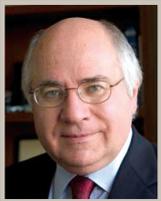


2010 Drug Interaction Review

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This issue of Primary Psychiatry presents the 2010 Guide to Psychiatric Drug Interactions, a regular feature of this publication. Authored by Sheldon H. Preskorn, MD, and David A. Flockhart, MD, PhD—both respected authorities on the subject of psychotropic pharmacodynamics and pharmacokinetics—it is invaluable to any clinician, even those who do not specialize in the treatment of mental illness. Underscoring the public health implications of this topic, the authors note that a recent Health and Human Services report noted that 7% of Americans >18 years of age and >20% of Americans >65 years of age had taken ≥ 5 prescription medications in the week and patients with psychiatric disorders are at increased risk relative to their age-matched patients for being on multiple medications and complex regimens, which makes them particularly vulnerable to drug interactions. Prescribers should appreciate that psychiatric medications do not interact principally on the basis of their therapeutic use but instead on the basis of their pharmacokinetic and pharmacodynamic properties. A rational and informed approach to drug interactions, based on pharmacokinetic and pharmacodynamic knowledge, can reduce the chance of adverse effects and improve patient outcomes. What makes this educational review so useful is that it contains so many clear and concise tables and figures that accompany the text. I encourage all those who read this review to refer to it throughout the year.

Thomas Roth, PhD, and Joyce Zinsenheim, MD, focus on sleep difficulties associated with attention-deficit/hyperactivity disorder (ADHD). It is widely recognized that children with ADHD often have sleep difficulties as part of that disorder. These symptoms can be exacerbated by stimulant medications. The authors discuss what is known about sleep disturbances in adults with ADHD, both in untreated patients and patients treated with stimulant medications. They report that studies of stimulant-medicated adults with ADHD suggest that, depending on the parameters assessed, certain sleep parameters were improved or at least not worsened by treatment with stimulants. In reading the article, note the fact that both authors disclose that they have potential conflicts of interest involving companies that make stimulant medication and that this article was supported by funding from Shire Development Inc.

Galit Ben-Amitay, MD, and colleagues contribute an informative article on the psychiatric assessment of children with poor verbal capacities using a sandplay technique. Sandplay is a non-verbal technique that is being used to facilitate assess-

ment of children who have difficulty cooperating in the setting of a psychiatric assessment. It is a brief technique, takes ~20 minutes, and may overcome common barriers to evaluation. The technique involves a shallow rectangular sand tray, half-filled with sand, and a variety of miniature figures, which the child uses to build a picture or create a world. The miniatures selected by the child, the way the child arranges them in the tray, the child's use of space, and the themes represented in the scene all serve as reflective measures. A photograph is taken when the activity is completed. They describe five case studies of children with limited ability to cooperate in the psychiatric assessment for various reasons. The cases included children with severe abuse in early childhood, selective mutism, social phobia and depression, paralysis due to a severe "conversive" episode managed to cooperate in the clinical assessment, and somatoform disorder. This technique may be of value for many healthcare professionals when performing clinical assessment. PP

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Dr. Sussman reports no affiliation with or financial interest in any organization that may pose a conflict of interest.