

Psychopharmacologic Approach to Treatment and Assessment of Adult and Geriatric
Clients with Mood Disorders

Name:

Institutional Affiliation:

Treatment of Depression

Treatment of depression is recommended based on the form of depression an individual has. Treatment involves a combination of self-help, psychotherapy, and medications. Venlafaxine whose brand name is Effexor is used to treat depression. It is an antidepressant drug and serves as a serotonin-norepinephrine reuptake inhibitor (SNRI). In an extended release, Effexor is used in the treatment of panic disorder, social anxiety disorder, and generalized anxiety disorder. SNRIs work by increasing the levels of norepinephrine and serotonin in the brain (Cox et al. 2014).

Effexor is more effective than other antidepressants such as Zoloft and Wellbutrin, monoamine oxidase1 inhibitor such as Phenelzine and SNRIs such as Cymbalta which are used in the treatment of mood disorders such as depression. Effexor is thought to be more effective than other medications used to treat depression because it acts on two brain chemicals unlike the rest of drugs which act on a single brain chemical. Effexor acts on the brain by increasing levels of epinephrine and serotonin. Other drugs which act on two important chemicals in the brain are the tricyclic group. However, they have many other side effects as opposed to Effexor (Cox et al. 2014).

Medicines such as Zoloft have reduced side effects since they only act on serotonin. Such drugs are known as selective reuptake inhibitors (SSRIs). While SSRIs have reduced side effects, they are less effective than Effexor. Effexor was developed to have increased benefits by acting on serotonin and norepinephrine and have fewer side effects (Cox et al. 2014).

Argumentation with Antipsychotic

Augmenting an antidepressant with another drug involves looking for an agent which has a different mechanism of action from the first drug. Augmentation targets different brain functions to provide relief on the patient. Various drugs are used to augment antidepressants such as Bupropion, Antipsychotics, Mirtazapine, and Bupropion. Antipsychotics such as aripiprazole are

effective as augmentation agents. However, atypical augmentation may not be a good choice because they are associated with weight gain, extrapyramidal symptoms such as restlessness, and muscle spasms and metabolic syndrome (Cox et al. 2014). Physicians should not prescribe atypical antipsychotic along with antidepressants to avoid relapse.

Benefits of electroconvulsive therapy

Electroconvulsive therapy (ECT) is an important intervention for certain mental disorders. The ECT involves the transmission of electrical currents through the brain to initiate seizures. It is majorly used by patients who do not respond to talk therapy or medication. ECT is used in the treatment of schizophrenia, major depressive disorder, and bipolar disorder. According to a study by the Food and Drug Administration (FDA) about 78% of patients with mood disorders improved after ECT (Stripp, Jorgensen, & Olsen, 2018). The report also demonstrated that individuals treated with ECT have 60-70% remission rate. These statistics compare with those taking medications. It is believed that ECT is effective because it helps to regulate imbalance of chemical messenger system in the brain. However, ECT is associated with some side effects such as memory loss, nausea, confusion, and headache (Stripp, Jorgensen, & Olsen, 2018).

Benefits Counselling Therapy

Talk therapy commonly known as psychotherapy is a critical treatment of depression. While psychotherapy on its own may not be able to manage severe depression, it can play a significant role when used along with other treatments such as medications. Studies show that therapy can be an important treatment approach for depression (Leaviss & Uttley, 2015). Psychotherapists combine counselling with depression medications to realize optimal patient outcomes. Talk therapy helps to relieve stress, helps to give the patient a new consciousness of life, and helps patients to learn how to handle the side effects associated with medications.

References

- Cox, G. R., Callahan, P., Churchill, R., Hunot, V., Merry, S. N., Parker, A., & Hetrick, S. E. (2014). Psychological therapies versus antidepressant medication, alone and in combination for depression in children and adolescents. *Cochrane database of systematic reviews*, (11).
- Leaviss, J., & Uttley, L. (2015). Psychotherapeutic benefits of compassion-focused therapy: An early systematic review. *Psychological medicine*, 45(5), 927-945.
- Stripp, T. K., Jorgensen, M. B., & Olsen, N. V. (2018). Anaesthesia for electroconvulsive therapy—new tricks for old drugs: a systematic review. *Acta neuropsychiatrica*, 30(2), 61-69.