Psychosomatic Medicine Fellowship Training Program
Orientation Booklet for New Fellows

Psychosomatic Medicine Unit

Department of Psychiatry

King Saud University Medical City

King Saud University

Riyadh, Saudi Arabia

Introduction

Dear Trainees,

Welcome to the Psychosomatic Medicine Unit. We are happy that you've become a part of our team and we are hoping that you will enjoy your rotation in our unit, with maximum benefit of knowledge and skills.

Psychosomatic Medicine is a branch of psychiatry that focuses on mental health issues which was accompanied or developed as a result of other medical conditions. It is the study, practice, and teaching of the relationship between medical and psychiatric disorder.

In the general medical setting, as many as 30% of patients have a psychiatric disorder. Delirium is detected in 10% of all medical inpatients and is detected in over 30% in some high-risk groups.

The psychiatric management of medically and surgically ill inpatients requires skills associated with general and emergency psychiatry, crisis management, and various psychotherapies. Furthermore, the medical setting imposes major modifications on assessment and treatment.

The practical challenges in developing and maintaining a therapeutic relationship in the general hospital setting include brief and unpredictable lengths of stay, lack of privacy, unpredictability of patient availability, and ambiguity about whether the indication for consultation arises in response to the needs of the inpatient, a family member, or the treating team.

A Psychosomatic Psychiatrist serves as consultant to medical colleagues or to other mental health professionals (psychologist, social worker, nurse), and a bridge between psychiatry and other specialties.

In the medical wards of the hospital, PM psychiatrists must play many roles: skilful and brief interviewer, good psychiatrist and psychotherapist, teacher, and knowledgeable physician who understand the medical aspects of the case. The PM is part of the medical team, who makes a unique contribution to the patient's total medical treatment.

Goals of Training in the Psychosomatic Medicine Unit:

To equip a physician with basic knowledge, skills and attitude of psychosomatic psychiatry that is required to provide high quality care to their patients and to ensure clinical competence in psychosomatic diagnosis and treatment.

Objectives:

1. Understand the impact of medical illness and the system in which it is treated and how this affects the presentation, experience, and impact of psychiatric and psychosocial morbidity.
2. Conduct a bio-psycho-socio-cultural assessment, create a formulation, and implement appropriate treatment in the context of the general hospital including effective communication with the rest of the treatment team.
3. Assess reactions to illness, and differentiate the presentation of depression and anxiety in the medical setting.
4. Understand the combined trajectories of illness and the developmental issues of the person with mental health problems and mental illness.
5. Ability to perform comprehensive psychiatric evaluation.
6. Ability to assess and manage common neuropsychiatric disorders, with a particular emphasis on delirium.
7. Understand the particular needs of special populations with psychiatric and psychosocial morbidity in the medical settings, including the young, the old, the indigenous, and those with intellectual disabilities.
8. Assess and manage acute and emergency presentations of psychiatric morbidity in the general medical setting.

Psychosomatic Unit Work Policy

- Generally, all referral should be seen within 24 hours.
- No refusal of referral unless agreed by consultant.
- All referral need to be seen with consultant.
- All management plans should be agreed by the consultant.
- No discharge or appointment given without approval of consultant.
- In all referral, a clear note including assessment and plan should be written.
- Team work is highly appreciated and if there is any difficulty or miss communication, attending supervisor should be informed.

- Professionalism is vital characteristic and lack of it is a fatal mistake.
- In case a trainee needs a leave for any duration starting from half a day and beyond, verbal permission from supervisor should be taken and written permission letter to the head of the unit should be given to the secretary.

Responsibility of fellows

Under the supervision of Consultants, Fellows are expected to:

During the Inpatients-Rotation:

- Provide consultation to other services in the Hospital.
- Carry out rounds every morning on all patients.
- Join the consultants" rounds.
- Attend the hand-over rounds.
- Responsible for the care of all inpatients/ outpatients under the supervision of a Consultant.
- Supervise Rotating students/ Residents/other rotating fellows who are joining the unit.
- Participate in educational activities in the department or in the unit which include clinical teaching sessions for students and rotating residents.
- Do on-call duties of 5 - 8 days per month.

During the Outpatients-Rotation:

Cover the general/ specialized psychosomatic clinics

- Participate in upgraded responsibilities and will take a more senior role.
- Make more appropriate clinical decisions and manage patients efficiently.
- The fellow will cover the general/ specialized psychosomatic clinics
- Supervising rotating students/ residents/fellows during their attendance at the outpatient clinics.
- To be responsible about the patients' medical reports when requested.
- Do on-call duties of 5 - 8 days per month.

Oncalls

- Fellow will be asked to cover oncall schedule as second on-call
- Do on-call duties of 5 - 8 days per month
- Fellow will be responsible about supervising the 1st on-call in clinical assessment and management plan

- Fellow will be asked to formulate his clinical decision and management and communicate with the 3rd oncall about the appropriate management plan.
- For the new patients (not seen before in KSUMC) they should be seen by the 3rd oncall before finalizing the management plan.

The Fellows' performance will be assessed by:

- Formal evaluation forms from each faculty member on each rotation.
- Formal Annual evaluation held at the end of each year by the Program training committee in each training center.
- Log book.
- Research progress report.
- Written and clinical examinations.

The fellow can be promoted to the second year of the fellowship if he achieved minimum of 60 % as a total (minimum of 50% in each of the following):

- Written MCQ examination (50%)
- Research (15%)
- Log book (10%)
- Formal Annual evaluation

Structure of Rotations

<table>
<tr><td>Year</td><td colspan="12">Number of Blocks</td></tr>
<tr><td rowspan="3">1st year</td><td>1</td><td colspan="2">2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr>
<tr><td colspan="12">In-patient Consultation Service</td></tr>
<tr><td colspan="12">Out-patient (General Psychosomatic Medicine Clinic)
2days/week</td></tr>
<tr><td rowspan="6">2nd Year</td><td colspan="12">Research</td></tr>
<tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr>
<tr><td colspan="12">In-patient Consultation Service (General and Sub-Specialized)</td></tr>
<tr><td colspan="12">Out-patient (General Psychosomatic Medicine Clinic)</td></tr>
<tr><td colspan="12">Research</td></tr>
<tr><td colspan="7">Sub-Specialized Psychosomatic Clinics
(6 months)</td><td colspan="5">Electives
(6 months)</td></tr>
<tr><td colspan="3">Neuropsychiatry Clinic

2 Months</td><td colspan="2">Transplant Psychiatry Clinic

2 Months</td><td colspan="2">Psycho-oncology

2 Months</td><td colspan="5">Sub-Specialized Psychosomatic Clinics
Pain management Clinic
Memory Clinic
Neuro-critical Care service
Palliative Care Service
Psychotherapy
Others</td></tr>
</table>

IMPORTANT NUMBERS

Drug information-KSUMC
71500

Pharmacy Store-KSUMC
99493

Department Secretary
Ms. Irene Joy E. Gorospe
ext no: 92609
email address: igorospe@ksu.edu.sa

OPD extension
0114672402

Male ward-02
0114671715

Female ward-01
0114671458

Communication center-KSUMC
68068

1st Psychiatry oncall
0557028312

Psychosomatic Medicine Team mobile
0554853792

Academic Activities

- **Morning Meeting Report**
  Every Sunday & Thursday from 8:00 am – 9:00 am

- **Departmental activity**
  Every Monday from 10am-11 am

- **Psychosomatic Medicine Unit Activity**
  Every Monday 11 am - 12am

Educational resources

Books:

-Psychiatric Care of the Medical Patient 3rd Edition by Barry S. Fogel (Author), Donna B. Greenberg (Author)
https://www.amazon.com/Psychiatric-Medical-Patient-Barry-Fogel/dp/0199731853

-The American Psychiatric Association Publishing Textbook of Psychosomatic Medicine and Consultation-liaison Psychiatry Revised Edition
by James L. Levenson (Author, Editor)

https://drive.google.com/file/d/1cSUmosXF4koDSkivfB4Aqg1R491RqESt/view?usp=sharing

-Psychosomatic Medicine: An Introduction to Consultation-Liaison Psychiatry 1st Edition, Kindle Edition
by James J. Amos (Author, Editor), Robert G. Robinson (Editor)

https://drive.google.com/file/d/18kUaZgRV-7ANWf942CFmojBqhody6yI4/view?usp=sharing

Database:

-Up to Date through Saudi Commission for Health Specialties' eLibrary
https://scfhs.ac-knowledge.net/main-page

-DynaMed Plus by Saudi Digital Library (SDL) - Ministry Of Education

https://twitter.com/mosaalbalwi/status/1099084838391341056

Journals:

Journal of Consultation Liasion Psychiatry-Psychosomatics
https://www.sciencedirect.com/journal/psychosomatics

The American Journal of Psychiatry
https://ajp.psychiatryonline.org/

General Hospital Psychiatry Journal
https://www.journals.elsevier.com/general-hospital-psychiatry

Podcasts:

The American Journal of Psychiatry Audio
https://ajp.psychiatryonline.org/audio

Psychopharmacology and Psychiatry Updates
https://podcasts.apple.com/us/podcast/psychopharmacology-and-psychiatry-updates/id1425185370

Psychiatry and psychotherapy podcast
https://psychiatrypodcast.com/

Psych education podcast
https://www.psychedpodcast.org/

Euthymia podcast
https://podeuthymia.podbean.com/

Emotional Wellness

Burn out and stress is common in health care providers especially during training programs. It is important to take care of yourself and to have a good level of wellness to survive your training and your professional career.

If you need help, don't hesitate to talk with your senior colleague, supervisors, program director. They will be happy to support and help you.

These are few articles about burnout and stress in medical training programs:

Prevalence of Burnout Among Physicians A Systematic Review

Rotenstein, Lisa & Torre, Matthew & Ramos, Marco & Rosales, Rachael & Guille, Constance & Sen, Srijan & Mata, Douglas. (2018). Prevalence of Burnout Among Physicians: A Systematic Review. JAMA - Journal of the American Medical Association.

https://drive.google.com/file/d/1TFJmqnC_0vEvzG-uAoR-wzyaDFotmMgI/view?usp=sharing

Burnout among Canadian Psychiatry Residents: A National Survey

Kealy, David & Halli, Priyanka & Ogrodniczuk, John & Hadjipavlou, George. (2016). Burnout among Canadian Psychiatry Residents: A National Survey. The Canadian Journal of Psychiatry.

https://drive.google.com/file/d/1MVrHELDZzgTnpLBkxOOoLOLpel-UEK4Y/view?usp=sharing

American Medical Association-STEPS Forward™

AMA Ed Hub, the STEPS Forward™ transformation series offers a collection of engaging and interactive educational modules, developed by physicians to help address common practice challenges. Each module addresses a specific challenge by offering real-world solutions, practical steps to implementation, case studies, and downloadable tools and resources

https://edhub.ama-assn.org/steps-forward/pages/professional-well-being

YOUR HEALTHIEST SELF

Emotional Wellness Checklist

Emotional wellness is the ability to successfully handle life's stresses and adapt to change and difficult times. Here are tips for improving your emotional health:

BRIGHTEN YOUR OUTLOOK
People who are emotionally well, experts say, have fewer negative emotions and are able to bounce back from difficulties faster. This quality is called resilience. Another sign of emotional wellness is being able to hold onto positive emotions longer and appreciate the good times.

To develop a more positive mindset:

- ☐ Remember your good deeds.
- ☐ Forgive yourself.
- ☐ Spend more time with your friends.
- ☐ Explore your beliefs about the meaning and purpose of life.
- ☐ Develop healthy physical habits.

REDUCE STRESS Everyone feels stressed from time to time. Stress can give you a rush of energy when it's needed most. But if stress lasts a long time–a condition known as chronic stress–those "high alert" changes become harmful rather than helpful. Learning healthy ways to cope with stress can also boost your resilience.

To help manage your stress:

- ☐ Get enough sleep.
- ☐ Exercise regularly.
- ☐ Build a social support network.
- ☐ Set priorities.
- ☐ Think positive.
- ☐ Try relaxation methods.
- ☐ Seek help.

GET QUALITY SLEEP To fit in everything we want to do in our day, we often sacrifice sleep. But sleep affects both mental and physical health. It's vital to your well-being. When you're tired, you can't function at your best. Sleep helps you think more clearly, have quicker reflexes and focus better. Take steps to make sure you regularly get a good night's sleep.

To get better quality sleep:

- ☐ Go to bed and get up each day at the same time.
- ☐ Sleep in a dark, quiet place.
- ☐ Exercise daily.
- ☐ Limit the use of electronics.
- ☐ Relax before bedtime.
- ☐ Avoid alcohol, nicotine, & stimulants late in the day.
- ☐ Consult a health care professional if you have ongoing sleep problems.

For other wellness topics, please visit **www.nih.gov/wellnesstoolkits**

NIH National Institutes of Health

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continued

BE MINDFUL The concept of mindfulness is simple. This ancient practice is about being completely aware of what's happening in the present—of all that's going on inside and all that's happening around you. It means not living your life on "autopilot." Becoming a more mindful person requires commitment and practice. Here are some tips to help you get started.

To be more mindful:

- ☐ Take some deep breaths in through your nose to a count of 4, hold for 1 second and then exhale through the mouth to a count of 5. Repeat often.
- ☐ Enjoy a stroll and notice the sights around you.
- ☐ Practice mindful eating. Be aware of each bite and when you're full.
- ☐ Find mindfulness resources in your local community, including classes, programs, or books.

COPE WITH LOSS When someone you love dies, your world changes. There is no right or wrong way to mourn. Although the death of a loved one can feel overwhelming, most people can make it through the grieving process with the support of family and friends. Learn healthy ways to help you through difficult times.

To help cope with loss:

- ☐ Take care of yourself.
- ☐ Talk to a caring friend.
- ☐ Try not to make any major changes right away.
- ☐ Join a grief support group.
- ☐ Consider professional support.
- ☐ Talk to your doctor if you're having trouble with everyday activities.
- ☐ Be patient. Mourning takes time.

STRENGTHEN SOCIAL CONNECTIONS Social connections might help protect health and lengthen life. Scientists are finding that our links to others can have powerful effects on our health—both emotionally and physically. Whether with romantic partners, family, friends, neighbors, or others, social connections can influence our biology and well-being.

To build healthy support systems:

- ☐ Build strong relationships with your kids.
- ☐ Get active and share good habits with family and friends.
- ☐ If you're a family caregiver, ask for help from others.
- ☐ Join a group focused on a favorite hobby, such as reading, hiking, or painting.
- ☐ Take a class to learn something new.
- ☐ Volunteer for things you care about in your community, like a community garden, school, library, or place of worship.
- ☐ Travel to different places and meet new people.

Cognitive Examinations

-Mini-Cog

https://drive.google.com/file/d/1QRCikFkp7V2M8np1Ev-O1ksl-NPKoxJF/view?usp=sharing

-MOCA

https://drive.google.com/file/d/17cGQ21YOC0UBmegnQ9-iMxcy7SFAYrtJ/view?usp=sharing

-Instruction for Arabic Version of MOCA

https://drive.google.com/file/d/1T4LL4QBfrU6ISr6x7aBhABnPNolCalgl/view?usp=sharing

-MINI Mental State Examination (MMSE)

https://drive.google.com/file/d/1fbbf69tHkQc6pZ3nBHX-s02OsqxpV2sZ/view?usp=sharing

Mini-Cog©

Instructions for Administration & Scoring

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.[1-3] For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

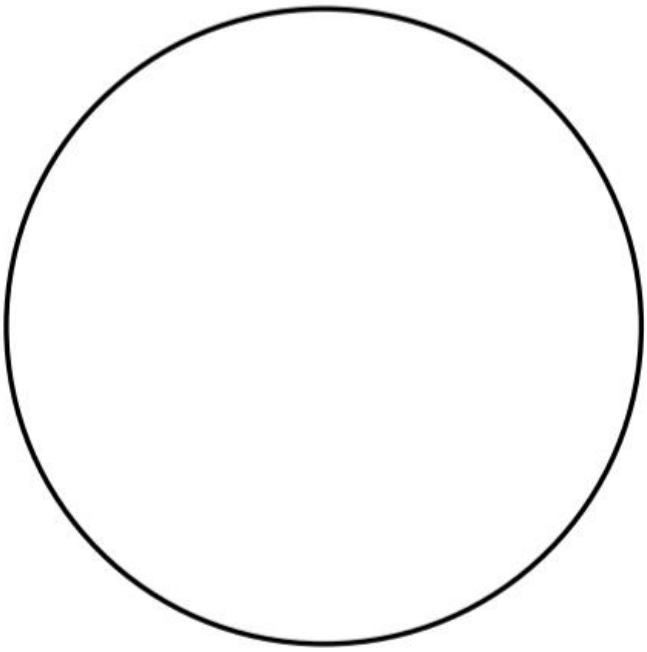
Word List Version: _____ Person's Answers: _____ _____ _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

Clock Drawing

ID:_____ Date:_____



References

1. Borson S, Scanlan JM, Chen PJ et al. The Mini-Cog as a screen for dementia: Validation in a population based sample. J Am Geriatr Soc 2003;51:1451–1454.
2. Borson S, Scanlan JM, Watanabe J et al. Improving identification of cognitive impairment in primary care. Int J Geriatr Psychiatry 2006;21: 349–355.
3. Lessig M, Scanlan J et al. Time that tells: Critical clock-drawing errors for dementia screening. Int Psychogeriatr. 2008 June; 20(3): 459–470.
4. Tsoi K, Chan J et al. Cognitive tests to detect dementia: A systematic review and meta-analysis. JAMA Intern Med. 2015; E1-E9.
5. McCarten J, Anderson P et al. Screening for cognitive impairment in an elderly veteran population: Acceptability and results using different versions of the Mini-Cog. J Am Geriatr Soc 2011; 59: 309-213.
6. McCarten J, Anderson P et al. Finding dementia in primary care: The results of a clinical demonstration project. J Am Geriatr Soc 2012; 60: 210-217.
7. Scanlan J & Borson S. The Mini-Cog: Receiver operating characteristics with the expert and naive raters. Int J Geriatr Psychiatry 2001; 16: 216-222.

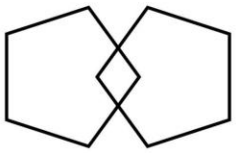
v. 01.19.16

MINI MENTAL STATE EXAMINATION (MMSE)

Name:

DOB:

Hospital Number:

One point for each answer	DATE:		
ORIENTATION Year Season Month Date Time	...../ 5	...../ 5	...../ 5
Country Town District Hospital Ward/Floor	...../ 5	...../ 5	...../ 5
REGISTRATION Examiner names three objects (e.g. apple, table, penny) and asks the patient to repeat (1 point for each correct. THEN the patient learns the 3 names repeating until correct).	...../ 3	...../ 3	...../ 3
ATTENTION AND CALCULATION Subtract 7 from 100, then repeat from result. Continue five times: 100, 93, 86, 79, 65. (Alternative: spell "WORLD" backwards: DLROW).	...../ 5	...../ 5	...../ 5
RECALL Ask for the names of the three objects learned earlier.	...../ 3	...../ 3	...../ 3
LANGUAGE Name two objects (e.g. pen, watch).	...../ 2	...../ 2	...../ 2
Repeat "No ifs, ands, or buts".	...../ 1	...../ 1	...../ 1
Give a three-stage command. Score 1 for each stage. (e.g. "Place index finger of right hand on your nose and then on your left ear").	...../ 3	...../ 3	...../ 3
Ask the patient to read and obey a written command on a piece of paper. The written instruction is: "Close your eyes".	...../ 1	...../ 1	...../ 1
Ask the patient to write a sentence. Score 1 if it is sensible and has a subject and a verb.	...../ 1	...../ 1	...../ 1
COPYING: Ask the patient to copy a pair of intersecting pentagons 	...../ 1	...../ 1	...../ 1
TOTAL:	...../ 30	...../ 30	...../ 30

MMSE scoring

24-30: no cognitive impairment
18-23: mild cognitive impairment
0-17: severe cognitive impairment

QUICK REFERENCE TO PSYCHIATRIC MEDICATIONS®

DEVELOPED BY JOHN PRESTON, PSY.D., ABPP

To the best of our knowledge recommended doses and side effects listed below are accurate. However, this is meant as a general reference only, and should not serve as a guideline for prescribing of medications. Please check the manufacturer's product information sheet or the P.D.R. for any changes in dosage schedule or contraindications. (Brand names are registered trademarks.)

ANTIDEPRESSANTS

NAMES		Usual Daily Dosage			Selective Action On Neurotransmitters[2]		
Generic	Brand	Range	Sedation	ACH[1]	NE	5-HT	DA
desipramine	Norpramin	150-300 mg	low	low	+++++	0	0
amitriptyline	Elavil	150-300 mg	high	high	++	++++	0
nortriptyline	Aventyl, Pamelor	75-125 mg	mid	mid	+++	++	0
clomipramine	Anafranil	150-250 mg	high	high	0	+++++	0
trazodone	Oleptro	150-400 mg	mid	none	0	++++	0
nefazodone	Generic Only	100-300 mg	mid	none	0	+++	0
fluoxetine	Prozac[4], Sarafem	20-80 mg	low	none	0	+++++	0
bupropion	Wellbutrin[4]	150-400 mg	low	none	++	0	++
sertraline	Zoloft	50-200 mg	low	none	0	+++++	+
paroxetine	Paxil	20-50 mg	low	low	+	+++++	0
venlafaxine	Effexor[4]	75-350 mg	low	none	+++	+++	+
desvenlafaxine	Pristiq	50-400 mg	low	none	+++	+++	+
fluvoxamine	Luvox	50-300 mg	low	low	0	+++++	0
mirtazapine	Remeron	15-45 mg	mid	mid	+++	+++	0
citalopram	Celexa	10-40 mg	low	none	0	+++++	0
escitalopram	Lexapro	5-20 mg	low	none	0	+++++	0
duloxetine	Cymbalta	20-80 mg	low	none	+++	+++	0
vilazodone	Viibryd	10-40 mg	low	low	0	+++++	0
atomoxetine	Strattera	60-120 mg	low	low	+++++	0	0
vortioxetine	Trintellix	10-20 mg	mid	none	0	+++++	+
levomilnacipran	Fetzima	40-120 mg	low	none	+++	++	0
MAO INHIBITORS							
phenelzine	Nardil	30-90 mg	low	none	+++	+++	+++
tranylcypromine	Parnate	20-60 mg	low	none	+++	+++	+++
selegiline	Emsam (patch)	6-12 mg	low	none	+++	+++	+++

[1]ACH: Anticholinergic Side Effects
[2]NE: Norepinephrine, 5-HT: Serotonin, DA: Dopamine (0 = no effect, + = minimal effect, +++ = moderate effect, +++++ = high effect)
[3]Uncertain, but likely effects
[4]Available in standard formulation and time release (XR, XL or CR). Prozac available in 90mg time released/weekly formulation

BIPOLAR DISORDER MEDICATIONS

NAMES		Daily	Serum[1]
Generic	Brand	Dosage Range	Level
lithium carbonate	Eskalith, Lithonate	600-2400	0.6-1.5
olanzapine/ fluoxetine	Symbyax	6/25-12/50mg[4]	(2)
carbamazepine	Tegretol,Equetro	600-1600	4-10+

NAMES		Daily	Serum[1]
Generic	Brand	Dosage Range	Level
divalproex	Depakote	750-1500	50-100
lamotrigine	Lamictal	50-500	(2)
oxcarbazepine	Trileptal	1200-2400	(2)

Note: Many antipsychotic medications are used to treat various aspects of bipolar disorder (see page two for a list)

[1]Lithium levels are expressed in mEq/l, carbamazepine and valproic acid levels express in mcg/ml.
[2]Serum monitoring may not necessary [3]Not yet established [4]Available in: 6/25, 6/50, 12/25, and 12/50mg formulations

PSYCHO-STIMULANTS

NAMES

Generic	Brand	Daily Dosage[1]
methylphenidate[3]	Ritalin	5-50 mg
methylphenidate[3]	Concerta[2]	18-54 mg
methylphenidate[3]	Metadate	5-40 mg
methylphenidate[3]	Methylin	10-60 mg
methylphenidate[3]	Daytrana (patch)	15-30 mg
methylphenidate[3]	Quillivant XR (liquid)[2]	10-60 mg
dexmethylphenidate	Focalin	5-40 mg
dextroamphetamine	Dexedrine	5-40 mg

PSYCHO-STIMULANTS

NAMES

Generic	Brand	Daily Dosage[1]
lisdexamphetamine	Vyvanse	30-70 mg
d- and l-amphetamine	Adderall	5-40 mg
modafinil	Provigil, Sparlon	100-400 mg
armodafanil	Nuvigil	150-250 mg
amphetamine salts	Mydayis	12.5-50 mg
amphetamine sulfate	Adzenys	3.1-18.8 mg
amphetamine salts	Evekeo	5-40 mg

[1]Note: Adult Doses [2]Sustained release Note: Many generic brands have emerged recently. Included here are the most common.

ANTIPSYCHOTICS

NAMES								
Generic	Brand	Dosage Range[1]	Sedation	Ortho[2]	EPS[3]	Weight[4] Gain	Metabolic Side Effects	Equivalence[5]
LOW POTENCY								
chlorpromazine	Thorazine	50-800 mg	high	high	+ +	+++++	+++++	100 mg
clozapine	Clozaril	300-900 mg	high	high	0	+++++	+++++	50 mg
quetiapine	Seroquel	150-600 mg	mid	mid	+/0	+++	++++	50 mg
HIGH POTENCY								
perphenazine	Trilafon	8-60 mg	mid	mid	+++++	0/+	0/+	10 mg
haloperidol	Haldol	2-40 mg	low	low	+++++	0/+	++	2 mg
pimozide	Orap	1-10 mg	low	low	+++++	+/0	++	1-2 mg
risperidone	Risperdal	4-6 mg	low	mid	+	++	0/+	1-2 mg
paliperidone	Invega	3-12 mg	low	mid	+	++	0/+	1-2 mg
olanzapine	Zyprexa	5-20 mg	mid	low	+/0	+++++	+++++	1-2 mg
ziprasidone	Geodon	60-160 mg	low	mid	+/0	0/+	0/+	10 mg
iloperidone	Fanapt	12-24 mg	mid	mid	+	++	0/+	1-2 mg
asenapine	Saphris	10-20 mg	low	low	+	++	0/+	1-2 mg
lurasidone	Latuda	40-80 mg	mid	mid	+	0/+	0/+	10 mg
aripiprazole	Abilify	15-30 mg	low	low	++	0/+	0/+	2 mg
brexpiprazole	Rexulti	1-4 mg	low	low	+	0/+	0/+	1 mg
cariprazine	Vraylar	1.5-6 mg	low	low	+/0	+/0	0/+	1 mg

[1]Usual daily oral dosage.
[2]Orthostatic Hypotension. Dizziness and falls.
[3]Acute: Parkinson's, dystonias, akathisia. Does not reflect risk for tardive dyskinesia. All neuroleptics may cause tardive dyskinesia, except clozapine.
[4]Monitor BMI.
[5]Must monitor for blood lipids, fasting glucose, baseline at 12 weeks, and then atleast annually.
[6]Dose required to achieve efficacy of 100 mg chlorpromazine.
[7]In recent times a number of second generation antipsychotics have been developed in injectable form for acute treatment and longer term prophylaxis. These are not mentioned in this quick reference.
[8]Note: Many antipsychotic medications are approved for the treatment of various phases of bipolar disorder.

ANTI-ANXIETY

NAMES		Single Dose	
Generic	Brand	Dosage Range	Equivalence[1]
BENZODIAZEPINES			
diazepam	Valium	2-10 mg	5 mg
chlordiazepoxide	Librium	10-50 mg	25 mg
clonazepam	Klonopin	0.5-2.0 mg	0.25 mg
lorazepam	Ativan	0.5-2.0 mg	1 mg
alprazolam	Xanax	0.25-2.0 mg	0.5 mg
OTHER ANTIANXIETY AGENTS			
buspirone	BuSpar	5-20 mg	
gabapentin	Neurontin	200-600 mg	
hydroxyzine	Atarax, Vistaril	10-50 mg	
propranolol	Inderal	10-80 mg	
atenolol	Tenormin	25-100 mg	
guanfacine	Tenex, Intuniv	0.5-3 mg	
clonidine	Catapres, Kapvay	0.1-0.3 mg	
pregabalin	Lyrica	25-450 mg	
prazosin[2]	Minipress	5-20 mg	
ANTI OBSESSIONALS			
Clomipramine	Anafranil	150-300 mg	
All SSRIs			

[1]Doses required to achieve efficacy of 5 mg of diazepam
[2]For treatment of nightmares and day time anxiety

HYPNOTICS

NAMES		Single Dose
Generic	Brand	Dosage Range
temazepam	Restoril	15-30 mg
triazolam	Halcion	0.25-0.5 mg
zolpidem	Ambien	5-10 mg
zolpidem	Intermezzo	1.75 mg
zaleplon	Sonata	5-10 mg
eszopiclone	Lunesta	1-3 mg
ramelteon	Rozerem	4-16 mg
diphenhydramine	Benadryl	25-100 mg
doxepin	Silenor	3-6 mg
suvorexant	Belsomra	15-40 mg

OVER THE COUNTER

Name	Daily Dose
St. John's Wort[1, 2]	600-1800 mg
SAM-e[3]	400-1600 mg
Omega-3[4]-EPA	1-2 g
Folic Acid[7]	400-800 mcg
L-methylfolate[7, 8]	7.5-15 mg
N-acetylcysteine[5]	1200-2400 mg
Chamomile[6]	200-1500 mg
5-HTP[7]	300-600 mg

[1]Treats depression and anxiety
[2]May cause significant drug-drug interactions
[3]Treats depression
[4]Treats depression and bipolar disorder
[5]For trichotillomania
[6]Treats anxiety
[7]Treats depression
[8]Note: also available as Deplin 1-methylfolate (prescription) 7.5-15 mg

REFERENCES and RECOMMENDED BOOKS

Quick Reference & Bipolar Medications • Free Books • Free Downloads
Website: www.PsyD-fx.com

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