

ECHO IDAHO

Behavioral Health in Primary Care

Harmful Drug Interactions

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Coire Weathers, MD & Stephen Carlson, PharmD
Director of Outpatient Programs & Director of Pharmacy
Cottonwood Creek Behavioral Hospital

None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



University of Idaho
School of Health and Medical
Professions



Learning Objectives

- Identify available community resources used to verify patients' access to other controlled medications and understand associated provider liability.
- Recognize the FDA boxed warning for montelukast and identify associated neuropsychiatric adverse effects.
- Apply current valproate prescribing and continuation requirements in clinical practice.
- Be aware of inconsistencies among drug–drug interaction databases and understand their clinical implications.
- Appreciate and manage clinically significant drug–drug interactions between antipsychotic and cardiometabolic medications.

Borderline Personality Disorder

Recent overdose on muscle relaxants

- F-49, self employed, raised in the church
- Called 988 multiple times but felt they didn't provide adequate resources
- Trauma: Present
- Medications:
 - Alprazolam, up to 6 mg a day
 - Oxycodone up to 100 mg a day
 - Zolpidem at bedtime
 - Carisoprodol
 - Dextroamphetamine/Amphetamine
- Identifiable interactions or concerns?

Opioids and Benzodiazepines

How do you chart and engage these patients?

- **Idaho Prescription Monitoring Program**
 - <https://idaho.pmpaware.net/login>
- Do most of you call other providers on this report?
- Do you use a pain contract with you patients?
 - Does it outline medications classes you need to be made aware of?
- Do you have benzodiazepine contracts?

MDD w/o Psychosis, Anxiety, ASD & ADHD

Recent increase in suicidal ideations

- F-17, student, lives with both parents, financially stable, with younger sibling
- Stopped taking psychotropics medications 3 weeks ago: “It made me feel dull”
- Previous trials of Bupropion, Fluoxetine, Sertraline and Dextroamphetamine/Amphetamine
- History of PHP x2, IOP x2 and inpatient x2
- Mom states she does better when patient, takes aripiprazole 10mg daily
- Medications: not taking as covered above
- Identifiable interactions or concerns?

MDD w/o Psychosis, Anxiety, ASD & ADHD

Recent increase in suicidal ideations

- F-17
- Upon further discussions with patient, they admit to frequent marijuana, alcohol and nicotine abuse.
- Patient states that they are willing to consider a new trial of Dextroamphetamine/Amphetamine
- Identifiable concerns?
- What types or medications should be avoided in this patient at this time?

Suicidal Thoughts

Sleep Disturbances and Agitation

- M-21, landscaper, high school degree, planning to go back to school
- No psychiatric history prior to admission
- Trauma: Recent breakup with girlfriend of 2 years
- ER toxicology screen: Negative
- Medications:
 - Loratadine
 - Fluticasone/Salmeterol
 - Zolpidem
 - Melatonin
 - Cyclobenzaprine
 - Montelukast
 - Trazodone
 - Albuterol MDI
- Identifiable interactions or concerns?

Suicidal Thoughts Sleep Disturbances and Agitation

- M-21
- Upon further discussions with patient, they that they are a non-drinker with no history of recreational drug use.
- UA confirms no drug use
- Allergies and asthma were reason for last doctor visit 3 weeks ago

Montelukast Boxed Warning (#)

- **Serious neuropsychiatric events**
- Serious neuropsychiatric (NP) events have been reported with the use of montelukast. The types of events reported were highly variable and included, but were not limited to, agitation, aggression, depression, sleep disturbances, suicidal thoughts, and behavior (including suicide). The mechanisms underlying NP events associated with montelukast use are currently not well understood.
- Because of the risk of NP events, the benefits of montelukast may not outweigh the risks in some patients, particularly when the symptoms of disease may be mild and adequately treated with alternative therapies. Reserve use of montelukast for patients with allergic rhinitis who have an inadequate response or intolerance to alternative therapies. In patients with asthma or exercise-induced bronchoconstriction, consider the benefits and risks before prescribing montelukast.
- Discuss the benefits and risks of montelukast with patients and caregivers when prescribing montelukast. Advise patients and/or caregivers to be alert for changes in behavior or new NP symptoms when taking montelukast. If changes in behavior are observed, or if new NP symptoms or suicidal thoughts and/or behavior occur, advise patients to discontinue montelukast and contact a health care provider immediately.

Depression or Bipolar Disorder

Recent increased feeling of sadness

- F-26, stay-at-home parent, college degree, married mother of 2 (5yo & 2yo)
- Treated off and on for depression over last 10 years
- Trauma: Recent loss of multiple family members grandparent and oldest sibling
- Medications:
 - Levothyroxine
 - Methylphenidate ER
 - Sertraline
 - Pantoprazole
 - Fluticasone nasal
 - Clonazepam
- Identifiable interactions or concerns?

Depression or Bipolar Disorder

Recent increased feeling of sadness

- Following a comprehensive interview, you determine patient may be better diagnoses and require treatment for Bipolar Disorder
- What mood stabilizer would you choose? Which one has had a recent change in prescribing requirement?
 - Carbamazepine
 - Lamotrigine
 - Lithium
 - Valproic Acid
- What are your thoughts on continuation of current medications?

New Prescribing Practices for Valproate (%)

- Men and women under the age of 55 should not be started on valproate without two specialists signing off prescription
- Women already taking valproate will need sign off from two specialists to continue
- Men already taking valproate will need sign off from two specialists to continue, later next year
- No-one should stop taking their medication without consulting their doctor
- Patients will be called in for a review of their prescription
- Valproate is also known as sodium valproate, valproate semisodium, or valproic acid. Brand names Epilim, Depakote, Convulex, Episenta, Epival, Syonell, Belvo and Dyzantil

Drug-Drug Interaction Resources and Limitations (*)

Gaps in the detection of drug-drug interactions between sources

- Specifically, antipsychotics and cardiometabolic medications
Looking at four online DDI checkers—Drugs.com, Medscape, DDinter, and ANSM Thesaurus—were used to evaluate their ability to identify the observed interactions
- ACEI/ARB, Antihypertensives, CCB's, Cardiac, Diuretics, Lipid-modifying agents & Vasopressors with Antipsychotics
- Healthcare providers should utilize multiple sources and remain informed about emerging evidence

Hydrocodone and Selective Serotonin Reuptake Inhibitors (&)

Opioid overdose associated with concomitant use of hydrocodone and SSRI

- Claims database study looked at initiating citalopram, escitalopram, fluoxetine, paroxetine, or sertraline while on hydrocodone
- Standard of care to ask about depression with pain patients?
- All studied SSRI's other than sertraline were associated with an increased risk of opioid overdose.

Key Points

- Use PDMPs and community resources to verify controlled medication use and reduce provider liability.
- Montelukast has an FDA boxed warning for serious neuropsychiatric adverse effects.
- Valproate prescribing requires adherence to current guidelines, risk mitigation, and monitoring.
- Drug–drug interaction databases vary; use multiple sources and clinical judgment.
- Antipsychotic–cardiometabolic interactions pose safety risks and require proactive management.

References

- (#) FDA requires Boxed Warning about serious mental health side effects for asthma and allergy drug montelukast (Singulair); advises restricting use for allergic rhinitis | FDA
 - <https://www.fda.gov/drugs/drug-safety-and-availability/fda-requires-boxed-warning-about-serious-mental-health-side-effects-asthma-and-allergy-drug>
- (%) New prescribing practices for valproate
 - <https://epilepsysociety.org.uk/news-changes-valproate>
- (&) Bea *et al. BMC Medicine (2025) 23:666*
 - <https://doi.org/10.1186/s12916-025-04475-3>
- (*) Yao *et al. BMC Medicine (2025) 23:622*
 - <https://doi.org/10.1186/s12916-025-04420-4>