Generic Names	Trade Names (Examples)
ANTIANXIETY DRUGS	
Antihistamine Derivatives	
hydroxyzine	Atarax, Vistaril, others
Benzodiazepine Derivatives	
alprazolam	Xanax, others
chlordiazepoxide	Librium, others
clonazepam	Klonopin, others
clorazepate	Tranxene, others
diazepam	Valium, others
halazepam	Paxipam
lorazepam	Ativan, others
oxazepam	Serax, others
prazepam	Centrax
Non-benzodiazepine	
buspirone	BuSpar, others
SEDATIVE-HYPNOTIC DRUGS	
Benzodiazepine Derivatives	
estazolam	ProSom
flurazepam	Dalmane, others
quazepam	Doral
temazepam	Restoril, others
triazolam	Halcion, others
Other Agents	
chloral hydrate	Noctec, others
zolpidem	Ambien
zaleplon	Sonata
ANTIDEPRESSANT DRUGS	
Tricyclic Derivatives	
amitriptyline	Elavil, others
amoxapine	Asendin, others
clomipramine	Anafranil
desipramine	Norpramin, Pertofrane, others
doxepin	Adapin, Sinequan, others
imipramine	Tofranil, others
nortriptyline	Aventyl, Pamelor, others
protriptyline	Vivactil
trimipramine	Surmontil
SSRIs (Selective Serotonin Reuptake Inhibitors)	
citalopram	Celexa
escitalopram	Lexapro
fluoxetine	Prozac, others
fluvoxamine	Luvox, others
paroxetine	Paxil
sertraline	Zoloft
Other Agents (Nontricyclics)	
bupropion	Wellbutrin, Zyban, others
maprotiline	Ludiomil, others
mirtazapine	Remeron
nefazodone	Serzone
trazodone	Desyrel, others
venlafaxine	Effexor
MAO Inhibitors	
phenelzine	Nardil
tranylcypromine	Parnate

Generic Names	Trade Names (Examples)
COMBINATION DRUGS	
amitriptyline-chlordiazepoxide	Limbitrol, others
amitriptyline-perphenazine	Etrafon, Triavil, others
MOOD STABILIZER DRUGS	
carbamazepine	Tegretol, others
gabapentin	Neurontin
lamotrigine	Lamictal
lithium carbonate or citrate	Cibalith-S, Eskalith, Lithobid, Lithonate, others
oxcarbazepine	Trileptal
topiramate	Topamax
valproic acid; divalproex	Depakene, others; Depakote
ANTIPSYCHOTIC DRUGS (*atypical antipsychotics)	
Nonphenothiazine Derivatives	
aripiprazole*	Abilify
clozapine*	Clozaril
droperidol	Inapsine, others
haloperidol	Haldol, others
loxapine	Loxitane, others
molindone	Moban
olanzapine*	Zyprexa
pimozide	Orap
quetiapine*	Seroquel
risperidone*	Risperdal
thiothixene	Navane, others
ziprasidone*	Geodon
Phenothiazine Derivatives	
Aliphatic	
chlorpromazine	Thorazine, others
promazine	Sparine, others
triflupromazine	Vesprin
Piperazine	
acetophenazine	Tindal
fluphenazine	Prolixin, Permitil, others
perphenazine	Trilafon, others
trifluoperazine	Stelazine, others
Piperidine	
mesoridazine	Serentil
thioridazine	Mellaril, others
ANTIPARKINSON DRUGS	
Anticholinergics	
benztropine	Cogentin, others
biperiden	Akineton
diphenhydramine	Benadryl, others
procyclidine	Kemadrin
trihexyphenidyl	Artane, others
Other Agents	
amantadine	Symmetrel, others
propranolol	Inderal, others

Gelenberg AJ, Bassuk EL: The Practitioner's Guide to Psychoactive Drugs*, 4th ed., New York, Klewer, 1997*
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Little JW, Falace DA, Miller CS, Rhodus NL: Dental Management of the Medically Compromised Patient*, 6th ed. St. Louis: C.V. Mosby, 2002.*
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Figure 4. Table of drugs used in psychiatry

Classifications/Medications	Dental Considerations
ANTIDEPRESSANT DRUGS	
Tricyclics	All are anticholinergic.[1] All can cause orthostatic hypotension.
	Limit the use of epinephrine[2] and other vasoconstrictors, which can cause a serious rise in blood pressure and/or cardiac arrhythmias.
	Do not use levonordefrin (Neo-Cobefrin).
Selective Serotonin Reuptake Inhibitors (SSRIs)	Can produce xerostomia[1] (generally less frequently than the tricyclics).
	Limit the use of epinephrine[2] and other vasoconstrictors, in the absence of data regarding interaction with epinephrine.
	Can decrease/eliminate analgesia from codeine due to inhibition of codeine metabolism to active analgesic metabolite (morphine).
Other Agents	Can produce xerostomia[1] (generally less frequently than the tricyclics) via an anticholinergic (maprotiline) or unidentified mechanism (others).
	Can cause orthostatic hypotension (most with trazodone, nefazodone, and mirtazapine).
	Limit the use of epinephrine[2] and other vasoconstrictors in the absence of data regarding interaction with epinephrine.
MAO Inhibitors (MAOIs)	All are anticholinergic,[1] but less so than tricyclics. All can cause hypotension (especially orthostatic).
	Special consideration needed when using dental anesthesia or prescribing post-procedure pain medication. Use no medication containing phenylephrine. Limit the use of epinephrine[2] and other vasoconstrictors. Never use meperidine (Demerol, others). MAOIs interact with a number of medications to cause hypertensive crisis. Always check with a pharmacist or patient's prescriber before administering/prescribing medication.
MOOD STABILIZER DRUGS	
Lithium	Dry mouth[1] frequently reported, generally secondary to lithium-induced polyuria; may be effect of lithium on thirst and saliva flow. Rarely stomatitis can occur.
	Altered taste due to taste of lithium tablet (metallic) or secretion of lithium into saliva.
	Can get increased lithium levels (with toxicity) with concurrent nonsteroidal anti-inflammatory agents, e.g., ibuprofen (Motrin, Advil, Nuprin, etc.)
Tegretol	Anticholinergic[1] side effects. Can cause orthostatic hypotension.
	Limit the use of epinephrine[2] and other vasoconstrictors. Avoid erythromycin or clarithromycin due to risk of Tegretol toxicity.
	Mouth sores and unexplained sore throat may be early signs of potentially serious hematologic toxicity (agranulocytosis, aplastic anemia).
ANTIPSYCHOTIC DRUGS	All have anticholinergic[1] side effects. All can cause orthostatic hypotension.
	Limit the use of epinephrine[2] and other vasoconstrictors.
	All produce extrapyramidal side effects[3] (jaw and neck rigidity, motor restlessness).
	All can produce tardive dyskinesia[3] (repetitive, involuntary movements of extremities and trunk, "chewing" motion of jaw). Early signs include abnormal movements of tongue (rolling, lateral, protruding movements) and mouth (lip-smacking, chewing motions, grimacing).
	Patient can control these movements temporarily with attention.
ANTIPARKINSON DRUGS	All have anticholinergic[1] side effects.

[1] Xerostomia (dry mouth) secondary to decreased flow of saliva (via anticholingergic or other mechanisms) predisposes patient to increased caries and gingival changes that may affect denture fit.

Another anticholinergic side effect of dental concern is tachycardia.

[2] Use epinephrine with caution with careful monitoring for toxicity (e.g., increased blood pressure, cardiac arrhythmias including tachycardia; or hypotension with antipsychotics). Not more than 2–3 cartridges of local anesthetic with epinephrine 1:100,000 are recommended at any one appointment; aspirate and inject slowly. Avoid use of all other forms of epinephrine (retraction cord, topical for control of bleeding).

Contact pharmacist or practitioner familiar with its use. Due to the lack of information regarding interactions of psychotropic medications with other vasoconstrictors, their use is best limited.

(For more information see: Little JW, Falace DA, Miller CS, Rhodus NL: *Dental Management of the Medically Compromised Patient*, 6th ed. St. Louis: C.V. Mosby Co., 2002, pp. 439–477) .

[3] Atypical antipsychotics cause less of these side effects.

NOTE: All psychiatric medications (except stimulants) are to some degree sedating. All can potentiate both anesthesia and the effects and side effects of sedating post-procedure pain medications.

NOTE: Limit acetaminophen (Tylenol, others) dose to = 2 grams per day in chronic alcohol users to minimize risk of liver damage.

NOTE: Nitrous Oxide (N_20) should be used with extreme caution in people who are on psychotropic medications due to potential for initiating a hypotensive reaction and an increased risk of hallucinations in psychotic patients. Do not administer N_20 to recovered alcoholics and drug abusers as it may increase the risk of a relapse.

SOURCE: Harborview Medical Center, Harborview Mental Health Services, Outpatient Programs, Karen P. Hansen, PharmD, MS. For specific questions, call the Pharmacy (206-731-3428).

For further information, see series of articles, Drug Interactions in Dental Practice, Parts I–IV, JADA,, January–May 1999, comments in September 1999.

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