

CLARITY EDUCATION SYSTEMS  
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# OFF-LABEL MEDICATIONS

For Mental Health Nurse Practitioners and  
Appropriate Treatment Planning

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### Drug: Trazodone

- **Off-Label Use:** Insomnia, Anxiety
- **Key Mechanism:** H1 sedation, 5-HT<sub>2A</sub> block
- **Starting Dose:** 25-50 mg nightly
- **Titration Tips:** ↑ 25 mg every 3-4 days
- **Main Side Effects:** Drowsiness, priapism (rare), orthostasis
- **Pro Tip:** Multitasks for depression + sleep/anxiety



### Drug: Bupropion

- **Off-Label Use:** ADHD, SSRI sexual dysfunction
- **Key Mechanism:** NDRI (dopamine, NE boost)
- **Starting Dose:** 150 mg daily
- **Titration Tips:** ↑ to 300 mg over 2-4 weeks
- **Main Side Effects:** Seizure risk, insomnia, agitation
- **Pro Tip:** Energizes depression, restores intimacy



### Drug: Mirtazapine

- **Off-Label Use:** Insomnia, Appetite, Anxiety
- **Key Mechanism:** H1 sedation, alpha-2 block
- **Starting Dose:** 7.5-15 mg nightly
- **Titration Tips:** ↑ to 45 mg max
- **Main Side Effects:** Sedation, weight gain (2-4 lbs)
- **Pro Tip:** Gold for frail, sleepless patients



### Drug: Amitriptyline

- **Off-Label Use:** Chronic pain, Migraine, Insomnia
- **Key Mechanism:** Tricyclic (NE, 5-HT, H1 block)
- **Starting Dose:** 10-25 mg nightly
- **Titration Tips:** ↑ to 50-100 mg over weeks
- **Main Side Effects:** Dry mouth, QTc risk, sedation
- **Pro Tip:** Multi-tool for pain + sleep, watch heart



### Drug: Quetiapine

- **Off-Label Use:** Insomnia, GAD, PTSD, Dementia
- **Key Mechanism:** H1 sedation, 5-HT<sub>2A</sub>/D<sub>2</sub> block
- **Starting Dose:** 25 mg nightly
- **Titration Tips:** ↑ to 150-400 mg
- **Main Side Effects:** Weight gain (5-10 lbs), QTc risk
- **Pro Tip:** Low-dose ace for sleep + calm



### Drug: Aripiprazole

- **Off-Label Use:** Anxiety, OCD, Autism irritability
- **Key Mechanism:** D<sub>2</sub> partial agonist, 5-HT<sub>1A</sub>
- **Starting Dose:** 2-5 mg daily
- **Titration Tips:** ↑ to 10-15 mg (max 30 mg)
- **Main Side Effects:** Akathisia, insomnia
- **Pro Tip:** Fine-tunes SSRIs, calms without sedation



### Drug: Olanzapine

- **Off-Label Use:** Depression, Anxiety, Anorexia
- **Key Mechanism:** 5-HT<sub>2A</sub>/D<sub>2</sub>/H<sub>1</sub> block
- **Starting Dose:** 2.5-5 mg nightly
- **Titration Tips:** ↑ to 10-20 mg
- **Main Side Effects:** Weight gain (10-20 lbs), diabetes risk
- **Pro Tip:** Heavy hitter for mood + weight gain



### Drug: Risperidone

- **Off-Label Use:** OCD, PTSD, GAD, Dementia
- **Key Mechanism:** D<sub>2</sub>/5-HT<sub>2A</sub> block
- **Starting Dose:** 0.25-0.5 mg daily
- **Titration Tips:** ↑ to 1-4 mg split doses
- **Main Side Effects:** EPS, prolactin rise, weight gain
- **Pro Tip:** Precision for tough symptoms, watch EPS



### Drug: Lithium

- **Off-Label Use:** Depression, Aggression, Suicide
- **Key Mechanism:** Inositol/GSK-3 inhibition
- **Starting Dose:** 300 mg BID
- **Titration Tips:** ↑ to 600-1,200 mg (0.6-1.2 mEq/L)
- **Main Side Effects:** Tremor, thirst, toxicity risk
- **Pro Tip:** Suicide shield, tight level monitoring



### Drug: Lamotrigine

- **Off-Label Use:** Depression, PTSD, BPD
- **Key Mechanism:** Sodium channel/glutamate block
- **Starting Dose:** 25 mg daily
- **Titration Tips:** ↑ to 100-200 mg over 6 weeks
- **Main Side Effects:** Rash (SJS rare), dizziness
- **Pro Tip:** Gentle relief for depression/BPD chaos



### Drug: Valproate

- **Off-Label Use:** Aggression, Impulse, Personality
- **Key Mechanism:** GABA boost, Na/Ca block
- **Starting Dose:** 250 mg BID
- **Titration Tips:** ↑ to 500-1,500 mg (50-125 mcg/mL)
- **Main Side Effects:** Weight gain (5-15 lbs), hair loss
- **Pro Tip:** Tames aggression/impulse, mind labs



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- **Starting Dose:** 250 mg BID
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- **Main Side Effects:** Weight gain (5-15 lbs), hair loss
- **Pro Tip:** Tames aggression/impulse, mind labs



### Drug: Buspirone

- **Off-Label Use:** Depression, SSRI sexual dysfunction
- **Key Mechanism:** 5-HT1A partial agonist
- **Starting Dose:** 7.5 mg BID
- **Titration Tips:** ↑ to 15-30 mg over 2-4 weeks
- **Main Side Effects:** Dizziness, nausea, delay (2-4 wks)
- **Pro Tip:** Non-sedating fix for anxiety + intimacy



### Drug: Hydroxyzine

- **Off-Label Use:** Insomnia, Agitation, Mood boost
- **Key Mechanism:** H1 block, anticholinergic
- **Starting Dose:** 25 mg nightly
- **Titration Tips:** ↑ to 50-100 mg/day
- **Main Side Effects:** Drowsiness, dry mouth, QTc (rare)
- **Pro Tip:** Quick calm/sleep, old-school gold



### Drug: Gabapentin

- **Off-Label Use:** Anxiety, Insomnia, Alcohol withdrawal
- **Key Mechanism:** Alpha-2-delta block
- **Starting Dose:** 100-300 mg nightly
- **Titration Tips:** ↑ to 1,800-3,600 mg TID
- **Main Side Effects:** Sedation, edema, misuse
- **Pro Tip:** Multi-tool for anxiety/sleep/withdrawal



### Drug: Pregabalin

- **Off-Label Use:** Social Anxiety, PTSD, Insomnia
- **Key Mechanism:** Alpha-2-delta block (potent)
- **Starting Dose:** 75 mg BID
- **Titration Tips:** ↑ to 300-600 mg/day
- **Main Side Effects:** Dizziness, weight gain (3-5 lbs)
- **Pro Tip:** Sharper relief for trauma/sleep



### Drug: Topiramate

- **Off-Label Use:** Bipolar, PTSD, Binge Eating, Alcohol
- **Key Mechanism:** Na block, GABA boost, glutamate
- **Starting Dose:** 25 mg nightly
- **Titration Tips:** ↑ by 25-50 mg/wk to 100-400 mg
- **Main Side Effects:** Fog, tingling, kidney stones
- **Pro Tip:** Quirky fix for cravings/PTSD, hydrate



### Drug: Methylphenidate

- **Off-Label Use:** Depression, Cancer fatigue
- **Key Mechanism:** NDRI (dopamine, NE boost)
- **Starting Dose:** 5-10 mg BID (IR)
- **Titration Tips:** ↑ to 40-60 mg (max 72 mg)
- **Main Side Effects:** Insomnia, appetite loss, BP rise
- **Pro Tip:** Quick lift for mood/fatigue, misuse



### Drug: Modafinil

- **Off-Label Use:** Depression, ADHD, MS fatigue
- **Key Mechanism:** Dopamine boost, histamine tweak
- **Starting Dose:** 100 mg AM
- **Titration Tips:** ↑ to 200 mg (max 400 mg)
- **Main Side Effects:** Headache, insomnia (less), rash (rare)
- **Pro Tip:** Subtle energizer, clean lift



### Drug: Propranolol

- **Off-Label Use:** Performance Anxiety, PTSD, Aggression
- **Key Mechanism:** Beta-1/2 block
- **Starting Dose:** 20-40 mg PRN
- **Titration Tips:** ↑ to 40-120 mg/day chronic
- **Main Side Effects:** Fatigue, bradycardia, cold hands
- **Pro Tip:** Body-based calm for stage fright/PTSD



### Drug: Clonidine

- **Off-Label Use:** PTSD Nightmares, ADHD, Withdrawal
- **Key Mechanism:** Alpha-2 agonist
- **Starting Dose:** 0.1 mg nightly/BID
- **Titration Tips:** ↑ to 0.3-0.4 mg (max 0.6 mg)
- **Main Side Effects:** Sedation, hypotension
- **Pro Tip:** Multi-tasker for nightmares/detox



### Drug: Prazosin

- **Off-Label Use:** PTSD Nightmares
- **Key Mechanism:** Alpha-1 block
- **Starting Dose:** 1 mg nightly
- **Titration Tips:** ↑ to 2-10 mg (max 15 mg)
- **Main Side Effects:** Orthostasis, dizziness
- **Pro Tip:** Nightmare kryptonite, gentle touch



### Drug: Ketamine

- **Off-Label Use:** Depression, Suicidal Ideation, PTSD
- **Key Mechanism:** NMDA block, glutamate boost
- **Starting Dose:** 0.5 mg/kg IV
- **Titration Tips:** Single/repeat per protocol
- **Main Side Effects:** Dissociation, BP spike
- **Pro Tip:** Crisis buster, supervised only



### Drug: Naltrexone

- **Off-Label Use:** Self-Harm, Binge Eating, Dissociation
- **Key Mechanism:** Opioid receptor block
- **Starting Dose:** 25 mg daily
- **Titration Tips:** ↑ to 50 mg (max 100 mg)
- **Main Side Effects:** Nausea, headache
- **Pro Tip:** Reward-rewirer for cutters/bingers



### Drug: Memantine

- **Off-Label Use:** OCD, ADHD, Anxiety, Depression
- **Key Mechanism:** NMDA block (low-affinity)
- **Starting Dose:** 5 mg daily
- **Titration Tips:** ↑ by 5 mg/wk to 10-20 mg
- **Main Side Effects:** Dizziness, confusion (10%)
- **Pro Tip:** Glutamate-tamer for OCD/focus



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### Important Points for Off-Label Use in Psychiatry

#### Patient Education

Explain Off-Label Status Clearly

- Inform patients that the medication is being prescribed for a use not officially approved by the FDA, but supported by clinical evidence or practice guidelines.
- Example: "This medication is commonly used for [condition], though it's not FDA-approved for it. Research and experience show it can help."

Discuss Benefits vs. Risks

- Highlight potential benefits (e.g., symptom relief) and specific risks (e.g., side effects like weight gain or sedation).
- Tailor to the drug: "Quetiapine can help with sleep and anxiety, but it might cause weight gain or drowsiness."

Set Realistic Expectations

- Clarify time to effect (e.g., "Buspirone may take 2-4 weeks to ease anxiety") and that results vary.
- Address trial-and-error nature: "We'll monitor and adjust as needed."

## Important Points for Off-Label Use in Psychiatry

### Patient Education

#### Review Side Effects and Monitoring

- Educate on common side effects (e.g., "Mirtazapine may increase appetite") and rare but serious risks (e.g., "Lamotrigine has a small rash risk; call if you notice one").
- Mention labs or checks if applicable (e.g., "Lithium needs blood tests to stay safe").

#### Encourage Questions and Consent

- Invite questions and ensure informed consent: "Do you feel comfortable with this plan? Any concerns?"
- Document verbal or written consent where required by local regulations.

#### Provide Emergency Instructions

- Advise when to seek help: "Stop and call me if you feel [specific symptom, e.g., dizziness with prazosin] or if something feels off."

### Charting Requirements

#### Document Rationale

- Justify off-label use with evidence or clinical need: "Prescribed trazodone 50 mg nightly for insomnia based on its H1 sedative properties and common psychiatric use."
- Cite guidelines, studies, or patient-specific factors (e.g., "Failed SSRI trial").

#### Record Informed Consent

- Note discussion and patient agreement: "Patient educated on off-label use of gabapentin for anxiety; verbal consent obtained after discussing risks/benefits."
- Include if written consent was secured, per state/institutional policy.

#### Detail Dosing and Titration

- Specify starting dose, titration plan, and max dose: "Quetiapine started at 25 mg nightly, titrate by 25-50 mg every 4 days to target 100 mg for insomnia."
- Include monitoring plan: "Follow-up in 2 weeks to assess efficacy/tolerance."

#### List Risks and Side Effects Discussed

- Document what was shared: "Patient advised of sedation and rare QTc risk with amitriptyline; instructed to report chest pain or fainting."

## Important Points for Off-Label Use in Psychiatry

### Charting Requirements

#### Note Alternatives Considered

- Show decision-making process: "Hydroxyzine chosen over benzodiazepines for agitation due to lower dependency risk."

#### Track Outcomes and Adjustments

- Log response and changes: "After 1 month on bupropion 150 mg for ADHD, patient reports focus improvement; increased to 300 mg."
- Include follow-up plan: "Reassess in 4 weeks for efficacy/side effects."

#### Comply with Legal/Regulatory Standards

- Align with state laws and DEA rules (e.g., stimulants like methylphenidate).
- Reference facility protocols if applicable: "Off-label use per hospital psychiatry formulary."

### Key Takeaways

Patient Education: Empower patients with clear, honest info—why it's used, what to expect, and how to stay safe.

Charting: Protect yourself and the patient with thorough, defensible documentation—rationale, consent, and follow-through are critical.

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