

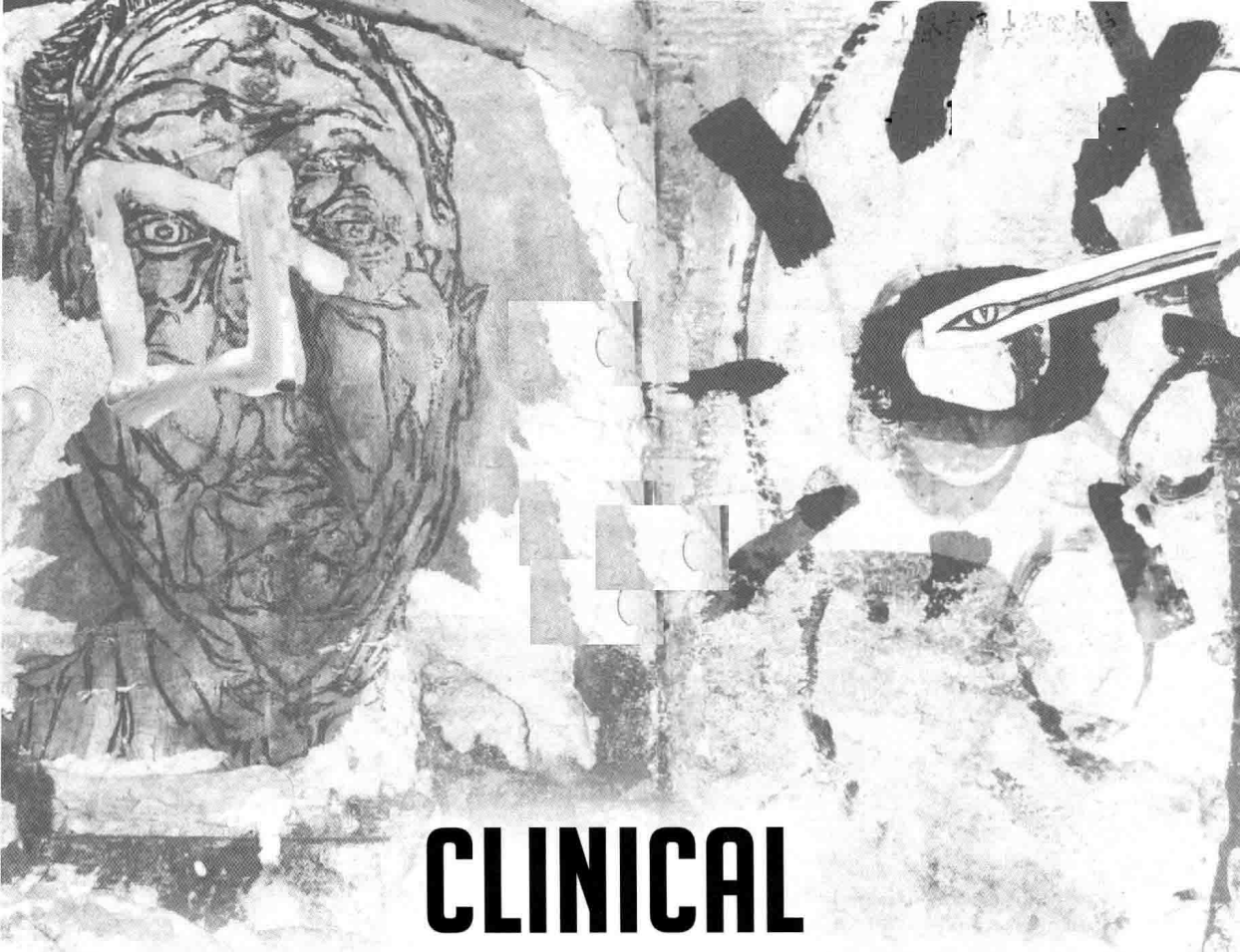


Humberto Marin
Javier I Escobar

CLINICAL PSYCHOPHARMACOLOGY

A Practical Approach

 World Scientific



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CLINICAL PSYCHOPHARMACOLOGY

A Practical Approach

Preface

This book aims not only to provide updated information on psychotropic drugs, but also to facilitate clinical decisions for drug management in mental health settings. To accomplish these goals, the book has three basic characteristics:

- it is evidence-based;
- it compares each individual drug with others in the same class and also those used for the same indications rather than describing them separately; and
- it steadily draws practical conclusions and makes recommendations about how to select and use medications in the treatment of specific mental disorders.

Clinical psychopharmacology, a field that began with the simultaneous discoveries of the first antidepressants, antipsychotics, and tranquilizers in the 1950s, expanded significantly in the following decades, thanks to large research investments, particularly from the pharmaceutical industry and the U.S. government. The promising trajectory of this research and the theoretical apparatus that nurtured it conferred a scientific aura to the process, bringing it to the public limelight. Active promotional efforts opened new clinical markets and drastically changed practice, moving beyond psychiatry into primary care, as evidenced by the broad prescription of SSRIs by primary care providers that has led to increased access to treatment of depression and anxiety disorders.

The development of new drugs brought significant profits and over time led to the proliferation of new, not really novel, drugs whose clinical use grew

due to aggressive promotional efforts, more than therapeutic innovation. A number of authoritative textbooks on clinical psychopharmacology that describe medications side by side, have helped prescribers to view and handle psychotropic medications more objectively. However, a practical integrated approach to guide practitioners through this complex labyrinth of drugs with competing claims seems to be lacking.

This handbook aims at delivering integrated information on benefits and risks, and provides clues on the clinical use of psychiatric medications. It differs from traditional textbooks in that it uses a sequential approach to describe medications or medication groups, keeping the focus on important clinical areas, and providing specific recommendations to address a number of thorny issues in psychiatric practice. For example, how to choose a medication for initial treatment, what to do when the initial response is unsatisfactory, how to rank different types of medications for an indication, when or why to use low or high doses, when to use drug combinations, the risk of drug interactions with psychotropic medications, and several other drug management issues.

The target audience for this book are prescribers of psychotropic drugs, including psychiatrists, psychiatry residents, and primary care providers, but also other professionals working in the mental health field such as psychologists, nurses and social workers. The book is divided into 19 chapters. The first few chapters provide the general background for the use of psychiatric drugs in clinical practice. The chapters that follow focus on the large classes of drugs used for treating mental disorders with special emphasis in mood, anxiety, and psychotic disorders. At the end, there are brief chapters addressing punctual needs such as the treatment of dementia, attention disorders, or addictions in general psychiatry or primary care offices. Each of the clinical chapters or sections provides a comprehensive list of available medications, their comparative efficacy and safety profiles, as well as a “bottom line” with specific recommendations. A chapter on a critical but usually neglected subject, drug–drug interactions with psychotropic medications, closes the book.

Because of the potential conflict of interest in studies sponsored by the pharmaceutical industry, the National Institute of Mental Health of the USA (NIMH) launched independent, large-scale “effectiveness” studies designed to resemble “real-world” conditions, including patients with significant physical or mental comorbidities recruited in community and primary care settings. Other Western health authorities, for example, those in England and Germany, encouraged similar efforts. Relevant independent studies included CATIE, CUtLASS, and TEOSS for schizophrenia, STAR*D for depression,

and STEP-BD for bipolar depression. Their findings figure prominently in the corresponding chapters of this book.

We aim at providing as much evidence-based data as possible. This is not an easy goal, as psychiatry lags behind other areas of medicine in the number and proportion of clinical decisions that can be based on sound evidence. For areas where this evidence is lacking, we make recommendations based on authoritative consensus or opinion and at times, on our own clinical experience (we clearly indicate when this is the case).

We want the use of this book to be an interactive enterprise. Questions, comments, criticisms, and suggestions are welcome. Please contact the authors at the following addresses: marinhu@rutgers.edu and escobaja@rutgers.edu

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New Brunswick, New Jersey

June 9, 2013

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