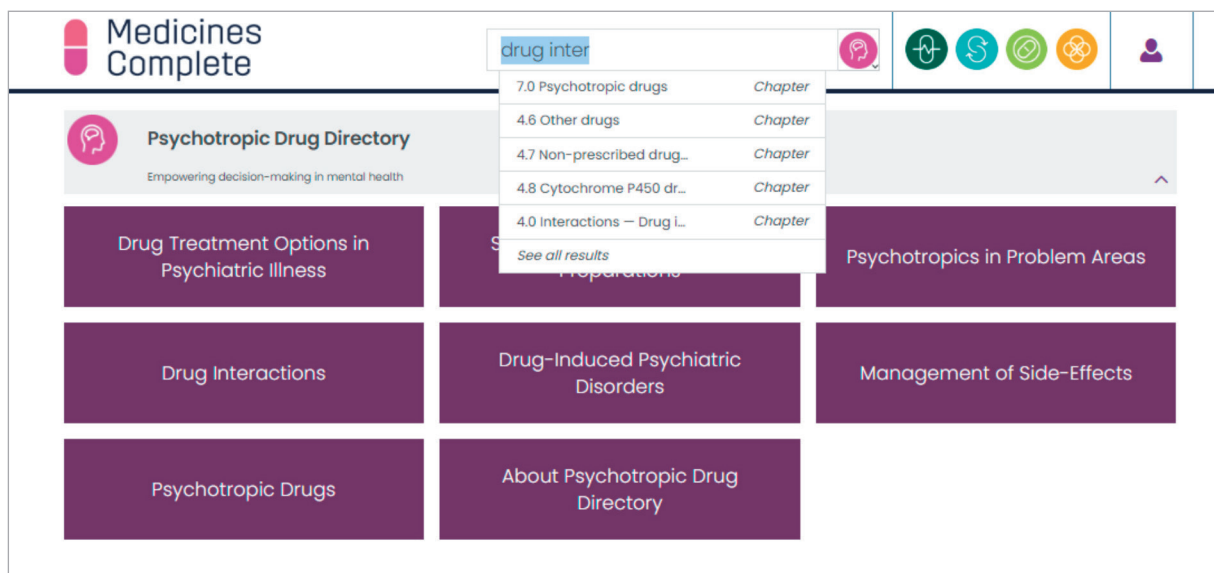




The contents page for Psychotropic Drug Directory lists the different sections of the publication. Click a section to view more detail and to navigate to the information. This is ideal if you are new to using Psychotropic Drug Directory and aren't sure where to find things.



You can also access the search bar here, at the top of the page.





There are seven main sections of Psychotropic Drug Directory:

## Section 1

**Drug Treatment Options in Psychiatric Illness** is aimed at assessing medicines management options for treating mental health conditions such as aggression or anxiety disorder and includes information on symptoms and the role of medicines. This section is particularly useful when patients are not responding to treatment, and you need information on what else to try.

**Medicines Complete** Search Psychotropic Drug Directory

**Psychotropic Drug Directory**  
Empowering decision-making in mental health

Publication Home

▼ Drug Treatment Options in Psychiatric Illness

1.0 Introduction – Drug treatment options in psychiatric illnesses	1.6 Anxiety disorder	1.14 Depression	Rapid-cycling bipolar disorder
1.1 Acute disturbance (AD) including acute agitation, acute psychiatric emergency, and rapid tranquillisation	1.7 Attention deficit hyperactivity disorder (ADHD), including hyperkinetic disorder	1.15 Eating disorders	1.22 Seasonal affective disorder (SAD)
1.2 Aggression	1.8 Autistic spectrum disorders (ASD)	1.16 Insomnia	1.23 Self-injurious behaviour (SIB)
1.3 Agoraphobia	1.9 Benzodiazepine dependence and withdrawal	Mania and hypomania	1.24 Sexual deviancy disorders
1.4 Alcohol dependence and abuse	1.10 Bipolar mood disorder	1.17 Narcolepsy *	1.25 Social anxiety disorder (social phobia disorder)
1.5 Alcohol withdrawal syndrome (AWS)	1.11 Borderline personality disorder (BPD)	1.18 Obsessive-compulsive disorders (OCD)	1.26 Tourette's syndrome (Gilles de la Tourette)
Alzheimer's disease	1.12 Catatonia	1.19 Panic disorder	1.27 Trichotillomania
		1.20 Post-traumatic stress disorder (PTSD)	1.28 Caffeinism *

**Medicines Complete** 1.6 Anxiety disorder

**Psychotropic Drug Directory**  
Empowering decision-making in mental health

Subsections | Related Content

- BNF listed
- Unlicensed/some efficacy
- Unlicensed/possible efficacy
- Others \*
- Case reports
- No efficacy

### 1.6 Anxiety disorder

Access other publications for further information:

(generalised) – Generalised Anxiety disorder (GAD) includes also panic disorder ( 1.19 ) with or without agoraphobia ( 1.3 ), OCD ( 1.18 ) and social phobia ( 1.25 )

#### Symptoms

The many numerous symptoms of generalised anxiety disorder (as opposed to 'anxiety') can be placed into two main groups:

- **Psychological symptoms** include fear, apprehension, irritability, restlessness, fatigue, noise sensitivity, and poor sleep, memory and concentration.
- **Physical symptoms** are mainly sympathetic system overactivity or increased muscle tension, e.g. GI (dry mouth, dysphagia, wind, loose motions, etc), CNS (tinnitus, blurred vision, dizziness), respiratory (difficulty inhaling, overbreathing), cardiovascular (palpitations, heart pain, missed or ectopic beats, neck throbbing), genitourinary (increased micturition, lack of libido and impotence), muscular tension (headache, tremor) and panic attacks.



## Section 2

**Selecting Drugs, Doses and Preparations** helps with choosing a specific medicine and dose, along with information on commencing, switching, and discontinuing psychotropic drugs.

The screenshot shows the 'Medicines Complete' website interface. At the top, there is a search bar for the 'Psychotropic Drug Directory'. Below the search bar, the main navigation menu is displayed, featuring a 'Psychotropic Drug Directory' header with the tagline 'Empowering decision-making in mental health'. A breadcrumb trail shows 'Publication Home' followed by 'Selecting Drugs, Doses and Preparations'. Under this section, a grid of links is provided for various topics, including: 2.1.1: Hypnotics – relative side-effects \*, 2.1.2: Antidepressants – relative side-effects \*, 2.1.3: Antidepressants – pharmacokinetics and receptor effects \*, 2.1.5: Antipsychotics – pharmacokinetics and receptor effects \*, 2.1.6: Anxiolytics – relative side-effects \*, 2.2: Switching or discontinuing psychotropics, 2.2.1: General advice on switching antipsychotics \*, 2.2.1.2: Specific antipsychotic switches, 2.2.1.3: Antipsychotic dose equivalents, 2.2.1.4: Post-switching antipsychotic issues, 2.2.3: Switching anticholinergics, 2.2.4: Switching drugs of abuse or dependence \*, 2.2.5: Switching ADHD treatments, and 2.2.6: Switching cholinesterase inhibitors (ChEs).

There are often helpful tables for this such as this one giving equivalent doses of antidepressants. This section can also help answer questions like 'what happens if a patient misses a dose?' (particularly around some of the long-acting injections).

The screenshot shows a detailed view of the '2.1.3: Antidepressants – pharmacokinetics and receptor effects \*' page. The page includes a search bar, a breadcrumb trail, and a 'Subsections' menu. Below the menu, there are icons for accessing other publications like BNF. The main content area features the title '2.1.3: Antidepressants – pharmacokinetics and receptor effects \*' and a table with the following structure:

Table 2.1.3: Antidepressants – pharmacokinetics and receptor effects \*

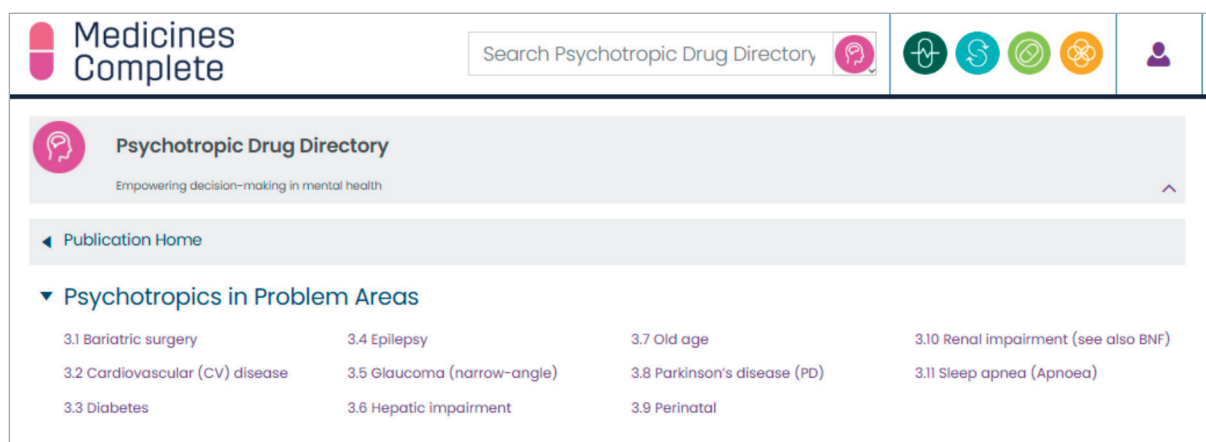
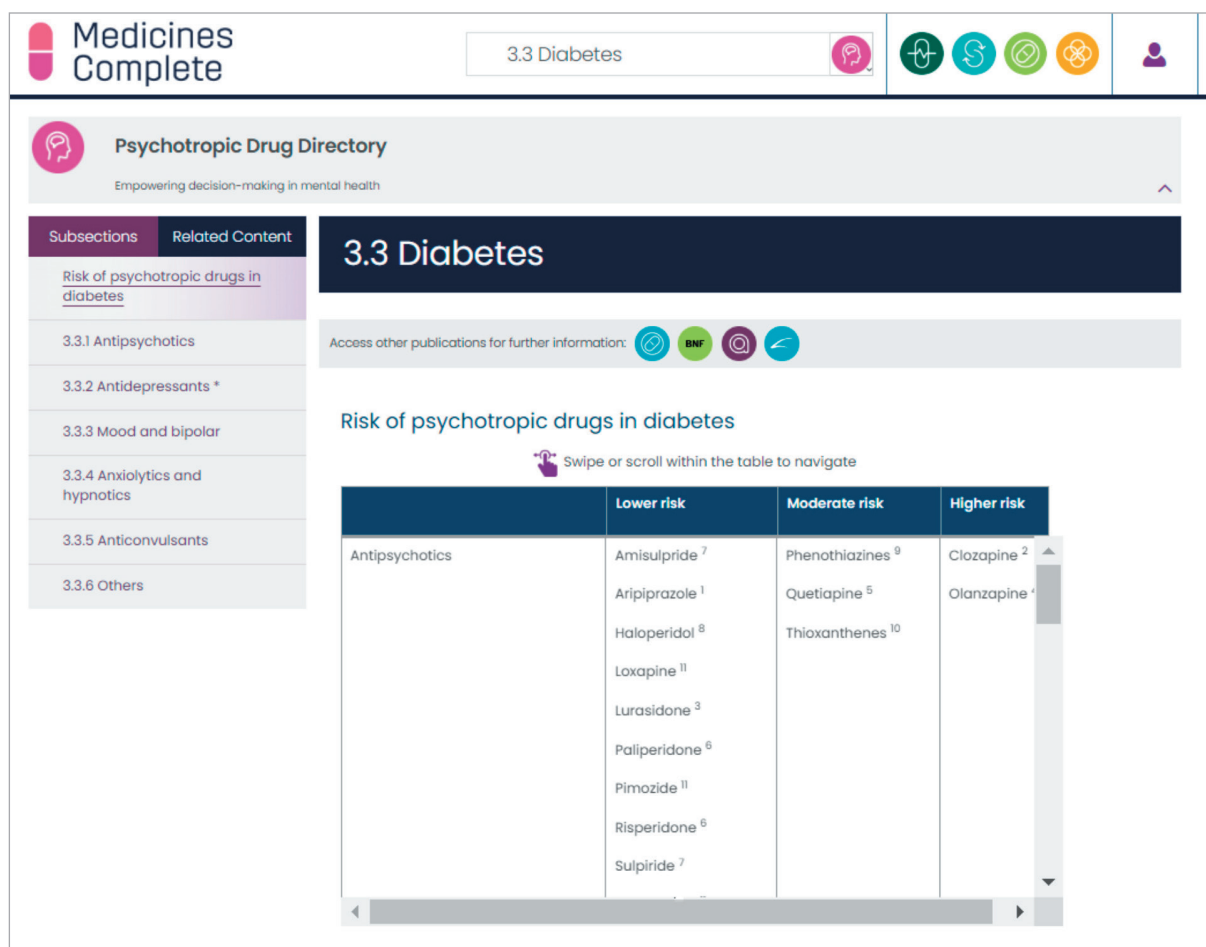
Swipe or scroll within the table to navigate

Drug	Major active metabolites	Half-life (t½ in hours)	Peak plasma conc (Tmax in hours)	Reuptake inhibition			Receptor affin	
				5-HT SERT	NA/NE NET	DA DAT	5HT1A	5HT1D
Tricyclics								
Amitriptyline		8–24	4	+++	++	○	+	



## Section 3

**Psychotropics in Problem Areas** aids medicines choice in a patient with comorbidities. Such as assessing which antipsychotic is the safest in patients with diabetes.

**3.3 Diabetes**

Access other publications for further information: [BNF](#) [MIND](#) [NICE](#)

### Risk of psychotropic drugs in diabetes

Swipe or scroll within the table to navigate

	Lower risk	Moderate risk	Higher risk
Antipsychotics	Amisulpride <sup>7</sup> Aripiprazole <sup>1</sup> Haloperidol <sup>8</sup> Loxapine <sup>11</sup> Lurasidone <sup>3</sup> Paliperidone <sup>6</sup> Pimozide <sup>11</sup> Risperidone <sup>6</sup> Sulpiride <sup>7</sup>	Phenothiazines <sup>9</sup> Quetiapine <sup>5</sup> Thioxanthenes <sup>10</sup>	Clozapine <sup>2</sup> Olanzapine <sup>4</sup>



## Section 4

**Drug Interactions** includes advice on drug–drug interactions – Subscribers of Stockley’s Drug Interactions can use the Stockley’s Drug Interactions Checker icon to access more detail on drug–drug interactions and information on the management and mechanism of the interaction.

**Medicines Complete** Search Psychotropic Drug Directory

Psychotropic Drug Directory

▼ Drug Interactions

4.0 Interactions – Drug interactions	4.3 Antidepressants	4.4 Mood stabilisers	4.6.6 Bupropion
4.1 Anxiolytics and hypnotics	4.3.1 Tricyclic antidepressants	4.4.1 Carbamazepine	4.6.7 Clomethiazole
4.1.1 Benzodiazepines	4.3.2 SSRIs (Selective Serotonin Reuptake Inhibitors)	4.4.2 Lamotrigine (LTG)	4.6.8 Disulfiram
4.1.2 Buspirone	4.3.2.1 Citalopram and escitalopram *	4.4.3 Lithium	4.6.9 Guanfacine
4.1.3 Chloral hydrate	4.3.2.2 Fluoxetine	4.4.4 Valproate (sodium valproate, valproic acid, divalproex sodium, valproate semisodium)	4.6.10 Lisdexamfetamine (LDX)
4.1.4 Melatonin	4.3.2.3 Fluvoxamine	4.5 Anticonvulsants (a selection)	4.6.11 Memantine
4.1.5 Pregabalin	4.3.2.4 Paroxetine	4.5.1 Gabapentin	4.6.12 Methadone *
4.1.6 Zolpidem	4.3.2.5 Sertraline	4.5.2 Levetiracetam	4.6.13 Methylphenidate
4.1.7 Zopiclone	4.3.3 Other antidepressants	4.5.3 Oxcarbazepine	4.6.14 Modafinil
4.2 Antipsychotics	4.3.3.1 Agomelatine	4.5.4 Phenytoin	4.6.15 Nalmefene
4.2.1 Antipsychotics – general	4.3.3.2 Duloxetine	4.5.5 Topiramate	4.6.16 Naltrexone *
4.2.2 Antipsychotics – Aripiprazole	4.3.3.3 Esketamine *	4.6 Other drugs	4.6.17 Pirenzepine
4.2.3 Antipsychotics – Asenapine	4.3.3.4 Mianserin		4.6.18 Sodium oxybate (GHB)

**Medicines Complete** 4.2.2 Antipsychotics – Aripiprazole

Psychotropic Drug Directory  
Empowering decision-making in mental health

Subsections | Related Content

- Alcohol + aripiprazole
- Antipsychotics (other) + aripiprazole
- CARBAMAZEPINE + ARIPIPAZOLE
- Citalopram + aripiprazole
- Duloxetine + aripiprazole
- Escitalopram + aripiprazole
- Fluoxetine + aripiprazole
- Fluvoxamine + aripiprazole
- Lamotrigine + aripiprazole
- Lithium + aripiprazole
- Paroxetine + aripiprazole
- Quinidine + aripiprazole

### 4.2.2 Antipsychotics – Aripiprazole

Access other publications for further information

Aripiprazole is metabolised mainly by CYP2D6 (n = 80, Kim *et al*, *Br J Clin Pharmacol* 2008; **66**: 802–10; FFT) and 3A4. It has no effect on CYP2C9, 2C19, 2D6 and 3A4.

**The UK SmPC warns about use with:**

- Other CNS sedatives
- Drugs increasing the QTc interval or causing electrolyte imbalances
- 2D6 inhibitors or inducers (see 4.8)
- 3A4 inducers may lower aripiprazole levels by about 60%, and 3A4 inhibitors (increases levels by about 45%; samples = 36), Waade *et al*, *Ther Drug Monit* 2009; **31**: 233–8)
- Serotonergic agents (possible risk of serotonin syndrome).

**There are no significant interactions with:**

- Dextromethorphan, famotidine, lamotrigine, lithium, omeprazole, valproate, warfarin.



## Section 5

**Drug-Induced Psychiatric Disorders** contains helpful information on mental health problems that can be drug-induced and allows you to check if a psychotropic medicine has the potential to cause a specific adverse effect.

**Medicines Complete** Search Psychotropic Drug Directory

**Psychotropic Drug Directory**  
Empowering decision-making in mental health

Publication Home

Drug-Induced Psychiatric Disorders

5.0 Introduction – Drug-induced psychiatric disorders	5.4 Delirium (acute organic psychosis), dementia and confusion	5.8 Movement disorders, Extra pyramidal disorders	5.12 Paranoid or schizophrenic-like psychoses
5.1 Anxiety, agitation and nervousness	5.5 Depression	5.9 Neuroleptic malignant syndrome	5.13 Serotonin syndrome (SS)
5.2 Aggression, including hostility and violence	5.6 Hallucinations (including visual disturbances, see also psychosis)	5.10 Obsessive-compulsive symptoms	5.14 Sleep problems
5.3 Behavioural changes	5.7 Mania, hypomania or euphoria	5.11 Panic attacks	5.15 Suicidal ideation

**Medicines Complete** 5.1 Anxiety, agitation and nervousness

**Psychotropic Drug Directory**  
Empowering decision-making in mental health

Subsections Related Content

CNS – sleep disorders and anxiety \*

CNS – antipsychotics

CNS – antidepressants

CNS – analgesics

CNS – anticonvulsants \*

CNS – movement disorders \*

CNS – others \*

Gastrointestinal drugs

Cardiovascular drugs

Respiratory drugs

Anti-infection drugs

Endocrine system drugs

Malignancy and immunosuppressant drugs

Musculoskeletal and analgesics

Others

### 5.1 Anxiety, agitation and nervousness

Access other publications for further information:

#### CNS – sleep disorders and anxiety \*

Benzodiazepine discontinuation (abrupt is much worse than gradual)

Buspirone (n = 3, *J Clin Psychiatry* 1988; **49**:165–6)

Clomethiazole

Modafinil (BNF, common, e.g. n = 2, *J Clin Psychopharmacol* 2005; **25**: 628–9)

Sodium oxybate (BNF common; including GHB intoxication; n = 66 with toxicity, 60% incidence, *Am J Emerg Med* 2005; **23**: 316–20)

Temazepam

Zolpidem (uncommon, UK SmPC new 2018)

Zopiclone (n = 1, *Ir Med J* 2007; **100**: 51); (n = 1, *Prog Neurol Psychiatry* 2009; **13**: 20–4)

#### CNS – antipsychotics

Aripiprazole initiation (see C2; e.g. n = 3, *Pharmacotherapy* 2007; **27**: 1339–42)

- High-dose (n = 1, *J Neuropsychiatry Clin Neurosci* 2007; **19**: 481–2)
- After clozapine discontinuation (n = 1, *J Clin Psychiatry* 2009; **70**: 141–3).





## Section 6

**Management of Side-Effects** provides details for when a medicine works, but where the side-effects limit effectiveness. Use this section to answer questions such as 'Can I manage that side effect? What are my options? If I need to switch, what would I need to switch to?'

The screenshot shows the 'Medicines Complete' website interface. At the top, there is a search bar for the 'Psychotropic Drug Directory' and a user profile icon. Below the search bar, the 'Psychotropic Drug Directory' header is visible with the tagline 'Empowering decision-making in mental health'. A navigation menu is expanded to show 'Management of Side-Effects', which includes a grid of sub-sections: 6.0 Introduction – Management of side-effects, 6.1 Anticholinergic and related side-effects, 6.2 Blood disorders, 6.3 Cardiac effects, 6.4 Central adverse effects, 6.5 Dermatological effects, 6.6 Endocrine effects, 6.7 Movement disorders, 6.8 Neuroleptic malignant syndrome (NMS), 6.9 Serotonin syndrome, 6.10 Sexual side-effects, and 6.11 Others, side-effects.

This screenshot shows the detailed page for '6.4 Central adverse effects' on the Medicines Complete website. The search bar now contains '6.4 Central adverse effects'. The page features a 'Subsections' sidebar on the left with a list of topics: Abnormal dreams and nightmares, Antidepressants, Anorexia, Valproate, Ataxia, Lithium, Delirium, Antidepressants, Antipsychotics, Drowsiness or sedation (see also fatigue), Antipsychotics, Anticonvulsants, Antidepressants, and SSRIs. The main content area is titled '6.4 Central adverse effects' and includes a link to 'Abnormal dreams and nightmares'. Under this link, there is a section for 'Antidepressants' with the following text: 'Take in the morning, especially if a serotonergic drug, as enhanced serotonin at night can disrupt sleep architecture. Discontinuing or switching may be the only option. Switch to e.g. bupropion for mirtazapine-induced dissociated sleep-wakefulness (n = 1, Felthous *et al*, *Pharmacotherapy* 2010; 30 : 145–50). Discontinue any tramadol (n = 1, Devulder *et al*, *Acta Clin Belg* 1996; 51: 184–6) and any other similar drugs that may exacerbate the effect.' Below this is a section for 'Anorexia' and 'Valproate' with the text: 'Anorexia could be a sign of impending hepatic failure. Investigate immediately and discontinue if necessary.'



## Section 7

**Psychotropic Drugs** outlines the availability of psychotropic medicines in the UK.

This information is enhanced with links to other knowledge products through MedicinesComplete including Electronic Medicines Compendium (emc), where you can find additional information from the manufacturers including manufacturer drug information (SPC) and patient information leaflets (PIL).

The screenshot shows the MedicinesComplete website interface. At the top, there is a search bar containing "7.0 Psychotropic drugs" and several navigation icons. Below the search bar, the page title is "Psychotropic Drug Directory" with the tagline "Empowering decision-making in mental health". A sidebar on the left contains "Subsections" and "Related Content" with links to "Psychotropic drugs availability and UK status" and "New drugs or products expected or available worldwide". The main content area features a large heading "7.0 Psychotropic drugs" and a section titled "Access other publications for further information:" with icons for emc, BNF, and other resources. A paragraph of text explains that the section details currently and formerly available psychotropic drugs in the UK, noting that dates are rarely definitive and that various factors like patent status and stock levels can affect availability. Below this is a sub-heading "Psychotropic drugs availability and UK status" and a table with a navigation instruction: "Swipe or scroll within the table to navigate".

Name (UK generic, trade and others)	UK launch	UK patent expiry	UK status	Comments
Acamprosate (Campral EC *)	1996	Expired 2002	Available	
Acetazolamide (Diamox *)	1953	Expired	Available	
Agomelatine (Valdoxan *)	2009	Expired February 2016	Available	
Alprazolam (Xanax *)	1983	Expired 1990	Available	Black list in UK
Amisulpride (Solian *)	1997	Expired 2001	Available	



## Supporting the optimal and rational use of medicines

Access to Psychotropic Drug Directory through MedicinesComplete supports clinical decision making, saves time, and reduces risk, with:

- Single or concurrent usage and the option to make access available across multiple sites.
- Search functionality and embedded links, meaning it's quicker and easier to locate information.
- Online content updates, ensuring health professionals have access to current evidence-based knowledge.



### Psychotropic Drug Directory

Empowering decision-making in mental health

For more information on Psychotropic Drug Directory  
please get in touch.



For information and to contact our team  
go to [PharmaceuticalPress.com](https://PharmaceuticalPress.com)

Available through



#### Disclaimer

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