



Medications in Behavioral Health Care

Quick Reference on Potential Side Effects

Patients often rely on primary care physicians for behavioral health care, according to the [American Academy of Family Physicians](#). Below is information about medications sometimes prescribed for behavioral health conditions. Providers across disciplines may find it helpful to support patients.

The information is drawn from the National Institutes of Health and other nationally recognized sources. Blue Cross and Blue Shield of Montana makes no endorsement of these resources and encourages providers to consider what care is best for their patients under their specific circumstances.

For more information on medication management, see our [Behavioral Health Clinical Practice Guidelines](#).

ANTIPSYCHOTIC MEDICATIONS

Haloperidol, Aripiprazole, Olanzapine, Quetiapine, Risperidone

Potential Side Effects	Description	Possible Symptoms	Recommendations
Increased risk for Type 2 diabetes	High blood glucose levels	Increased thirst, unexplained weight loss, frequent urination, blurry vision, tingling or numbness in hands or feet	Annual A1C blood test to monitor blood glucose levels
Long QT Syndrome	A heart conduction disorder characterized by a longer than normal interval between the Q and T waves	Fainting, seizures, noisy gasping during sleep	ECG or EKG to confirm diagnosis of Long QT Syndrome
Neuroleptic Malignant Syndrome	A life-threatening idiosyncratic reaction to antipsychotic drugs	Fever, altered mental status, muscle rigidity, autonomic dysfunction	Cessation of suspected offending neuroleptic agent Refer to hospital for closer monitoring and intervention

SELECTIVE SEROTONIN REUPTAKE INHIBITOR

Fluoxetine, Sertraline, Citalopram, Escitalopram

Potential Side Effects	Description	Possible Symptoms	Recommendations
Hyponatremia	Low concentration of sodium in blood, below 135 mEq/L	Nausea, vomiting, confusion, muscle weakness, spasms or cramps, seizures	Blood test to confirm diagnosis Refer to hospital for frequent monitoring of sodium levels for severe cases
Serotonin Syndrome	A potentially life-threatening reaction from an excess of serotonin in the body More likely to occur after recently starting or increasing a serotonergic agent	Severe symptoms can include significant changes in blood pressure, delirium and muscle rigidity. Severe cases may have the following complications: seizures, renal failure, coma, and death	Provide education to patients on common non-prescription drugs and herbs that may increase serotonin levels like dextromethorphan Obtain a complete list of all medications and supplements your patient is on to identify increased risk



Potential Side Effects	Description	Possible Symptoms	Recommendations
Increased risk of suicidality	Worsening of depression or suicidal ideation, especially in children and teens	Talking about wanting to die , feeling hopeless/extremely sad/severe emotional pain, withdrawing from friends, researching or making plans to die, changes in eating or sleeping patterns	Maintain close follow-up Remain attentive to risks Administer regular safety screenings

MOOD STABILIZERS

Valproic Acid, Carbamazepine, Oxcarbazepine, Lithium

Potential Side Effects	Description	Possible Symptoms	Recommendations
Thrombocytopenia	Low blood platelet count	Excessive bruising, petechiae, blood in urine or stools, prolonged bleeding from cuts	Blood test to confirm platelet count Consider a medication change
Hyponatremia	Low concentration of sodium in blood, below 135 mEq/L	Nausea, vomiting, confusion, muscle weakness, spasms or cramps, seizures	Blood test to confirm diagnosis Refer to hospital for frequent monitoring of sodium levels for severe cases
Higher risk of birth defects	Risk of congenital physical deformities, preterm delivery, low birth weight, neurobehavioral abnormalities	Symptoms present in the child can include neural tube defects, facial malformation, small for gestational age	Educate on risks Confirm a current method of birth control is in place
Potential negative drug interaction with Lithium	Diuretics, NSAIDs, ACEIs increase serum lithium levels Toxic levels are above 2 mEq/L	Mild toxicity (1.5-2.5 mEq/L): nausea, vomiting, lethargy Moderate toxicity (2.5-3.5 mEq/L): delirium, tachycardia, hypertonia Severe toxicity (≥ 3.5 mEq/L): coma, seizures, hypotension Source: Lithium Toxicity	Educate on negative drug interactions and medications to avoid Blood draw to test Lithium levels

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their member contract or member guide for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.