

❖❖ Side Effects by Class: The Medication Side Effect Detective Guide

Your Visual Guide to Psychiatric Medication Side Effects

❖❖ WELCOME TO THE SIDE EFFECTS THEATER!

Welcome to the most comprehensive and engaging side effects guide ever created! Think of this as your detective handbook for solving the mystery of psychiatric medication side effects. Each medication class has its own "personality" with predictable side effect patterns - once you know the characters, you'll become a side effect detective extraordinaire!

❖❖ SSRI/SNRI SQUAD: The Mood Lifters with Quirks

❖❖ The SSRI Family Portrait (Santarsieri & Schwartz, 2015) (Mayo Clinic, 2024)

- ❖❖ PERSONALITY: The generally well-tolerated optimists
- ❖❖ SUPERPOWER: Mood elevation with relatively clean profiles
- ❖❖ KRYPTONITE: Sexual side effects and initial activation

❖❖ SSRI Side Effect Spectrum

- ❖❖ COMMON & MANAGEABLE (>10%):
 - ❖❖ Nausea (usually temporary) - Take with food!
 - ❖❖ Fatigue or ❖❖ Insomnia (dose timing matters)
 - ❖❖ Diarrhea or constipation
 - ❖❖ Initial anxiety/jitteriness (first 1-2 weeks)
 - ❖❖ Dry mouth
 - ❖❖ Increased sweating

- ❖❖ NOTABLE & TREATABLE (5-10%):
 - ❖❖ Sexual dysfunction (decreased libido, delayed orgasm)
 - ❖❖ Weight changes (usually modest)
 - ❖❖ Headaches

- 🎲 Dizziness
- 🎲 Vivid dreams **or** nightmares
- 🎲 SERIOUS & MONITOR (1-5%):
 - 🎲 Hyponatremia (especially **in** elderly)
 - 🎲 Bleeding risk (with anticoagulants)
 - 🎲 QT prolongation (citalopram >40mg)
 - 🎲 Bone density concerns (long-term use)
 - 🎲 Pregnancy considerations (especially paroxetine)

⚡ SNRI Additional Side Effects

- 🎲 SNRI-SPECIFIC ADDITIONS:
 - 🎲 Blood pressure elevation (venlafaxine, duloxetine)
 - 🎲 Heart rate increases
 - 🎲 More sweating than SSRIs
 - 🎲 Constipation (norepinephrine effect)
 - ⚡ Discontinuation syndrome (especially venlafaxine)

🎲 ANTIPSYCHOTIC ALLIANCE: The Brain Balancers

🎲 Second-Generation Antipsychotics (SGAs): The Modern Performers

🎲 PERSONALITY: More refined than their predecessors, but with metabolic drama 🎲
 SUPERPOWER: Effective **for** psychosis with less movement side effects 🎲 KRYPTONITE: Metabolic syndrome and weight gain

🎲 SGA Side Effect Categories

🎲 METABOLIC MAYHEM RANKING (Hirsch et al., 2018)

- 🎲 HIGH METABOLIC RISK:
 - 🎲 OLANZAPINE: The appetite awakener (+15-20 lbs average) • 🎲
 - QUETIAPINE: The sleepy snacker (+10-15 lbs average) • 🎲 CLOZAPINE: The metabolic monster (highest risk)
- 🎲 MODERATE METABOLIC RISK:
 - 🎲 RISPERIDONE: The balanced performer (+5-10 lbs) • 🎲
 - PALIPERIDONE: Similar to risperidone
 - 🎲 ASENAPINE: Moderate weight gain
- 🎲 LOW METABOLIC RISK:
 - 🏠 ARIPIPRAZOLE: The weight-neutral wonder
 - 🎲 ZIPRASIDONE: The lean machine (may cause weight loss) • 🎲
 - LURASIDONE: The metabolically friendly option • 🎲 CARIPRAZINE: The new kid with clean profile

💡💡 SEDATION SPECTRUM (Muench & Hamer, 2010)

💡💡 HIGHLY SEDATING:

- 💡💡 QUETIAPINE: The sleep inducer (especially IR) • 💡💡

OLANZAPINE: The drowsiness dealer

- 💡💡 CLOZAPINE: The consciousness crusher

💡💡 MODERATELY SEDATING:

- 💡💡 RISPERIDONE: Dose-dependent sleepiness
- 💡💡 PALIPERIDONE: Similar to risperidone
- 💡💡 ASENAPINE: Variable sedation

💡💡 MINIMALLY SEDATING:

- ⚡💡 ARIPIPRAZOLE: The energizer (may cause insomnia) • ♂

ZIPRASIDONE: The activating option

- 💡💡 LURASIDONE: Clean alertness profile

💡💡 MOVEMENT SIDE EFFECTS (EPS)

💡💡 HIGHER EPS RISK:

- 💡💡 RISPERIDONE: Dose-dependent EPS (>6mg)
- 💡💡 PALIPERIDONE: Similar to risperidone
- 💡💡 ASENAPINE: Moderate EPS risk

💡💡 MODERATE EPS RISK:

- 💡💡 OLANZAPINE: Low EPS except at high doses
- 💡💡 QUETIAPINE: Very low EPS risk
- 💡💡 CLOZAPINE: Minimal EPS

💡💡 LOWEST EPS RISK:

- ⚖️💡 ARIPIPRAZOLE: Partial agonist = less EPS
- ♂💡 ZIPRASIDONE: Clean movement profile
- 💡💡 LURASIDONE: Minimal EPS

💡💡 First-Generation Antipsychotics (FGAs): The Classic Theater Troupe

💡💡 PERSONALITY: The old-school performers with dramatic side effects 💡💡

SUPERPOWER: Potent antipsychotic effects

💡💡 KRYPTONITE: Movement disorders and tardive dyskinesia

💡💡 FGA Side Effect Hierarchy (Ayano, 2016)

💡💡 MOVEMENT DISORDERS (The Main Event):

- 💡💡 ACUTE DYSTONIA: Muscle spasms (hours to days)
- ♂💡 AKATHISIA: Restlessness and agitation
- 💡💡 PARKINSONISM: Tremor, rigidity, bradykinesia
- 💡💡 TARDIVE DYSKINESIA: Late-onset involuntary movements

💡💡 SEDATION RANKING:

💡💡 HIGHLY SEDATING: Chlorpromazine, thioridazine

- ❖❖ MODERATELY SEDATING: Perphenazine, fluphenazine
- ❖❖ LESS SEDATING: Haloperidol, trifluoperazine

❖❖ OTHER NOTABLE EFFECTS:

- ❖❖ Prolactin elevation (galactorrhea, amenorrhea)
- ❖❖ Cardiac effects (QT prolongation)
- Temperature regulation issues
- Anticholinergic effects (dry mouth, constipation, blurred vision)

❖❖ TRICYCLIC ANTIDEPRESSANTS: The Vintage Powerhouse Team

The TCA Side Effect Hierarchy (Moraczewski & Aedma, 2023)

❖❖ PERSONALITY: The powerful but dramatic vintage performers

❖❖ SUPERPOWER: Effective **for** depression and pain

❖❖ KRYPTONITE: Anticholinergic effects and cardiac risks

❖❖ The "4 H's" of TCA Side Effects

❖❖ HISTAMINE (H1) EFFECTS:

- ❖❖ Sedation and drowsiness
 - ⚖️ Weight gain and increased appetite • ❖❖
- Vivid dreams

❖❖ ANTICHOLINERGIC EFFECTS:

- ❖❖ Dry mouth (xerostomia)
- Blurred vision
- ❖❖ Constipation
- ❖❖ Urinary retention
- ❖❖ Confusion (especially in elderly)

❖❖ CARDIAC EFFECTS:

- ❖❖ Orthostatic hypotension
 - ❖❖ Conduction delays (QRS widening) • ❖❖
- Arrhythmia risk in overdose

⚡ ALPHA-1 ADRENERGIC EFFECTS:

- ❖❖ Dizziness and lightheadedness
- ❖❖ Orthostatic hypotension
- ♂ Fall risk in elderly

❖❖ TCA Side Effect Champions

❖❖ MOST SEDATING:

- ❖❖ AMITRIPTYLINE: The sleep champion • ❖❖
- DOXEPIN: The close second
- ❖❖ TRIMIPRAMINE: The bronze medalist

💎💎 MOST ANTICHOLINERGIC:

- 💎💎 AMITRIPTYLINE: The dry mouth king • 💎💎
- IMIPRAMINE: The constipation creator • 💎💎
- DOXEPIN: The vision blurrer

💎💎 MOST CARDIAC EFFECTS:

- 💎💎 IMIPRAMINE: The conduction conductor • 💎💎
- AMITRIPTYLINE: The rhythm ruler • 💎💎
- DESIPRAMINE: The heart rate handler

💎💎 CLEANEST PROFILE:

- 💎💎 NORTRIPTYLINE: The balanced choice • 💎💎
- DESIPRAMINE: The least sedating • 💎💎
- PROTRIPTYLINE: The least anticholinergic

💎💎 MAOI SQUAD: The Elite Special Forces

The MAOI Side Effect Profile

- 💎💎 PERSONALITY: The elite but high-maintenance specialists
- 💎💎 SUPERPOWER: Effective **for** treatment-resistant depression
- 💎💎 KRYPTONITE: Dietary restrictions and drug interactions

💎💎 MAOI-Specific Side Effects (Laban & Saadabadi, 2023)

DIETARY DRAMA:

- 💎💎 Tyramine reactions (hypertensive crisis)
- 💎💎 Wine and aged foods restrictions
- 💎💎 Protein breakdown products

💎💎 DRUG INTERACTION DANGERS:

- 💎💎 Serotonin syndrome with SSRIs
- 💎💎 Hypertensive crisis with sympathomimetics
- 💎💎 Meperidine interactions

💎💎 COMMON SIDE EFFECTS:

- 💎💎 Orthostatic hypotension
- 💎💎 Insomnia and sleep disturbances
- 🏠 Weight gain
- 💎💎 Vivid dreams
- 💎💎 Sweating
- 💎💎 Constipation
- 💎💎 Headaches

⚡ STIMULANT SQUAD: The Focus & Energy Boosters

Stimulant Side Effect Speedway

💡💡 PERSONALITY: The high-performance racers

💡💡 SUPERPOWER: Laser focus and attention

💡💡 KRYPTONITE: Cardiovascular effects and growth suppression

💡💡 Stimulant Side Effect Categories (Farzam et al., 2023)

💡💡 CARDIOVASCULAR CONCERNS:

- 💡💡 Blood pressure elevation
- 💡💡 Heart rate increases
- 💡💡 Arrhythmia risk (rare)
- 💡💡 Sudden cardiac death (extremely rare)

💡💡 NEUROLOGICAL EFFECTS:

- 💡💡 Anxiety and jitteriness
- 💡💡 Insomnia and sleep disturbances
- 💡💡 Headaches
- 💡💡 Dizziness
- 💡💡 Mood changes and irritability

APPETITE & GROWTH:

- Appetite suppression
- 🏠 Weight loss
- 💡💡 Growth suppression in children
- 💡💡 Sleep-related growth hormone effects

💡💡 OTHER NOTABLE EFFECTS:

- 💡💡 Dry mouth
- 💡💡 Constipation
- 💡💡 Increased sweating
- 💡💡 Tics (may unmask or worsen)
- 💡💡 Rebound symptoms

💡💡 Stimulant Side Effect Comparison

💡💡 CARDIOVASCULAR IMPACT:

💡💡 HIGHEST: Amphetamines (Adderall, Vyvanse) 💡💡

MODERATE: Methylphenidate (Ritalin, Concerta) 💡💡

LOWEST: Non-stimulants (Strattera, Intuniv)

APPETITE SUPPRESSION:

💡💡 HIGHEST: Lisdexamfetamine (Vyvanse) 💡💡

MODERATE: Mixed amphetamine salts (Adderall) 💡💡

LOWEST: Methylphenidate formulations

💡💡 SLEEP DISRUPTION:

💡💡 HIGHEST: Long-acting formulations

💡💡 MODERATE: Intermediate-acting

💡💡 LOWEST: Short-acting (if timed properly)

♀️ ANXIOLYTIC ALLIANCE: The Calm Creators

💡💡 Benzodiazepine Side Effect Spectrum

- 💡💡 PERSONALITY: The quick-acting peace makers
- 💡💡 SUPERPOWER: Rapid anxiety relief
- 💡💡 KRYPTONITE: Dependence and cognitive impairment

💡💡 Benzodiazepine Side Effect Hierarchy (Bounds & Nelson, 2024)

💡💡 COGNITIVE EFFECTS:

- 💡💡 Memory impairment (anterograde amnesia)
- 💡💡 Confusion and disorientation
- 💡💡 Concentration difficulties
- 💡💡 Sedation and drowsiness

♂ PHYSICAL EFFECTS:

- 💡💡 Muscle weakness and ataxia
- ♂ Fall risk (especially elderly)
- Slurred speech
- 💡💡 Dizziness and lightheadedness

⚠️ SERIOUS CONCERNS:

- 💡💡 Tolerance and dependence
- 💡💡 Withdrawal syndrome
- 💡💡 Respiratory depression (with other CNS depressants) • 💡💡 Impaired driving ability

💡💡 PARADOXICAL REACTIONS:

- 💡💡 Increased agitation
- 💡💡 Anxiety worsening
- 💡💡 Disinhibition and aggression
- 💡💡 Insomnia (rare)

💡💡 Benzodiazepine Side Effect Champions

💡💡 MOST SEDATING:

- 💡💡 CLONAZEPAM: The long-lasting sleeper
- 💡💡 LORAZEPAM: The reliable relaxer
- 💡💡 DIAZEPAM: The classic calmer

💡💡 MOST COGNITIVE IMPAIRMENT:

- 💡💡 ALPRAZOLAM: The memory eraser
- 💡💡 CLONAZEPAM: The concentration crusher
- 💡💡 LORAZEPAM: The focus fogger

💡💡 HIGHEST DEPENDENCE RISK:

- 💡💡 ALPRAZOLAM: The addiction accelerator
- 💡💡 LORAZEPAM: The dependence developer
- 💡💡 CLONAZEPAM: The tolerance teacher



MOOD STABILIZER SQUAD: The Emotional Balance Team

💎💎 Lithium: The Original Mood Stabilizer

💎💎 PERSONALITY: The classic mood stabilizer with a narrow therapeutic window 💎💎

SUPERPOWER: Proven efficacy **for** bipolar disorder

💎💎 KRYPTONITE: Kidney and thyroid effects

💎💎 Lithium Side Effect Timeline (Drugs.com, 2018)

⚡ IMMEDIATE (Days to Weeks):

- 💎💎 Polyuria and polydipsia
- 💎💎 Nausea and GI upset
- 💎💎 Metallic taste
- 💎💎 Fine hand tremor
- 💎💎 Dry mouth

💎💎 INTERMEDIATE (Weeks to Months):

- ⚖️ Weight gain
- 💎💎 Edema and swelling
- 💎💎 Cognitive dulling ("lithium fog")
- ♀ Hair loss or texture changes
- 💎💎 Mood changes

💎💎 LONG-TERM (Months to Years):

- 💎💎 Kidney function decline
- 💎💎 Thyroid dysfunction (hypothyroidism)
- 💎💎 Worsening tremor
- 💎💎 Memory and concentration issues
- 💎💎 Bone density changes

💎💎 Anticonvulsant Mood Stabilizers

💎💎 PERSONALITY: The seizure medications moonlighting as mood stabilizers 💎💎

SUPERPOWER: Dual-purpose effectiveness

💎💎 KRYPTONITE: Each has unique side effect profiles

💎💎 Anticonvulsant Side Effect Profiles (Akyüz et al., 2021)

💎💎 VALPROATE (DEPAKOTE):

- ⚖️ Weight gain (significant)
- ♀ Hair loss and texture changes
- 💎💎 Hand tremor
- 💎💎 GI upset and nausea
- 💎💎 Thrombocytopenia
- 💎💎 Teratogenic effects

💎💎 LAMOTRIGINE (LAMICTAL):

- Rash (including Stevens-Johnson syndrome risk)
- 💎💎 Insomnia
- 💎💎 Headaches
- 💎💎 Dizziness
- 💎💎 Vivid dreams

- Blurred vision

💡💡 CARBAMAZEPINE (TEGRETOL):

- 💡💡 Dizziness and ataxia
- 💡💡 Nausea and vomiting
- Blurred vision
- 💡💡 Blood dyscrasias (rare but serious)
- 💡💡 Drug interactions (CYP450 inducer)
- Rash

💡💡 SIDE EFFECT MANAGEMENT STRATEGIES: THE SOLUTION SQUAD

The Side Effect Troubleshooting Toolkit

💡💡 Gastrointestinal Side Effects

💡💡 NAUSEA SOLUTIONS:

- Take with food (except ziprasidone)
- 💡💡 Timing adjustments (bedtime **for** sedating meds)
- 💡💡 Ginger supplements
- 💡💡 Smaller, frequent meals
- 💡💡 Ondansetron **for** severe cases

💡💡 CONSTIPATION FIXES:

- 💡💡 Increase fluid intake
- 💡💡 High-fiber diet
- ♂ Regular exercise
- 💡💡 Docusate sodium (stool softener)
- 💡💡 Polyethylene glycol (Miralax)

💡💡 Sleep-Related Side Effects

💡💡 SEDATION MANAGEMENT:

- 💡💡 Bedtime dosing **for** sedating medications • ☕ Avoid caffeine interactions
- 💡💡 Driving safety counseling
- 🕒 Dose timing optimization

💡💡 INSOMNIA SOLUTIONS:

- 💡💡 Morning dosing **for** activating medications • 💡💡 Sleep hygiene education
- ♀ Relaxation techniques
- 💡💡 Trazodone or melatonin adjuncts

⚖️ Weight Management

💡💡 WEIGHT GAIN PREVENTION:

- 💡💡 Baseline weight and BMI
 - 💡💡 Nutritional counseling
 - ♂ Exercise programs
 - 💡💡 Regular weight monitoring
 - 💡💡 Metformin **for** metabolic effects • 💡💡
- Medication switches **if** needed

Sexual Side Effects

💡💡 SEXUAL DYSFUNCTION SOLUTIONS:

- 🕒 Dose timing (before weekend)
 - 💡💡 Sildenafil or tadalafil
 - 💡💡 Bupropion augmentation
 - 💡💡 Medication holidays (with caution) • 💡💡
- Switch to bupropion or mirtazapine • Couples counseling referral

💡💡 RED FLAG SIDE EFFECTS: THE EMERGENCY ALERTS

⚠️ Immediate Medical Attention Required

💡💡 PSYCHIATRIC EMERGENCIES:

- 💡💡 Suicidal ideation increase
- 💡💡 Manic episode induction
- 💡💡 Severe confusion or delirium
- 💡💡 Aggressive or violent behavior

💡💡 MEDICAL EMERGENCIES:

- Neuroleptic malignant syndrome
- 💡💡 Serotonin syndrome
- Stevens-Johnson syndrome/TEN
- 💡💡 Cardiac arrhythmias
- 💡💡 Respiratory depression
- 💡💡 Severe allergic reactions

💡💡 MOVEMENT EMERGENCIES:

- 💡💡 Acute dystonia
- Malignant hyperthermia
- 💡💡 Tardive dyskinesia onset
- ♂ Severe akathisia

💡💡 When to Call the Doctor

💡💡 SAME DAY CONTACT:

- 💡💡 Persistent vomiting
- New rash or skin changes
- 💡💡 Chest pain or palpitations
- 💡💡 Severe dizziness or fainting

- 🧠🧠 Severe headaches
- Vision changes

🧠🧠 WITHIN 24-48 HOURS:

- ⚖️ Rapid weight changes
- 🧠🧠 Excessive sedation
- 🧠🧠 New tremors
- 🧠🧠 Urinary retention
- 🧠🧠 Persistent dry mouth
- Significant appetite changes

🧠🧠 SIDE EFFECT PRO TIPS: THE EXPERT SECRETS

🧠🧠 Clinical Pearls for Side Effect Management

🧠🧠 PEARL #1: "The Timing Trick"

Many side effects can be minimized **by** optimal dosing **times**: • 🧠🧠 Sedating meds **at** bedtime

- ⚡ Activating meds **in** morning
- 🧠🧠 GI-upsetting meds **with** food

🧠🧠 PEARL #2: "The Slow and Steady Rule"

Start low, **go** slow **to** minimize side **effects**:

- 🧠🧠 Gradual titration reduces side effects
- 🧠🧠 Target dose may take weeks **to** reach
- 🧠🧠 Patient education about timeline

🧠🧠 PEARL #3: "The Side Effect Silver Lining"

Some side effects can be **therapeutic**:

- 🧠🧠 Sedation **for** insomnia patients
- ⚖️ Weight gain **for** underweight patients
- 🧠🧠 Constipation **for** IBS-D patients

🧠🧠 PEARL #4: "The Switching Strategy"

Know **when to** switch vs. **manage**:

- 🧠🧠 Switch **for** intolerable side effects
- Manage **for** mild-moderate effects
- 🕒 Give adequate trial **time first**

🧠🧠 PEARL #5: "The Patient Partnership"

Involve patients **in** side effect **management**:

- 🧠🧠 Education about expected effects
- 🧠🧠 Realistic expectation setting
- 🧠🧠 Collaborative problem-solving
- 🧠🧠 Regular monitoring **and** **check-ins**

🧠🧠 SIDE EFFECT MONITORING SCHEDULE: THE SURVEILLANCE SYSTEM

🧠🧠 Monitoring Timeline by Medication Class

🧠🧠 ANTIDEPRESSANTS:

- 🧠🧠 Week 1-2: Activation symptoms, GI effects

- 🕒🕒 Week 4-6: Sexual side effects, weight changes
- 🕒🕒 Month 3-6: Long-term metabolic effects
- 🕒🕒 Ongoing: Suicidal ideation monitoring

🕒🕒 ANTIPSYCHOTICS:

- 🕒🕒 Week 1-2: Sedation, orthostatic hypotension
- 🕒🕒 Month 1: EPS symptoms, prolactin effects
- 🕒🕒 Month 3: Metabolic syndrome screening
- 🕒🕒 Every 6 months: AIMS exam, metabolic panel

⚖️ MOOD STABILIZERS:

- 🕒🕒 Week 1-2: GI effects, sedation
- 🕒🕒 Month 1: Tremor, cognitive effects
- 🕒🕒 Every 3-6 months: Labs (lithium, valproate)
- 🕒🕒 Ongoing: Kidney/thyroid function (lithium)

⚡ STIMULANTS:

- 🕒🕒 Week 1-2: Appetite, sleep, mood changes
- 🕒🕒 Month 1: Growth parameters (children)
- 🕒🕒 Every 3-6 months: Height, weight, BP, HR
- 🕒🕒 Ongoing: Cardiovascular monitoring

🕒🕒 CONCLUSION: MASTERING THE SIDE EFFECT UNIVERSE

Congratulations! You've completed your comprehensive journey through the side effect universe of psychiatric medications. You now possess the knowledge and tools to:

🕒🕒 Your New Superpowers:

♀ **Detective Skills:** Identify and predict side effects by medication class

Management Mastery: Know how to prevent, minimize, and treat side effects

🕒🕒 **Safety Surveillance:** Recognize red flags requiring immediate attention

🕒🕒 **Patient Partnership:** Educate and collaborate with patients effectively

⚖️ **Risk-Benefit Analysis:** Make informed decisions about continuing vs. switching medications

🕒🕒 Remember the Golden Rules:

1. 🕒🕒 **Prevention is Better:** Start low, go slow, educate patients

2. **Timing Matters:** Optimize dosing schedules for side effect profiles
3. **Communication is Key:** Regular monitoring and patient feedback
4. **Balance is Everything:** Weigh benefits against side effects
5. **Flexibility Wins:** Be ready to adjust, switch, or augment as needed

Remember: Side effects aren't just obstacles to overcome - they're valuable information that guides treatment decisions and helps optimize patient care. Master the side effect universe, and you'll become the psychiatric prescriber that patients trust and colleagues admire!

"The art of medicine consists of amusing the patient while nature cures the disease." - But in psychiatry, managing side effects IS part of the cure!

References

- Akyüz, E., Köklü, B., Ozenen, C., Arulsamy, A., & Shaikh, Mohd. F. (2021). Elucidating the Potential Side Effects of Current Anti-Seizure Drugs for Epilepsy. *Current Neuropharmacology*, 19(11), 1865–1883.
<https://doi.org/10.2174/1570159x19666210826125341>
- Ayano, G. (2016). First Generation Antipsychotics: Pharmacokinetics, Pharmacodynamics, Therapeutic Effects and Side Effects: A Review. *Research & Reviews: Journal of Chemistry*, 5(3), 53–63.
<https://www.rroij.com/open-access/first-generation-antipsychotics-pharmacokinetics-pharmacodynamicstherapeutic-effects-and-side-effects-a-review-.php?aid=79718>
- Bounds, C. G., & Nelson, V. L. (2024, January 30). *Benzodiazepines*. National Library of Medicine; StatPearls Publishing.
<https://www.ncbi.nlm.nih.gov/books/NBK470159/>
- Drugs.com. (2018). *Lithium Side Effects*. Drugs.com; Drugs.com.
<https://www.drugs.com/sfx/lithium-side-effects.html>
- Farzam, K., Faizy, R. M., & Saadabadi, A. (2023, July 2). *Stimulants*. PubMed; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK539896/>
- Hirsch, L., Patten, S. B., Bresee, L., Jette, N., & Pringsheim, T. (2018). Second-generation antipsychotics and metabolic side-effects: Canadian population-based study. *BJPsych Open*, 4(4), 256–261.
<https://doi.org/10.1192/bjo.2018.33>

- Laban, T. S., & Saadabadi, A. (2023, July 17). *Monoamine Oxidase Inhibitors (MAOI)*. Nih.gov; StatPearls Publishing.
<https://www.ncbi.nlm.nih.gov/books/NBK539848/>
- Mayo Clinic. (2024, September 11). *Selective serotonin reuptake inhibitors (SSRIs)*. Mayo Clinic.
<https://www.mayoclinic.org/diseases-conditions/depression/in-depth/ssris/art-20044825>
- Moraczewski, J., & Aedma, K. K. (2023, August 17). *Tricyclic Antidepressants*. PubMed; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK557791/>
- Muench, J., & Hamer, A. M. (2010). Adverse Effects of Antipsychotic Medications. *American Family Physician*, 81(5), 617–622.
<https://www.aafp.org/pubs/afp/issues/2010/0301/p617.html>
- Santarsieri, D., & Schwartz, T. (2015). Antidepressant efficacy and side-effect burden: A quick guide for clinicians. *Drugs in Context*, 4(212290), 1–12.
<https://doi.org/10.7573/dic.212290>