Mental Health Nursing
Class Preparation
Antidepressant Therapy

Directions: Please fill in the blanks and answer the questions in the spaces provided.

1. What is the mechanism by which antidepressant medications achieve their desired effect (regardless of the different physiological processes by which this action is accomplished)?

Antidepressant meds achieve their desired effect by increasing the amount of specific neurotransmitters depending on the medication.

2. For what must a nurse be on the alert with a client who is receiving antidepressant medication?

The nurse should watch out for suicidal thought and/or ideations, a developed plan for suicide, the patient giving away beloved belongings or an abrupt improvement in mood while taking antidepressants.

3. When should a nurse expect a client to begin showing signs of symptomatic relief after the initiation of antidepressant therapy?

Signs of symptomatic relief after initiation of antidepressant therapy should begin around 1-2 weeks after consistent medication administration.

4. Give an example of a tricyclic antidepressant: Amitriptylene (Elavil)

Give an example of an MAOI: Phenelzine (Nardil)

Give an example of an SSRI: Fluoxetine (Prozac)

5. Describe some common side effects and nursing implications for tricyclic antidepressants.

Side effects: anticholinergic effects such as dry mouth, blurred vision, tachycardia, constipation, urinary retention, hypotension and dizziness.

Nursing implications: it is important to monitor for urinary retention by conducting a bladder assessment, bladder scan if needed, documenting accurate input and output. Also, if the patient is experiencing hypotension to ensure they are safely ambulating, especially for the elderly population. Finally, tricyclic antidepressants are fatal in an overdose, so the nurse should carefully monitor the amount given, and limit patients to one week's worth of the medication at a time.

6. Hypertensive crisis is the most potentially life-threatening adverse effect of MAOIs. Symptoms for which the nurse must be on the alert include: HTN, headache, altered LOC, shortness of breath, chest pain, nausea/vomiting.

7. What must be done to prevent these symptoms from occurring?

Include patient education on avoiding foods containing tyramine and OTC meds like: pseudoephedrine, bologna, beer, fermented foods and aged cheese.