

**TABLE 35-1. General principles of pharmacotherapy for patients with traumatic brain injuries**

Start low, go slow	Initiate treatment at doses lower than those used in patients without brain injuries, and raise doses more slowly than in patients without brain injuries.
Adequate therapeutic trial	Although patients with brain injuries may be more sensitive to the side effects of many medications, standard doses of such medications may be needed to treat adequately the neuropsychiatric problems of these patients.
Continuous reassessment	The need for continued treatment should be reassessed in an ongoing fashion, and dose reduction or medication discontinuation should be attempted after achieving remission of target symptoms. Spontaneous recovery occurs, and in such circumstances continued pharmacotherapy is unnecessary.
Monitor drug-drug interactions	Because patients with brain injuries are often sensitive to medication side effects and because they may require treatment with several medications, it is essential to be aware of and to monitor these patients for possible drug-drug interactions.
Augmentation	A patient experiencing a partial response to treatment with a single agent may benefit from augmentation of that treatment with a second agent that has a different mechanism of action. Augmentation of partial responses is preferable to switching to an agent with the same pharmacological profile as that producing the partial response.
Symptom intensification	If targeted psychiatric symptoms worsen soon after initiation of pharmacotherapy, lower the dose of the medication; if symptom intensification persists, discontinue the medication entirely.