



# NEW TREATMENT OPTIONS

FOR MOST PEOPLE LIVING WITH MENTAL ILLNESSES, A COMBINATION OF THERAPY AND MEDICATION IS THE MOST EFFECTIVE FORM OF TREATMENT. MANY MEDICATIONS HAVE BEEN AVAILABLE FOR DECADES AND HAVE PROVEN TO BE HELPFUL FOR MILLIONS OF PEOPLE, HOWEVER WHEN “TRADITIONAL” MEDICATIONS ARE NOT WORKING FOR YOUR LOVED ONE, IT MAY BE TIME TO LOOK AT OTHER OPTIONS. AS BEHAVIORAL MEDICINE CONTINUES TO ADVANCE, NEW TREATMENT OPTIONS CAN OFFER MORE FREEDOM AND FLEXIBILITY TO THOSE SEEKING HELP.

**NEARLY 1/3**  
**OF PEOPLE WHO ARE TREATED FOR DEPRESSION DON'T EXPERIENCE RELIEF FROM “TRADITIONAL” TREATMENTS<sup>1</sup>**

## WHAT MAKES A MEDICATION “NEW”?

New medications may act on a different set of chemicals or chemical receptors in the body or brain to treat a condition or may be a different formula of medication that targets the same chemicals or chemical receptors as other existing treatments. When a new medication is approved by the FDA, it does not always mean that the drug itself is new, it may just be newly available in a different format (i.e. a daily pill is now available as an injection that lasts weeks).

## CAN MY LOVED ONE TRY NEW TREATMENTS RIGHT NOW?

Because newer medications are often more expensive, they may not be covered by insurance or may only be covered under certain circumstances. Before prescribing one of these newer treatments, providers will likely try to adjust “traditional medications” for a patient in several ways. This may mean giving a medication more time to take effect, increasing dosage, adding another type of medication to better control symptoms or side effects, and/or switching to a different family of medications used to treat the same condition. In the case of treatment-resistant depression, a person will have to have tried at least two antidepressants without success before they will be considered for the newest type of medication.

## WHAT NEW TREATMENTS ARE AVAILABLE?

In the last 5 years, seven new medications have been approved by the FDA for treatment of mental health conditions.<sup>2</sup>

DRUG NAME	USE	HOW IT'S TAKEN
Aripiprazole lauroxil (Aristada)	Schizophrenia	Muscle Injection
Brexanolone (Zulresso)	Postpartum Depression	IV Infusion
Brexiprazole (Rexulti)	Depression & Schizophrenia	Pill
Cariprazine (Vraylar)	Bipolar Disorder & Schizophrenia	Pill
Esketamine (Spravato)	Treatment-Resistant Depression	Nasal Spray
Paliperidone Palmitate (Invega Trinza)	Schizophrenia & Schizoaffective Disorder	Muscle Injection
Pimavanserin (Nuplazid)	Parkinson's Disease Psychosis	Pill

## WEIGHING THE PROS AND CONS

New medications may offer a variety of benefits to those who take them. For instance, some medications may be fast-acting and provide symptom relief in a matter of days rather than weeks, others may be long-acting and do not need to be taken on a daily basis, making it easier to stick to a treatment plan. Others may have fewer or less severe side effects than their older counterparts. However, new medications just like all medications, may have their drawbacks. Some have to be taken at the doctor's office, which can be difficult for people with strict job schedules or transportation issues. An individual may not tolerate a medication well, or a new medication may have serious interactions with prescriptions taken for other health conditions. It is always best to discuss any medication changes with your loved one's treatment provider and pharmacist.

Additionally, new treatments may be very expensive or not be covered by insurance. If your loved one has been prescribed a new medication, but you are having trouble affording their care, there are prescription assistance programs available to help cover costs. Often these programs are available from the companies that produce the medications themselves.

**ALMOST 1/2**

**OF PEOPLE WITH  
SCHIZOPHRENIA DO  
NOT STICK WITH THEIR  
MEDICATION PLAN<sup>3</sup>**

### SOURCES

<sup>1</sup>Rush AJ., Trivedi MH., Wisniewski SR., et al. Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR\*D report. *Am J Psychiatry*. 2006;163:1905-1917.

<sup>2</sup><https://www.centerwatch.com/drug-information/fda-approved-drugs/therapeutic-area/17/psychiatry-psychology>

<sup>3</sup>Lacro JP, Dunn LB, Dolder CR, et al. Prevalence of and risk factors for medication nonadherence in patients with schizophrenia: a comprehensive review of recent literature. *J Clin Psychiatry*. 2002;63(10):892-909.

<sup>4</sup>Pinquart, M. & Sorensen, S. (2003) Differences between caregivers and noncaregivers in psychological health and physical health: A meta-analysis. *Psychology and Aging*, 18(2), 250-267.

<sup>5</sup>Center on Aging Society. (2005). *How Do Family Caregivers Fare? A Closer Look at Their Experiences*. (Data Profile, Number 3). Washington, DC: Georgetown University.

## CLINICAL TRIALS

Another option for individuals who haven't found relief is to participate in a clinical trial. Treatment trials may explore combining existing medications in new ways, testing medicines that are still in development, or using medical procedures or devices to reduce symptoms. While they are designed to be as safe as possible, there is a very real risk that a person could have medical complications while participating in an experimental treatment trial. To learn more about the process of participating in a clinical trial, visit [www.nih.gov/health-information/nih-clinical-research-trials-you](http://www.nih.gov/health-information/nih-clinical-research-trials-you).

### CARING FOR YOURSELF IS AN IMPORTANT PART OF BEING A CAREGIVER

Did you know that caregivers tend to experience higher levels of stress<sup>4</sup> and frustration<sup>5</sup> than those who are not caregivers?



Being a caregiver can be hard, so it's important to check in on your own mental health from time to time.

Visit [mhascreening.org](http://mhascreening.org) to take a free, anonymous, and confidential screen.