



# Mental Health Pharmacology Considerations

Aggression, Irritability, Anticholinergic Burden, and  
Insomnia

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# Objectives

- Evaluate pharmacologic strategies for managing aggression and irritability, including appropriate use of antipsychotics, mood stabilizers, and adjunctive therapies.
- Differentiate underlying causes of aggression and irritability, including medication side effects, substance use, and comorbid conditions, to guide targeted pharmacologic treatment.
- Identify medications with significant anticholinergic properties and recognize their impact on cognition, delirium risk, and overall psychiatric stability.
- Apply strategies to minimize anticholinergic burden, particularly in vulnerable populations such as older adults and patients with cognitive impairment.
- Select appropriate pharmacologic treatments for insomnia.

# Causes of Aggression & Irritability

- Psychiatric disorders
- Situational awareness
- Trauma triggers
- Medical causes  
(delirium, dementia)
- Substance-related
- Medication-induced



# Assessment Approach

Rule out  
delirium

Medication  
review

Substance  
screening

Assess  
comorbidities

# Antipsychotics



Used for severe  
agitation/psychosis



Examples:  
risperidone,  
olanzapine



Risks: EPS,  
metabolic, QT  
prolongation



Use lowest effective  
dose

# Mood Stabilizers

Useful in bipolar & impulsive aggression

Lithium, valproate, carbamazepine

Require monitoring

## Adjunctive Therapies

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SSRIs for  
irritability

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Beta-blockers  
(TBI)

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Alpha-2 agonists

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Avoid long-term  
benzodiazepines

# Anticholinergic Medications

Diphenhydramine,  
benztropine

TCAAs, oxybutynin

Cause confusion & delirium

# Impact of Anticholinergic Burden



Cognitive  
decline



Falls



Delirium



Psychiatric  
destabilization

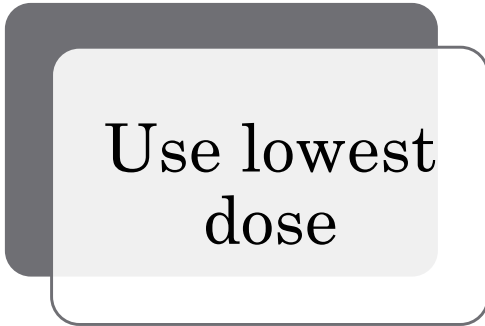
# Reducing Anticholinergic Burden



Deprescribe



Switch to  
safer  
alternatives



Use lowest  
dose

# Special Populations

Older adults

Dementia patients

Polypharmacy

# Treatment of Insomnia

CBT-I first line

Melatonin, trazodone

Low-dose doxepin

Z-drugs short-term

# Insomnia Considerations

1

Avoid  
anticholinergics

2

Consider  
comorbidities

3

Limit duration

# Key Takeaways

- Treat underlying cause
- Use targeted pharmacology
- Minimize anticholinergic burden
- Be cautious with insomnia meds