

Appendix A: Pharmacotherapy guidance^{1,4}

There is limited evidence to support the use of pharmacotherapy.³ Before prescribing a new treatment, review all current medications including over-the-counter medicines and supplements. Rule out social factors (abuse, neglect, caregiver conflict, environmental issues) before prescribing medications.

Prescribing	<ul style="list-style-type: none">• Drug therapy should target specific symptoms.• Avoid medications that lower the seizure threshold (e.g. bupropion, traditional antipsychotic medications) or those that can cause confusion (e.g. lithium, benzodiazepines, anticholinergic agents).• Under-treatment is common. Give full therapeutic trials at maximal tolerated doses before discontinuing a medication trial, unless side effects prevail.
Monitoring for side effects	<ul style="list-style-type: none">• Patients with a history of TBI can be more sensitive to side effects. Watch closely for toxicity and drug-drug interactions.• Assess regularly for side effects.• Limit quantities of medications with high risk for suicide as the suicide rate is higher in this population.• Educate patients and family/care givers to avoid the use of alcohol with some medications.• Minimize caffeine and avoid herbal or diet supplements such as “energy” products as some contain agents that cross-react with the psychiatric medications and lead to a hypertensive crisis.