The Clinical Practice Guidelines for Insomnia (2009)

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Organizational Structure

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**Algorithm for the Management of Insomnia**

**FIGURE 1**

1. Patient with sleep disturbance

2. Complete History

3. INSOMNIA? Y

4. Duration >3 weeks? Y

5. Normal Sleep Hygiene? Y

6. Stress-related? Y

7. Psychiatric? Y

8. Psychiatric consultation and therapy

9. N

HYPERSOMNIA

10. Duration <3 weeks

11. Poor Sleep Hygiene

12. Not Stress-related

13. Psychophysioligic condition? Y

14. Consider:
   - Situational disorder
   - Work shift change
   - Jet lag syndrome

15. Advise on Better Sleep Hygiene

16. Chronic pain syndrome?

17. Alcohol or Drug use

18. Y

   - Spontaneous resolution
   - Reassurance
   - Short course of hypnotics
     - Triazolam
     - Zolpidem
     - Melatonin
     - Herbal supplements
     - Leizenzi tablets

19. Identify source

20. Abstention Counseling

21. Treat

22. Consider:
   - Restless legs syndrome
   - Periodic movements of sleep
   - Central sleep apnea
   - Chronic respiratory failure
   - Alpha delta sleep pattern

23. Stress reduction
   - Relaxation techniques
   - Stimulus control
   - Daily exercise
   - Herbal supplements
     - Leizenzi tablets
   - Deconditionning (PSG may reassure and exclude other illness.)

24. Polysomnogram to confirm diagnosis
Figure 1

1. **HYPERSOMNIA?**
   - **Y**
     - Associated with insomnia?
     - **Y**
       - Insomnia primary cause?
       - **Y**
         - See INSOMNIA
       - **N**
     - **N**
   - **N**
     - Sleep-associated affective and behavioral disturbances
     - See Fig. 3

2. Associated with insomnia?
   - **Y**
     - Insomnia primary cause?
     - **Y**
       - See INSOMNIA
     - **N**
   - **N**

3. Insomnia primary cause?
   - **Y**
     - See INSOMNIA
   - **N**

4. Sleep-associated affective and behavioral disturbances
   - See Fig. 3

5. Associated with disrupted nocturnal sleep?
   - **Y**
     - Idiopathic Narcolepsy?
     - **Y**
       - Associated with disrupted nocturnal sleep?
       - **Y**
         - See Fig. 2a
       - **N**
     - **N**
   - **N**

6. Idiopathic Narcolepsy?
   - **Y**
     - Associated with disrupted nocturnal sleep?
     - **Y**
       - See Fig. 2a
     - **N**
   - **N**

7. Associated with disrupted nocturnal sleep?
   - **Y**
     - See Fig. 2a
   - **N**

8. History of prolonged nocturnal sleep?
   - **Y**
     - Delayed Sleep Phase Syndrome
     - **Y**
       - Associated with normal nocturnal sleep
       - See Fig. 2c
     - **N**
   - **N**

9. Delayed Sleep Phase Syndrome
   - **Y**
     - Chronotherapy
   - **N**

10. Associated with normal nocturnal sleep
    - See Fig. 2c

**FIGURE 2**
Insomnia

1. Hypersomnia associated with disrupted nocturnal sleep

2. PSG Respiratory and Limb EMG Monitoring

3. Obstructive sleep apnea syndrome?
   - Y
   - N
   - Periodic Movements of Sleep

4. Continuous positive airway pressure (CPAP)

5. SURGERY

6. - Benzodiazepines
   - Opiates
   - Dopaminergic drugs

FIGURE 2a
Insomnia

FIGURE 2b

1. History of prolonged nocturnal sleep
2. Polysomnogram MSLTS
3. Idiopathic CNS hypersomnolence?
4. Stimulants - Modapinil - Sodium Oxybate - Methylphenidate
5. Klein-Levin syndrome (rare)?
6. - Resolves - Refer to SDC (Sleep Disorder Clinic)
8. Menstrual associated syndrome?
9. Refer to: - SDC - OB-Gyne
10. - SSRI - Anti-depressant
11. Sleep Drunkennes or long sleeper syndrome
12. Reassurance

FIGURE 2c

1. Associated with normal nocturnal sleep
2. Y
3. Y
4. Treat
5. N
6. Identify
7. Consider PSG MSLTs
8. N
9. Psychiatric Consultation
10. Substitute Other Medications
11. Psychiatric Illness?
12. Mediation Side Effects

Y

N
Insomnia

1. Sleep-associated affective and behavioral disturbances

2. No recollection of events? Y
   3. Nocturnal seizure? Y
      4. All night EEG with video
      5. Anticonvulsant

6. N
   7. Night terrors
   8. Polysomnogram with infrared video

9. N
   10. Nightmares? N
     11. • Reassurance
     • Tricyclics
     • Monoamine-oxidase Inhibitors
     • Clonazepam

12. N
    13. Panic attacks?
    14. Rapid Eye Movements
    15. Behavioral Disorders
        • Clonazepam

FIGURE 3
The Clinical Practice Guidelines for Insomnia

INSOMNIA: CURES AND TREATMENTS

Insomnia means difficulty in falling or staying asleep, the absence of restful sleep, or poor quality of sleep. Insomnia is a symptom and not a disease.

Insomnia is classified by how long the symptoms are present:
1. Transient insomnia:
   > is due to situational changes such as travel and stressful events, lasts for less than 1-2 weeks or until the stressful event is resolved
2. Short-term insomnia
   > lasts for 2-3 weeks
3. Chronic (long-term) insomnia:
   > continues for more than 3 weeks usually due to psychological illness (example depression) or substance abuse; physical illness (example chronic pain)

Note: Transient insomnia may progress to short-term insomnia and without adequate treatment, short-term insomnia may become chronic insomnia.

Insomnia is caused by:
• Poor sleep hygiene
• Stress related (from work, school, or family)
• Physiological changes (age)
• Psychological conditions (depression, anxiety)
• Lifestyle choices (daytime naps, excessive coffee intake, drugs or alcohol consumption)
• Not stress related:

  Restless leg syndrome (treatment)
  Dopaminergic agents:
  - Non-ergot dopamine receptor agonists like pramipexole, ropinirole
  - Ergot-derived receptor agonist like pergolide
  Dopamine precursor:
  - Levodopa
  - Sinemet

Benzodiazepine:
Clonazepam, diazepam, triazolam,
Possible alternatives: alprazolam, lorazepam, chlor Diazepoxide, flurazepam,
Opioids: codeine, methadone, oxycodeone,
Anticonvulsants: gabapentin, carbamazepin,
Possible alternatives valproate, lamotrigine (no clinical studies)
Other medications: clonidine hydrochloride, baclofen (clinically significant), zolpidem tartrate (Stilnox).
No pharmacologic therapy is safe during pregnancy.
Lifestyle changes is first course of action in children with RLS

Periodic Limb movement of sleep (treatment)
Dopaminergic agents
Antiepileptic medications
Hypnotic/sedative medications

Central sleep apnea (treatment)
Continuous Positive Airway Pressure
Behavioral treatment
Tracheostomy

Alpha delta sleep pattern (treatment)
Chronic respiratory failure
Chronic pain syndrome
Works shift change
Zolpidem
Good sleep hygiene

Jet lag syndrome
Zolpidem

Situational disorder (altitude changes)
Good sleep hygiene

• Medical conditions:
  rheumatoid arthritis
  neuromuscular diseases
  multi-system atrophy
  obesity
  acromegaly
  lung disease
  Parkinson's disease
  prostate disorders
  large fibroids
  iron deficiency
  peripheral neuropathy
  neurodegenerative disorders
  uremia
  Alzheimer's disease
  tic disease

Medications and substances that can contribute to insomnia:
• caffeine and coffee
• tobacco
• alcohol
• decongestants (pseudoephedrine)
• diuretics (e.g. Lasix/furosemide) given at bedtime

Updated!
• antidepressants (e.g. SSRIs)
• anticonvulsants
• antihypertensives
• antiparkinsonian medications
• appetite suppressants
• metoclopramine
• amphetamines
• withdrawal from…
  a.) benzodiazepines (Valium, Librium, Ativan)
  b.) alcohol
  c.) antihistamines
  d.) amphetamines
  e.) cocaine
  f.) marijuana

Updated!
• corticosteroids
• some chemotherapy drugs

What actions can I take to help cure my insomnia?
• Knowing that you can do something about your insomnia is the first step towards getting some much needed rest
• Identify the cause: sleep diary and sleep log
• Treatment options:
  pharmacologic or non pharmacologic treatment
Insomnia

There are several things you can do to increase your chances of sleep:
Keep a sleep diary and use it to guide your progress
breaths, letting your stomach expand as you breathe in
• As you breathe out, relax your chest and shoulders
• Concentrate on your breathing as you do it to encourage your mind away from stressful or anxious thoughts

Visual imagery relaxation
• This means choosing peaceful, soothing thoughts to focus on which calm you and allow you to stop thinking of your to do list
• Everyone's peaceful situation is different, and you can choose to think about things that personally soothe you
• Slowly going over every detail of a repetitious activity can be soothing and relaxing.

Stress Management
• Change or resolve the things causing you stress when possible.
• Accept situations you can’t change.
• Keep your mind and body as relaxed as much as possible throughout the day.
• Give yourself enough time to do the things you need to do - including eating.
• Don’t take on too much and avoid unrealistic demands.
• Live in the present, rather than worrying about the past or fearing the future.
• Talk to your partner if there are problems in your relationship.
• Have some relaxing, non-competitive activities - something you do just for pleasure, for fun.
• Give yourself some ‘quiet time’ each day.
• Practice a relaxation technique or breathing exercises regularly.

Anger Management
• Anger, anxiety and frustration can stand directly in the way of getting a good night’s sleep
• Regardless of the source of the anger, recognize that it keeps your mind occupied and your body tense
  – Exercise daily – it will help you release excess anger and frustration.
  – Think about the cause of your anger. If there isn’t anything you can do to resolve it, move on. If you can resolve it, make steps to do so
  – Develop a method of releasing the anger by the end of the day, before you try to relax or go to sleep. For example, you might choose to write it down in your journal or talk to a spouse or friend about it. After you have processed the anger and let it out, try to move on

Word and Imagination Games
• For some, playing mental games at bedtime may not be helpful at all
• exaggeration of the consequences of not getting enough sleep (“it will be a disaster if I don’t get 8 hours of sleep”)
• faulty thinking about the cause of your insomnia (“insomnia is completely caused by a biochemical imbalance”)
• misconceptions about healthy sleep practices

Reframe your thinking
• The more important it is to get a good night's sleep, the less you sleep
• Challenge this thinking and consider alternative thoughts that reduce the importance of sleeping on the rest of your life:
  “It's no big deal”
  “I'll be a little tired and cranky tomorrow but nothing I can't handle”

Stimulus Control
• The technique limits the amount of time spent in the bedroom for non-sleep activities to retrain the brain to associate bedtime and the bed/bedroom with successful sleep attempts rather than sleeplessness
• Go to bed only when you are sleepy, don’t read, watch television, eat or do other non-sleep things in bed
• If you are not asleep within 15 minutes, leave the

Useful Studies for the Investigation of Sleep-Wake Cycle Disorder

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>Neuroimaging</th>
<th>Electrophysiology</th>
<th>Fluid and Tissue Analysis</th>
<th>Neuro-psychological test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insomnia</td>
<td>Focal abnormality in post-traumatic, atrophy in degenerative diseases</td>
<td>PSG to indicate whether secondary to other sleep disorder</td>
<td>Metabolic or drug screening</td>
<td>Dementia, depression, anxiety or other psychiatric disorder</td>
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<tr>
<td></td>
<td>EMG evidence of peripheral neuropathy in some patients with RLS</td>
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</tbody>
</table>
bedroom and don’t return until you are sleepy
• Have a consistent wake time every day, regardless of how much sleep you got
• Avoid naps

Paradoxical Intention
• Psychological approach that is based on doing the opposite of what you want or fear and taking it to extreme
• Paradoxical intention focuses on confronting, and hopefully, eliminating the fear so that it stops getting in the way of sleep
• Rather than trying, unsuccessfully, to go to sleep, night after night, try to stay awake and do something instead
• Turning your attention to something else removes the fear of not being able to sleep and may allow you to relax and eventually go to bed

Magnetic therapy
• Use of static or pulsed magnetic fields for relaxing muscles, improving circulation, reducing nerve irritability, improving cell function, helping body detoxify, improving the uptake of nutrients, brain wave stimulation, stabilizing sleep rhythms, decreasing inflammation, helping liver and nerve function, balancing the endocrine system
• Other option is magnetized mattress pad

Binaural beat frequency sound recording
It delivers different sounds, brain “digitally” subtracts sounds in various frequency delta or combination

Sleep Restriction
• Sleep restriction therapy reduces the amount of non-sleeping time a person with insomnia spends in bed
• To practice sleep restriction, you determine your average total sleep time by keeping a sleep log
• If you usually sleep 6 hrs/night, but spend 8 hrs (tossing and turning, watching TV, reading, staring at the ceiling), sleep restriction therapy will only allow you to spend 6 or 6½ hours in bed at first
• In the beginning, you might not sleep all of the time, but gradually, the time spent sleeping should increase
• If you continue to have trouble sleeping, the time allowed in bed is further restricted to encourage sleep when you are in bed
• The overall time spent in bed is adjusted as it becomes clear how much sleep you need

Can acupuncture or massage help?
• Acupuncture, a 2,000 year-old medical treatment involving the insertion of very fine, sterile needles into the body at specific points, can have an extremely calming effect on your nervous system
• It is used to correct many of the imbalances which are known to cause insomnia, without any harmful side effects
• Acupuncture stimulates the production of certain chemicals in the brain, including serotonin, which helps sleep
• In addition to improved sleep, many people often report a greater sense of well-being and an overall improvement in health and energy
• Massage is thought to have similar effects on a person’s ability to relax, and thus, can also promote better quality sleep

How can bright light therapy help?
Bright light therapy works by influencing your body’s circadian rhythm timing
It is often used to treat patients coping with:
• Delayed sleep phase syndrome
• Early-awakening insomnia
• Circadian rhythm disorders
• Jet lag
• Shift work
• Patients typically receive bright light therapy at home, with the use of a light box
• The light box emits a standard dosage of 5,000 to 10,000 lux (a measure of illumination) of white light while you sit in front of the light, at a specified distance, for approximately 30-60 minutes after waking in the morning
• Light therapy should always be used within the proper limits for light intensity and duration of exposure
• Bright light therapy has not been known to show any major side effects
• Some patients have reported minor side effects including: eye irritation and dryness, headache, nausea, and dryness of skin
• To reduce the chance of experiencing these minor side effects, it is recommended that you begin light therapy very slowly and consult your doctor before use

IMPORTANT:
• The more you try to control your sleep, the less you sleep
• Sleep is a natural body response, force yourself to sleep only puts pressure
• Focusing on what you can control, start with good sleeping habits and record your sleep log to identify problem

Definition of terms:
• Restless leg syndrome
A condition that is characterized by intense disagreeable feelings in the legs at rest and repose with compulsion to move the legs to get relief from these symptoms, peak onset usually occurs during middle age, and the disorder tends to become more severe with age

• Periodic Limb movement of sleep
Formerly called sleep myoclonus or nocturnal myoclonus. Characterized by repetitive, stereotyped limb movements that occur during sleep. Movement is involuntary flexion of leg muscles,
causing twitching and leg extension or kicking during sleep

- **Central sleep apnea**
  A less-common form of sleep apnea in which the brain does not properly signal respiratory muscles to begin breathing

- **Alpha delta sleep pattern**
  Delta sleep stage(s) of sleep in which EEG delta waves are prevalent; NREM sleep Intrusion - brief period of NREM sleep patterns appearing in REM

- **Chronic respiratory failure**
  A state of respiratory acidosis or acid imbalance in the body caused by problems related to breathing. In the lungs, oxygen from inhaled air is exchanged for carbon dioxide from the blood. Respiratory acidosis is a condition in which a buildup of carbon dioxide in the blood produces a shift in the body’s pH balance and causes the body’s system to become more acidic. This condition is brought about by a problem either involving the lungs and respiratory system or signals from the brain that control breathing.

- **Chronic pain syndrome**
  It consists of chronic anxiety and depression, anger, and changed lifestyle, all with a variable but significant level of genuine neurologically based pain. Persistent pain of such proportions overwhelms all other symptoms and becomes the problem. People may not be able to work. Their appetite falls off. Physical activity of any kind is exhausting and may aggravate the pain

- **Work shift change**
  A shift is the number of hours a group of workers work for a specific period of time. Whenever a person must remain at work after a night shift to attend a new shift is called a work shift change

- **Jet lag syndrome**
  A temporary disruption of bodily rhythms caused by high-speed travel across several time zones typically in a jet aircraft

- **Situational change**
  Any change in the environment or situation of the person from the normal, example change in altitude during travel

- **Hypersomnia**
  Hypersomnia is a significant increase (25% or more) in the amount time actually spent sleeping (not just time spent in bed), especially if it interferes with social and job functions. Encephalitis, depression, or abuses of sedative, hypnotic drugs can cause hypersomnia. Sometimes tumors in the hypothalamus or upper brain can also cause the problem.

- **Circadian Rhythm Disruption**
  A sleep cycle that is out of sync with the rest of the world. Sleeping earlier and waking earlier or sleeping later and waking later. Jet lag is a common but temporary cause of this disruption. Irregular night/shift work can also cause it. It is often treated with light therapy or chronotherapy. Gradually shifting the sleeping period. Sometimes damage to the sleep areas of the brain, from trauma or disease, can also cause this kind of disruption.

- **Narcolepsy**
  Defined by sudden attacks of sleep during the day, accompanied by the persistent sleepiness during the day even after a good night’s sleep. Other possible symptoms include fragmented night time sleep; sudden loss of muscle function or tone during the day for several seconds or minutes (called Cataplexy); and temporary inability to move or talk when falling asleep at night or waking up in the morning (called sleep Paralysis); and vivid, often frightening, dream-like experiences when dozing or just starting to fall asleep (called Hypnagogic Hallucinations). Most people with narcolepsy do not have all of these secondary symptoms and the symptoms can occur by themselves in people who do not have narcolepsy. A tendency to fall asleep suddenly during the day is the defining characteristic.

**SUMMARY OF GOOD SLEEP HYGIENE**

- Get up at the same time each day, seven days a week, to reinforce your body’s internal clock.
- Go to bed only when you are sleepy.
- If you’re not asleep after 20 minutes, go to another room and do something relaxing. Return to bed when you are drowsy-tired.
- Use your bed only for sleeping or sex. Don’t worry or watch tv in bed so your body learns the bed is for sleeping.
- Keep your bedroom dark and comfortable cool.
- Exercise during the day (3-4 hours before bedtime).
- Don’t drink coffee or tea within 6 hours of bedtime.
- Don’t drink alcohol in the evening. It can make you wake up in the middle of the night.
- Try eating a light carbohydrate snack before bed.

**SLEEP LOG**

<table>
<thead>
<tr>
<th>Date</th>
<th>Did you nap today?</th>
<th>When or how long?</th>
<th>Did you exercise today?</th>
<th>When and how long?</th>
<th>Time into bed</th>
<th>Time of “lights out”</th>
<th>Time to fall asleep</th>
<th>Number of awakenings</th>
<th>Longest awakening</th>
<th>Time of “light on”</th>
<th>Time out of bed</th>
<th>Total sleep time</th>
<th>Sleep quality (0-10)</th>
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Learn to access drug info on your cellphone. Send PPD to 2600 for Globe/Smart/Sun users.
### Recommended Therapeutics

The following index lists therapeutic classifications as recommended by the treatment guideline. For the prescriber’s reference, available drugs are listed under each therapeutic class. For drug information, please refer to the Philippine Drug Directory System (PPD, PPDr, PPD Text, PPD Tabs).

<table>
<thead>
<tr>
<th>CNS Drugs</th>
<th>CNS Stimulant/Neurotonics</th>
<th>Hematinic</th>
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<tr>
<td>Antidepressants</td>
<td><strong>Anticonvulsants</strong></td>
<td><strong>Trileptal</strong></td>
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<td>Monoamine Oxidase Inhibitors (MAOI)</td>
<td>Barbiturates</td>
<td><strong>Topiramate</strong></td>
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<td><strong>Selegiline</strong></td>
<td>Phenobarbital</td>
<td><strong>Valproic Acid</strong></td>
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<td>Jumex</td>
<td>Rhea Phenobarbital</td>
<td><strong>Depacon</strong></td>
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<td>Reversible Inhibitor of Monoamine Oxidase A (RIMA)</td>
<td><strong>Hydantoins</strong></td>
<td><strong>Depakene</strong></td>
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<td><strong>Moclobemide</strong></td>
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<td>Aurorix</td>
<td>Dilantin</td>
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<td>Norepinephrine Reuptake Inhibitors (NRI) or (NARI)</td>
<td><strong>Hypnotic/Sedatives</strong></td>
<td><strong>Hematinic</strong></td>
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<td>Rivotril</td>
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<td><strong>Midazolam</strong></td>
<td><strong>Iberet Active</strong></td>
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<td>Seroxat</td>
<td><strong>Zolpidem</strong></td>
<td><strong>Macrobee with Iron</strong></td>
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<td><strong>Sertraline</strong></td>
<td>Stilnox</td>
<td><strong>Micron-C</strong></td>
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<td>Zoloft</td>
<td>Zohex</td>
<td><strong>Nakaron</strong></td>
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<td>Selective Serotonin Reuptake Enhancers (SSRE)</td>
<td>Zoldem</td>
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<td><strong>Tianeptine</strong></td>
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<td>Rhea Ferrous Sulfate</td>
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<td>Stabion</td>
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<td>Ritemed Iron + Folic Acid</td>
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<td><strong>Methylphenidate HCl</strong></td>
<td><strong>Terraferon</strong></td>
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<td><strong>Trev-iron</strong></td>
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<td>Ritalin</td>
<td><strong>Trev-iron Plus</strong></td>
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<td><strong>Trihemic</strong></td>
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<td>United Home Fersulfate Iron</td>
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<td><strong>Xyloper</strong></td>
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<td>Noradrenergic and Specific Serotonergic Antidepressants (NaSSA)</td>
<td><strong>Other Anticonvulsants</strong></td>
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<td><strong>Mirtazapine</strong></td>
<td><strong>Carbamazepine</strong></td>
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<td><strong>Oxcarbazepine</strong></td>
<td>Epikor</td>
<td><strong>Epikor</strong></td>
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<td><strong>Topiramate</strong></td>
<td>Telegretol</td>
<td><strong>Epikor</strong></td>
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**Herbal Supplement**

| Leizenzi mushroom extract | Leizenzi Tablet |