Behavioral Health Medications in Workers' Compensation

Continuing Education Webinar

October 21, 2025

3:00 PM ET

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Agenda



Relationship between behavioral health and physical health



Define psychotropic medications



Psychotropic medication classes in workers' compensation



Common disease states and treatment options



Adverse effects of psychotropic medications

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Relationship between behavioral health and physical health

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Nearly one in three people with a long-term physical health condition also has a mental health problem

(often depression or anxiety)



34 states

Mental health-related injuries are covered in some capacity by workers' compensation in 34 states

(seven states exclude mental health-related injuries)

≈22.8%

of adults in the U.S. experience a mental health disorder each year

(includes depression, anxiety, and PTSD that can be exacerbated or triggered by workplace incidents)

https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/physical-health-and-mental-health#:

https://www.ncsl.org/labor-and-employment/mental-health-and-workers-compensation-snapshot

https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/#:

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Psychotropic medications

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Psychotropic medications are used when treating mental health disorders. They affect a person's mind, emotions, thoughts and perceptions.

The medications often work by adjusting neurotransmitters in the brain.



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Common of psychotropic medication categories

+ Antidepressants
+ Anticonvulsants
+ Antianxiety
+ Antipsychotics
+ Stimulants



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Antidepressants

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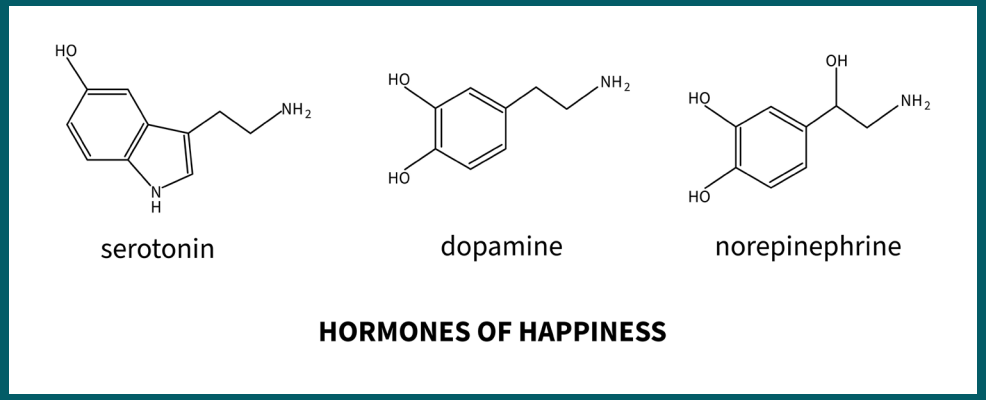
Depression is a common mental health condition characterized by a persistent low mood

+ Also known as major depression or clinical depression
+ Loss of interest in activities that interfere with daily functioning

Symptoms include:

+ Depressed mood
+ Loss of interest or pleasure
+ Weight change
+ Loss of energy or fatigue
+ Feelings of worthlessness
+ Decreased concentration or suicidal ideation

The exact cause of depression is unknown.
May be due to low levels of neurotransmitters.



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Antidepressants increase levels of certain brain neurotransmitters

The American Psychological Association (APA) recommends either psychotherapy or 2nd generation antidepressants or both as first line treatment of an adult with depression.

- If patient does not respond, or only partially responds, to the treatment, the APA recommends switching:

  FROM an antidepressant medication alone

  TO cognitive therapy alone

  OR TO another antidepressant medication

- The APA conditionally recommends augmentation with another antidepressant medication.

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Selecting the right antidepressant for the patient

Characteristics	Patient profile and history	Physician expertise	Patient preferences
+ Cost	+ Age	+ Psychiatrists	Avoidance of certain adverse events
+ Availability	+ Comorbidities	+ Primary Care Physicians (PCPs)	
+ Comparative efficacy and tolerability	+ Major depressive disorder (MDD) severity and duration	+ Nurse Practitioners	
+ Mechanisms of Action (MOA)	+ Response to prior antidepressants	+ Physician Assistants	
+ Simplicity of use	+ Other medications		
+ Potential interactions	+ Pregnancy status		

Common antidepressant classes

Tricyclic Antidepressants (TCAs) – 1st generation	Selective Serotonin Reuptake Inhibitors (SSRIs) – 2nd generation	Serotonin Norepinephrine Reuptake Inhibitor (SNRIs) – 2nd generation

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Tricyclic Antidepressant (TCAs)

Indications and off-label use

Indications	Amitriptyline (Elavil®)	Clomipramine (Anafranil®)	Desipramine (Norpramin®)	Doxepin (Sinequan®)	Imipramine (Tofranil®)	Nortriptyline (Pamelor®)	Protriptyline (Vivactil®)	Trimipramine (Surmontil®)
Anxiety				Yes				
Attention-deficit hyperactivity disorder (ADHD)			Yes*		Yes*			
Bulimia nervosa	Yes*		Yes*		Yes*			
Depression	Yes		Yes	Yes	Yes	Yes	Yes	Yes
Diabetic neuropathy	Yes*		Yes*		Yes*	Yes*		
Enuresis	Yes*				Yes	Yes*		
Fibromyalgia	Yes*							
Insomnia	Yes*			Yes				
Migraine prophylaxis	Yes*							
Obsessive-compulsive disorder (OCD)		Yes						
Panic Disorder	Yes*		Yes*		Yes*	Yes*		
Postherpetic neuralgia	Yes*		Yes*			Yes*		
Premenstrual dysphoric disorder (PMDD)						Yes*		
Social phobia (social anxiety disorder)	Yes*		Yes*		Yes*	Yes*		

** Indicates off-label use*

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TCAs can improve mood and reduce depressive symptoms

Common use in workers' compensation

+ Depression
+ Anxiety
+ Insomnia
+ Fibromyalgia
+ 1st line for **Neuropathic Pain**
+ Headache Prevention - Migraine & Tension

Common Adverse Effects

+ Sedation
  (Avoid use with other CNS sedating medications, i.e., opioids, sedatives, alcohol, benzodiazepines)
+ Weight gain
+ Increased risk for cardiac side effects
+ Orthostatic hypotension
+ **Anticholinergic** side effects

Notes:

+ Avoid use in adults over 65 years old
+ Discontinuation should be done gradually

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Pain is an unpleasant experience that is both sensory and emotional and is quite subjective.

Pain can alert us to harm and allow us to survive. Other times, pain continues without ongoing stimuli or identifiable cause.

Chronic pain is pain that persists after 90 days from injury.

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Nociceptive vs. Neuropathic pain

Nociceptive Pain

Pain that is caused by damage to tissue and/or inflammation

Presentation of pain:

- Sharp or dull
- Throbbing
- Aching
- Often localized to one area

Examples:

- Broken bone
- Osteoarthritis
- Infection

Neuropathic Pain

Complex pain that caused by nerve damage due to an injury or disease. Nerve fibers may be damaged or dysfunctional.

Presentation of pain:

- Burning
- Tingling
- Shooting or radiating
- Electric shocks

Examples:

- Radiculopathy
- Diabetic neuropathy

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Anticholinergic side effects may put a patient at risk of falls or accidents

Anticholinergic side effects are uncomfortable and often intolerable and may put patients at risk of falls or accidents.

These adverse effects are heightened in elderly patients, so medications with these side effects are not recommended for this age population.



Blurry / dry eyes



Upset GI



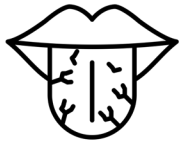
Dizziness / drowsiness



Urinary retention



Decreased tear production



Dry mouth

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Selective Serotonin Reuptake Inhibitors (SSRIs)

Indications and off-label use

Indications	Citalopram (Celexa®)	Escitalopram (Lexapro®)	Fluoxetine (Prozac®)	Fluvoxamine (Luvox®)	Paroxetine (Paxil®)	Sertraline (Zoloft®)
Depression	Yes	Yes	Yes	Yes*	Yes	Yes
Generalized anxiety disorder (GAD)		Yes	Yes*	Yes*	Yes	Yes*
Hot flashes	Yes*		Yes*		Yes	Yes*
Obsessive-compulsive disorder (OCD)	Yes*		Yes	Yes	Yes	Yes
Panic disorder	Yes*	Yes*	Yes	Yes*	Yes	Yes
Post traumatic stress disorder (PTSD)	Yes*		Yes*	Yes*	Yes	Yes
Premature ejaculation			Yes*		Yes*	Yes*
Premenstrual dysphoric disorder (PMDD)	Yes*		Yes		Yes	Yes
Social phobia (social anxiety disorder)	Yes*	Yes*	Yes*	Yes*	Yes	Yes

** Indicates off-label use*

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SSRIs are considered 2nd generation antidepressants and are safer and better tolerated than 1st generation

Common use in workers' compensation

+ Depression
+ Anxiety
+ Panic disorder
+ Post traumatic stress disorder (PTSD)

Common Adverse Effects

+ GI upset – nausea, vomiting, diarrhea
+ Dry mouth
+ Insomnia
+ Headache
+ Sexual dysfunction
+ Increased bleeding (impaired platelet aggregation)
+ Hyponatremia
+ QT prolongation (esp. citalopram)
+ Emotional blunting
+ Discontinuation syndrome when abruptly stopped

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Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

Indications and off-label use

Indications	Desvenlafaxine (Pristiq®, Khedezla®)	Duloxetine (Cymbalta®)	Levomilnacipran (Fetzima®)	Milnacipran (Savella®)	Venlafaxine (Effexor®)
Depression	Yes	Yes	Yes	Yes*	Yes
Diabetic neuropathy		Yes			Yes*
Fibromyalgia		Yes		Yes	Yes*
Generalized anxiety disorder (GAD)		Yes			Yes
Hot flashes	Yes*				Yes
Menopause	Yes*				Yes*
Musculoskeletal pain		Yes			
Osteoarthritis		Yes			
Panic disorder					Yes
Premenstrual dysphoric disorder (PMDD)					Yes*
Social phobia (social anxiety disorder)					Yes
Urinary incontinence		Yes*			

** Indicates off-label use*

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SNRIs are considered 2nd generation antidepressants and have similar response rates as SSRIs for treatment of depression

Common use in workers' compensation

+ Depression
+ Anxiety
+ Panic disorder
+ Post traumatic stress disorder (PTSD)
+ Musculoskeletal pain
+ Neuropathic pain

Common Adverse Effects

+ GI upset – nausea, vomiting, diarrhea
+ Dry mouth
+ Insomnia
+ Headache
+ Sexual dysfunction
+ Increased bleeding (impaired platelet aggregation)
+ Hyponatremia
+ Elevated blood pressure
+ QT prolongation
+ Emotional blunting
+ Discontinuation syndrome when abruptly stopped

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Anticonvulsants

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Anticonvulsants are considered first line treatment for seizure disorders

Common use in workers' compensation

+ Anxiety
+ Neuropathic pain
+ Migraine headaches
+ Fibromyalgia
+ Restless leg syndrome

Common Adverse Effects

+ Dizziness
+ Somnolence
+ Peripheral edema
+ GI concerns – diarrhea
+ Dry mouth
+ Mood changes, increased risk of suicidal ideation
+ Weight gain

Note:

+ Discontinuation should be done gradually

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Commonly used anticonvulsants

Also called antiseizure and antiepileptic medications

+ Gabapentin (Neurontin®)
+ Pregabalin (Lyrica®)
+ Topiramate (Topamax®)
+ Lamotrigine (Lamictal®)
+ Levetiracetam (Keppra®)
+ Divalproex/valproic acid (Depakote®, Depakene®)
+ Oxcarbazepine (Trileptal®)
+ Carbamazepine (Tegretol®)
+ Phenytoin (Dilantin®)

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Anti-anxiety medications

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Anxiety is characterized by feeling of tension, worried thoughts, and physical changes like increased blood pressure.

Anxiety disorders including generalized anxiety disorder (GAD) and panic disorder are commonly seen in the primary care setting.



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Generalized Anxiety Disorder

- Excessive anxiety and worry, more days than not, for 6 months or more involving several events/activities
- Difficult to control the worry
- Anxiety and worry associated with 3 or more of the following 6 symptoms:
  - Restlessness, feeling keyed up or on edge
  - Easily fatigued
  - Difficulty concentrating or going blank
  - Irritability
  - Muscle tension
  - Sleep disturbance
- Anxiety, worry or physical symptom cause significant distress or impairment in important areas of function
- Disturbance not attributed to substance use or medical condition or other mental disorder

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Panic Disorder

Recurrent unexpected panic attack (abrupt surge of intense fear or discomfort that reaches peak in minutes) with 4 or more following symptoms:

- Palpitations, pounding heart
- Sweating
- Trembling or shaking
- Sensation of shortness of breath
- Feelings of choking
- Chest pain/discomfort
- Nausea or GI distress
- Feeling dizzy, unsteady, light-headed, or faint
- Chills or heat
- Paresthesia
- Derealization or depersonalization
- Fear of losing control or going crazy
- Fear of dying

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1st and 2nd line antianxiety medications

1st Line Treatment	2nd Line Treatment*
SSRI or SNRI Antidepressant	Pregabalin
Psychotherapy	Hydroxyzine
	Benzodiazepines

**Adding medication to antidepressants do not appear to improve outcomes.*

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Benzodiazepines are one of the most prescribed class of medications with a variety of uses

- Selectively recommended for short term use for acute crisis or panic symptoms
- Not recommended for long term use due to dependence, rebound anxiety and withdrawal
- Avoid use in adults over 65 years old

Common uses

- Insomnia
- Anxiety
- Seizures
- Anesthesia and sedation
- Skeletal muscle relaxant
- Alcohol withdrawal

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Commonly used benzodiazepines

+ Alprazolam (Xanax®)
+ Chlordiazepoxide (Librax®)
+ Clonazepam (Klonopin®)
+ Diazepam (Valium®)
+ Lorazepam (Ativan®)
+ Temazepam (Restoril®)



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Adverse effects of benzodiazepines

- Dose dependent respiratory depression
- Neuropsychiatric effects: anterograde amnesia, somnolence, fatigue, impaired balance and coordination, and impaired cognition
- Increase risk of falls by ≈ 50%
- Psychological dependence can develop as natural consequence of regular, appropriate use
- Withdrawal syndrome may occur if stopped too quickly.
- Panic rebound or seizures may occur if withdrawn too quickly

FDA boxed warning

- Concomitant use of benzodiazepine with opioids may result in profound sedation, respiratory depression, coma, and death
- Use of benzodiazepines carry risk of abuse, misuse and additions with can lead to overdose or death
- Abrupt discontinuation or rapid dose reductions may cause acute withdrawal reaction, which can be life-threatening

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Antipsychotics

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Antipsychotic medications a class of drugs used to treat mental health conditions characterized by psychosis

Typical Antipsychotics

- First generation antipsychotic
- Block dopamine receptors and increasing dopamine levels

Atypical Antipsychotics

- Second generation antipsychotics
- Block receptors for dopamine, serotonin, and histamine
- Used first line versus first generation due to reduced risk of tardive dyskinesia and other movement disorders. (Have more metabolic adverse effects)
- Generally indicated for schizophrenia, bipolar disorder and adjunct therapy in treatment depression

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Common uses and adverse effects of antipsychotic medications

Common use in workers' compensation

+ Post-Traumatic Stress Disorder (PTSD)
+ Major Depression Disorder
+ Insomnia
+ Migraine
+ Bipolar Disorder

Common Adverse Effects

+ Akathisia (agitation)
+ Dystonia (muscle contractions)
+ Movement disorders
+ Somnolence
+ Metabolic effects
+ Sexual dysfunction
+ Cardiovascular effects
+ Malaise
+ Insomnia
+ Increased risk of suicide

Note:

+ FDA Boxed warning for treatment of dementia-related psychosis in geriatric patients
+ Discontinuation should be done gradually

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Atypical Antipsychotics (2nd generation)

Indications and off-label use

Indications	Aripiprazole (Abilify®)	Asenapine (Saphris®)	Brexpiprazole (Rexulti®)	Cariprazine (Vraylar®)	Clozapine (Clozaril®)	Iloperidone (Fanapt®)	Lumateperone (Caplyta®)	Lurasidone (Lutuda®)	Olanzapine (Zyprexa®)	Paliperidone (Invega®)	Pimavanserin (Nuplazid®)	Quetiapine (Seroquel®)	Risperidone (Risperdal®)	Ziprasidone (Geodon®)
Agitation	Yes		Yes						Yes					Yes
Alzheimer's disease			Yes											
Autistic disorder	Yes												Yes	
Bipolar depression				Yes			Yes	Yes	Yes			Yes		
Bipolar disorder	Yes	Yes		Yes	Yes*	Yes			Yes	Yes*		Yes	Yes	Yes
Depression	Yes		Yes	Yes					Yes			Yes		
Mania	Yes	Yes		Yes		Yes			Yes	Yes*		Yes	Yes	Yes
Parkinson's disease psychosis					Yes*						Yes			
Schizoaffective disorder					Yes					Yes				
Schizophrenia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes
Tourette's syndrome	Yes												Yes*	Yes*

** Indicates off-label use*

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Stimulants

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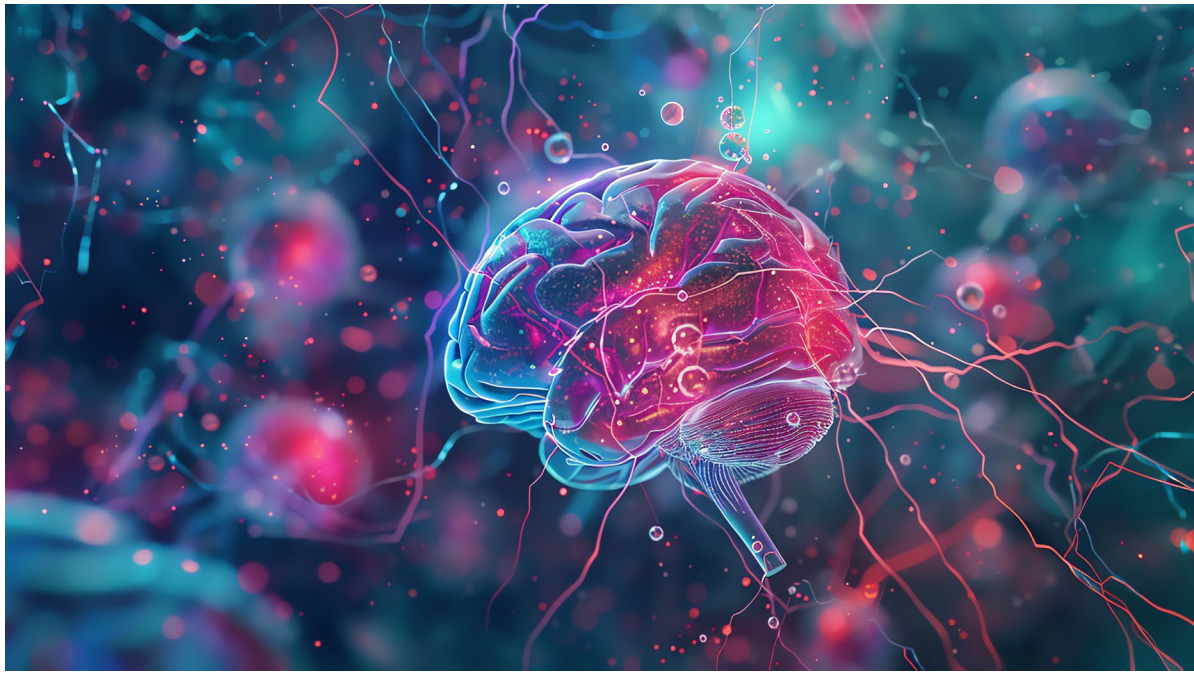
Stimulants are a class of drugs that speed up messages travelling between the brain and body

+ Increase the levels of dopamine and norepinephrine in the neuron and extra-neuronal space
+ Schedule II controlled substances
+ Considered first line in the treatment of Attention-Deficit Hyperactivity Disorder (ADHD), unless there is a history of substance abuse.



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Common uses and adverse effects of stimulants

Common use in workers' compensation

+ Traumatic Brain Injury (TBI) – increase wakefulness and cognitive function
+ Refractory depression
+ Counteract fatigue and somnolence of CNS sedating medications, including opioids

Common Adverse Effects

+ Headache
+ Stomach issue
+ Anorexia, weight loss
+ Insomnia
+ Tics
+ Increases anxiety and agitation
+ Increases psychosis and manic symptoms
+ Serotonin syndrome when used with other serotonergic agents

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Common stimulant medications

+ Amphetamine and salts (Adderall®)
+ Dextroamphetamine (Dexedrine®)
+ Lisdexamfetamine (Vyvanse®)
+ Methamphetamine (Desoxyn®)
+ Methylphenidate (Ritalin,® Concerta ®)
+ Dexmethylphenidate (Focalin®)



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Presentation takeaways



Mental health is important to treat and monitor

There is a relationship between behavioral health and physical health



Understand and recognize psychotropic medications and their role in workers' compensation claims



Understand the potential adverse effects of psychotropic medications



Understand and recognize the off-label uses of some psychotropic medication to treat pain and other conditions



Prioritize patient safety on the use of and weaning from psychotropic medications



Understand the importance of a psychiatrist or neurologist to manage patient behavioral health medications and symptoms

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