

Lindsay Clancy Medications

Important Note: This medication timeline was compiled primarily from sworn trial testimony regarding Lindsay Clancy's prescriptions, reported medication use, dosage changes, and treatment plans. It should not be considered a definitive record of the medications she actually took or the exact dates and dosages taken. Witnesses may have relied on medical records, patient reports, memory, or other information, and testimony may contain inconsistencies or incomplete details. Additionally, a medication being prescribed does not establish that it was filled or taken as directed. This timeline will be updated as additional pharmacy records, physical evidence, toxicology evidence, and other trial exhibits are incorporated.

Date prescribed	Medication Prescribed	Medication Taking	Prescriber	Amount/Use	Notes
9/15/2022	Zoloft (Sertraline)		Jennifer Tufts, MD	25 mg for 7 days, then increase to 50 mg.	Prescribed but not taken until a month later.
10/13/2022		Zoloft (Sertraline)	Jennifer Tufts, MD	25 mg for 7 days, then increase to 50 mg.	Started Zoloft
10/20/2022	Zoloft (Sertraline)		Jennifer Tufts, MD	50 mg	50 mg for one day. After 1 wk Zoloft: insomnia, appetite loss, diarrhea, foggy, tearful, depressed/anxious. Denied SI/HI; no psychosis. Feared she might develop SI if she remained ill. Zoloft stopped. Discussed natural remedies, supplements.
Zoloft Discontinued after 7 days					
10/21/2022	Ativan (lorazepam)	Ativan (lorazepam)	Jennifer Tufts, MD	.5 mg PRN	
10/26/2022	Buspirone (BuSpar)		Jennifer Tufts, MD	5 mg BID	Ativan reduced anxiety but didn't help sleep; Zoloft effects resolved but underlying anxiety remained. No SI/HI/psychosis. Buspirone 5 mg BID + hydroxyzine PRN prescribed; Ativan PRN. (Buspar is for anxiety and is well tolerated with fewer side effects)
		Benadryl	Jennifer Tufts, MD	unknown	Lindsay said at this appointment that she tried Benadryl and it helped with sleep. Benadryl indicated for allergies.
	continue Ativan	Ativan (lorazepam)	Jennifer Tufts, MD	PRN	
	Hydroxyzine		Jennifer Tufts, MD	25 mg. PRN	antihistamine also indicated for anxiety (safer than Ativan)
11/2/2022		Ativan (lorazepam)	Jennifer Tufts, MD	PRN	Tufts: Mood/affect essentially normal. No SI/HI/psychosis. NEVER STARTED BUSPIRONE. Continued Ativan; taper planned. No conversation about Benadryl or Hydroxyzine. Discussed alternatives to Ativan. (Remeron, Trazadone, Pregabalin, and Hydroxyzine, all safer, no risk of dependency) Discussed tapering Ativan .25 mg every two weeks. No plan for starting any new medications.
NEVER STARTED BUSPIRONE					
11/16/2022	Trazadone	Trazadone	South Shore ER	PRN	South Shore Health ER visit due to not sleeping for 48 hours.
11/22/2022		Ativan (lorazepam)	Jennifer Tufts, MD	PRN	Tufts: Transferring treatment to South Shore Perinatal. No SI/HI/psychosis. Still using Ativan/Benadryl; planned Prozac. Had not started the Ativan Taper.
		Benadryl			Lindsay independently used OTC Benadryl and reported to Tufts that it helped; Tufts did not recall recommending it.
11/22/2022	Prozac	Started Prozac	Julie Paul, NP	10 mg to 20 mg if tolerated	90-min in-person intake: Chief complaint "I cannot sleep"; severe anxiety/overwhelmed. GAD-7 21/21, EPDS 23/30, suicidality item negative. No SI/HI or intrusive harm thoughts; linear, goal-directed, good historian. Prozac 10 mg prescribed → 20 mg if tolerated; short-term Ativan; CBT referral.
	Ativan (lorazepam)	Ativan (short-term)	Julie Paul, NP	PRN	Nervous about starting Prozac; Paul encouraged trial. Started Prozac 10 mg.
11/23/2022			Julie Paul, NP		Phone/MyChart follow-up; confirmed Prozac started 11/22.
11/25/2022	Mirtazapine (Remeron)	Mirtazapine (Remeron)	Julie Paul, NP	7.5 mg	Reported severe sleep difficulty and feeling disconnected, out of it/spacey on Prozac. Prozac stopped after 3 days. Started mirtazapine 7.5 mg + Klonopin .5 mg; one-time Ambien dose. Stop Ativan/Benadryl while taking Klonopin.
	Klonopin	Klonopin	Julie Paul, NP	.5 mg	
	Ambien	Ambien	Julie Paul, NP	One Time Dose	
Prozac discontinued after 3 days					
11/26/2022	Mirtazapine (Remeron)	Mirtazapine (Remeron)	Julie Paul, NP	increased to 15 mg	Slept better on mirtazapine 7.5 + Klonopin .5 , intermittently until 3:45 a.m. Mirtazapine increased to 15 mg.
		Klonopin	Julie Paul, NP	.5 mg	
11/27/2022		Mirtazapine (Remeron)	Julie Paul, NP	15 mg	Slept well/felt rested on mirtazapine 15 + Klonopin .5 , but felt "super disconnected with myself and reality." Wanted off Klonopin after 2 nights; Paul agreed, thought sedation could explain disorientation.
Klonopin Discontinued after 2 nights					
11/28/2022	Advised Ativan	Ativan (lorazepam)	Julie Paul, NP	.5 mg	Panic attack. Paul advised Ativan .5 mg + run/exercise and recommended Women & Infants PHP; Lindsay declined PHP due to family logistics. Work/personal leave also discussed.
		Mirtazapine (Remeron)		15 mg	
11/29/2022	10:30am	Mirtazapine (Remeron)	Rebecca Jollotta, NP	15 mg	Initial telehealth visit. Severe anxiety/insomnia, ↓ appetite/weight; sleeping ~2 hrs then awake ~3 hrs. Anxious but no mania, psychosis, SI/HI or thoughts of harming others. Remeron ~4 nights with little benefit. Continued Remeron 15 mg + Ativan PRN ; declined Ambien/CR and hydroxyzine alternatives.
		Ativan (lorazepam)	Rebecca Jollotta, NP	PRN	

11/30/2022		Mirtazapine (Remeron)	Julie Paul , NP	15 mg	Reported mirtazapine 15 mg + CBD only slightly helped sleep; tried breathing/meditation/muscle relaxation, then took Ativan .
		one CBD gummy			Paul formally transferred psychiatric care to Rebecca Jollotta because Paul was leaving practice; no further contact.
			Rebecca Jollotta, NP		Reported ~4 hrs sleep, deeply depressed with "horrible intrusive thoughts." Took Ativan .5 mg around 6 p.m.; reported intrusive thoughts went away. Asked to stop the Remeron. Jollotta counseled patient about short trials not being able to take effect. Suggested Prozac again paired with Seroquel. Also recommending continue the Remeron.
		Ativan (lorazepam)		PRN	
	Seroquel (quetiapine)	Seroquel (quetiapine)	Rebecca Jollotta, NP	25 mg.	Jollotta prescribed Seroquel (quetiapine) 25 mg. Her original intention was to use it for sleep and anxiety over about four weeks.
12/1/2022			Jennifer Tufts, MD		Contacted Tufts on this date: Persistent anxiety/depression/insomnia; multiple short medication trials through South Shore. Intrusive thought = "I'm going to die," not desire to die. Hopeless, "close" to SI but no active SI/plan/intent; no mania/bipolar. PHP discussed. Clancy reports she had tried the Ativan taper but without it, difficulty sleeping, the other meds did not help her sleep. She had tried: Trazodone, 50-150 mg, minimal effect. Ativan/Benedryl combo was helpful. Added Prozac 10 mg with Ativan and Benedryl, but prevented sleep, so stopped the Prozac, Tried Remeron with Klonopin; disoriented, rebound anxiety, then Remeron and Seroquel prescribed but not taken. Discussed Seroquel without Remeron, lamotrigine (Lamictal)
12/1/2022	Prozac	Prozac	Rebecca Jollotta, NP	AM dose	Reported Remeron made her feel poorly and new intrusive thoughts she had never experienced before; stopped it. Requested return to Prozac AM + Ativan/Benedryl PM plan. Jollotta provided education re intrusive thoughts with postpartum depression/anxiety.
	Benedryl	Benedryl	Rebecca Jollotta, NP	PM dose	
	Ativan	Ativan (lorazepam)	Rebecca Jollotta, NP	PM dose	
Discontinued Remeron					
Early December			Rebecca Jollotta, NP		Persistent insomnia/mood symptoms; expressed concern about Ativan dependence/addiction and feeling unheard. Reported sleep-med trials (trazodone, Ambien, Remeron, Seroquel) barely helped without Ativan; also reported emotional numbness/"I feel like I'm going to die and I don't care." Jollotta counseled re dependence vs addiction and sought to reduce benzodiazepine reliance.
12/6/2022			Rebecca Jollotta, NP		Lindsay reported feeling weighed down/exhausted taking Remeron + Seroquel while her mind remained awake. Lindsay and Patrick wanted to go back to Prozac. Jollotta allowed her to discontinue Seroquel and restart Prozac.
12/7/2022			Rebecca Jollotta, NP		Diagnostic differential broadened to include possible bipolar disorder — considered, NOT diagnosed. Bipolar education provided; Seroquel management/titration discussed.
			Rebecca Jollotta, NP	{not sure where this note came from >>}	Things change again. Jollotta's thinking broadened toward possible bipolar disorder , and Seroquel shifted from being used principally for sleep/anxiety toward mood stabilization. The dose was increased.
12/16/2022	Lamictal (lamotrigine)		Jennifer Tufts, MD	25 mg	Tufts: Very depressed, low motivation; sleep improved with Valium/Seroquel. Had experienced SI + Mass General ER; no plan/intent. Declined McLean inpatient offer. Lamictal 25 mg prescribed; postpartum PHP planned.
		Seroquel (quetiapine) continued		200 mg.	Reported Plan to increase the Seroquel, but currently taking 200 mg., LC Thinks Seroquel making depression worse. Tufts questioned since she had been depressed before.
		Ativan (lorazepam)			LC reports Plan to taper, Tufts supports that plan.
12/19/2022			Rebecca Jollotta, NP		Jollotta prescribed Seroquel 300 mg (30 count).
12/21/2022			Rebecca Jollotta, NP		Jollotta prescribed additional Seroquel 100 mg (14 count).
1/1/2023			Dr. Ariel Goodhart		McLean Hospital Voluntary Admittance - Current medications: Seroquel — 100 mg daily Valium — approximately 2 mg Benedryl
1/2/2023	Seroquel Taper 75 mg		Dr. Ariel Goodhart		
1/3/2023	Seroquel Taper 50 mg		Dr. Ariel Goodhart		
1/4/2023	Seroquel Taper 25 mg		Dr. Ariel Goodhart		
1/5/2023	discontinued/no Seroquel planned after discharge				
1/6/2023		Trazodone	Jennifer Tufts, MD	100+150 increased dose	Just discharged McLean; depressed/"numb." Denied SI/HI; no psychosis. Seroquel discontinued at McLean. Trazodone 100+150; Ativan 1 mg + melatonin.
		Ativan (lorazepam)		1 mg per night	
		Melatonin		5 mg per night	

1/9/2023	Valium (diazepam)		Jennifer Tufts, MD		Sleep better; still flat, rebound anxiety; no recent SI, no HI, no psychosis. Ativan → Valium due to longer half-life and less chance of rebound anxiety, also easier to stop ; antidepressant options discussed. Considered Amitriptyline and Wellbutrin.
1/11/2023			Jennifer Tufts, MD		Email: very depressed/no motivation, "desperate" for something working quickly; asks about ketamine . Tufts considered, insurance coverage considerations, needed to try four others before trying Ketamine.
1/16/2023	Amitriptyline	Amitriptyline	Jennifer Tufts, MD	10 mg	Depressed/flat; functioning, hygiene/eating intact, caring for baby; bonding felt "forced." No SI/HI/psychosis. Amitriptyline 10 mg started; Can help with insomnia; Valium taper.
		Valium taper			
1/23/2023	Amitriptyline increase	Amitriptyline	Jennifer Tufts, MD	10+20 mg.	Doing all right, decreased appetite, Flat/numb/anxious, low motivation; functioning and sleeping okay. No SI/HI/psychosis; normal speech/thought/cognition; no indication danger to self/others. Valium taper slowed; amitriptyline 10+20 mg. no side effects noted
		Valium taper	Jennifer Tufts, MD	2 mg	No SI/HI/psychosis ; normal speech/thought/cognition; no indication danger to self/others.