

Counseling and Psychotropic Drugs

I. Introduction: compassion and humility

II. Medical vs Psychological Diagnosis

A. Medical: Disease or illness has identifiable pathology

Physical exam

Blood test

X-ray

Tissue biopsy

B. Psychological: No identifiable pathology

Based on History of thoughts, feelings and behavior

Labels from many sources

- DSM: “a diagnosis does not carry any necessary implications regarding the CAUSES of the individual’s mental disorder or its associated impairments” (xxiii).
- DSM explains criteria (ADHD)

C. Physical Illness may affect behavior

- anemia, thyroid, diabetes, electrolytes, infections, tumors, Parkinson's, dementia, stroke, etc.
- Physical cause is given medical diagnosis
- But cannot CAUSE sin in thoughts, feelings or behavior

III. Chemical Imbalance Theory

Theory: Abnormal NT level causing mood disorders

Neurotransmitter levels cannot be measured at synapse

IV. Psychotropic Drug Information (Exact mechanism uncertain)

A. Pharmaceutical Companies: Abbot, Rhone, Forest, Roch, GlaxoSmith Kline, Upjohn
Wyeth, Lilly, Pfizer, Merck

B. Types of Medications

TCA (tricyclic antidepressant)

MAO (monoamine oxidase inhibitor)

SSRI (Selective serotonin reuptake inhibitor)

SNRI (selective norepinephrine reuptake inhibitor)

SDRI (atypical)

Miscellaneous

TCA:

Elavil (amitriptyline)

Pamelor (nortriptyline)

Norpramin (desipramine)

Sinequan (doxepin)

Tofranil (imipramine)

Uses: depression, anxiety, ADHD, nerve pain, Migraines

Side effects: arrhythmias, lethal at high doses, Low blood pressure, anticholinergic,
4 % greater suicide rate

MAO:

Marplan (isocarboxazid)

Parnate (tranylcypromine)

Nardil (phenelzine)

Uses: Depression, Parkinson's, Panic disorders, PTSD, bulimia, OCD

Rare fatal interactions: SSRI, SNRI, TCA, meth, MDMA, tyramine (found in cheese, meat, beer).

SSRI:

Celexa (citalopram)

Lexapro (escitalopram)

Paxil (paroxetine)

Prozac (fluoxetine)

Zoloft (sertraline)

Luvox (fluvoxamine)

Interactions: Ultram, Dilantin, cough syrup, Coumadin

Complications: Serotonin syndrome

Costs: \$20-\$500/mo.

SNRI:

- Cymbalta (duloxetine)
- Effexor (venlafaxine)
- Ultram (tramadol) Also opioid
- Pristiq (desvenlafaxine)
- Strattera (atomoxetine)

SDRI:

- Wellbutrin (bupropion)
- Concerta / Ritalin (methylphenidate)

Miscellaneous: Categories selective to a variable degree

<u>Mood Stabilizers</u>	<u>Anti-Anxiety</u>	<u>Anti-Psychotic</u>
Lithium	Valium	Haldol
Tegretal	Librium	Thorazine
Depakote	Xanax	Zyprexa
Adderal	Tranxene	Risperdal
Dexedrin	Atarax	Seroquel
	BuSpar	Abilify

V. Do Antidepressants Work? Secular Perspective

- “True drug effects...were nonexistent to negligible among depressed patients with mild, moderate, and even severe baseline symptoms.”
~JAMA, 303:1 January 6, 2010.
- Elimination of Depression
SSRI (Zoloft) cured 25%
St. John’s Wort 24%
Placebo 32% ~JAMA April 10, 2002
- “The biochemical theory of depression is in a state of crisis. The data just do not fit the theory.” ~Irving Kirsch, PhD
- “The theory that is the foundation for our current view of the cause and treatment for depression has never been established as fact.
There is no biochemical imbalance that we have been able to demonstrate.”
- NIMH is moving from investing in medication research to Cognitive Behavioral Therapy
~Thomas Insel M.D. NIMH,2012

Do Antidepressants work? Biblical Perspective

What do you mean by “work”?

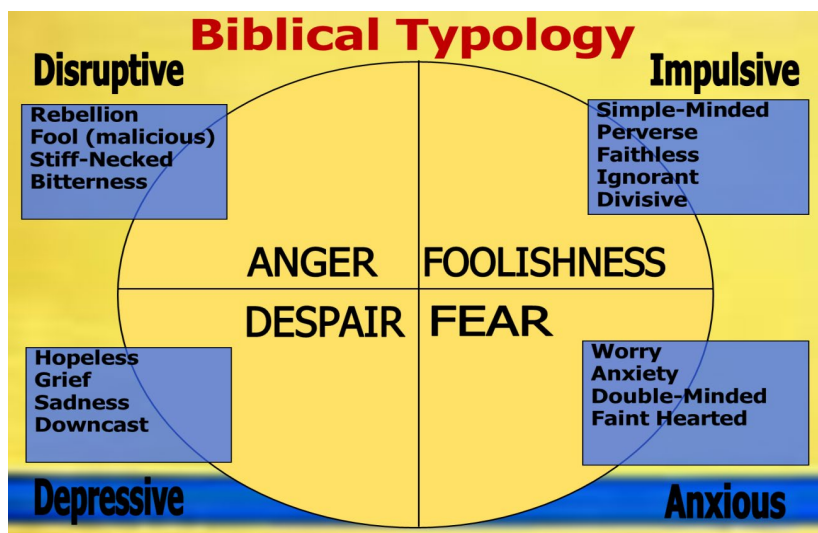
But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control; against such things there is no law (Galatians 5:22-23)

Tack analogy

Rx not ‘gospel blockers’

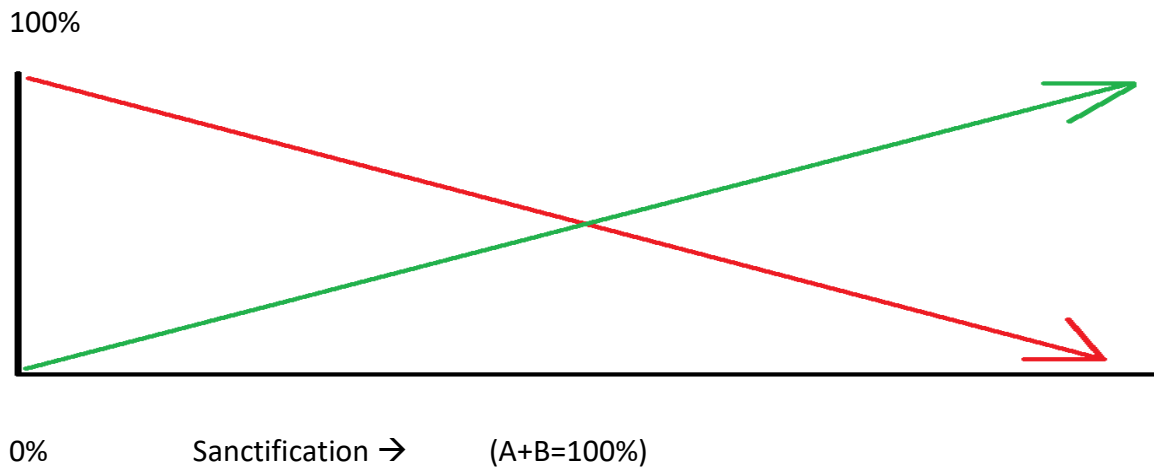
VI. Counseling

- A. Heart issues are the primary focus
- B. Re-label the psychological terms: use biblical terminology
 - ~Garrett Higbee
 - Clinical Psychologist, Biblical Counselor BCC, ACBC



Daniel M Gannon, MD; Pam Gannon RN, MABC — Counseling and Psychotropic Drugs

C. Sanctification is a Process



D. Normal Sadness vs 'Disordered Sadness' ~C. Hodges

E. Trials and Suffering

- A tool God will use to speak to us...if we are willing to listen
- Can drive us to seek God and depend on grace
- Opens the door to change and repentance
- Biblical goal: become more like Christ in response
- Equips us to help others (2 Cor 1)

F. Counseling and Medications

1. Gather data about the medications
2. Respond **carefully** to questions about medication.
3. NEVER instruct a counselee to stop or reduce the frequency or amount of his drug therapy!
Drug therapy changes by prescribing physician only
4. Only discuss stopping medication when you are convinced the person has replaced the use of medication with biblical principles
5. If you are convinced the counselee can come off the medication, send them to the prescribing doctor.
6. Monitor progress

G. Potential Uses For Medications:

'The believer will not respond to the Word of God or the conviction of the Holy Spirit so they must settle for the least of the bad options' ~Rob Green

Mania (recurrent)
Psychosis, delusions, hallucinations
Severe anxiety
Prolonged insomnia
Behavior risking harm to self or others

VII. Recommended Resources

Will Medicine Stop the Pain, Fitzpatrick & Hendrickson

The Emperor's New Drugs, Kirsch

Good Mood, Bad Mood, Hodges

Newsweek article: Begley, Sharon (Jan 29, 2010) *The Depressing News about Antidepressants*.

John 17:17

Anatomy of an Epidemic, Psychiatric Drugs and the astonishing rise of mental illness in America. ~Robert Whitaker, 2010

Blame it on the Brain, Ed Welch