

Learning Activity 4.1.

Psychotropic Medication Quiz

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

Increase the concentration of norepinephrine, serotonin, and/or dopamine by blocking the reuptake of these neurotransmitters by the neurons.

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

Nurses should be alert to sudden or dramatic changes in mood due to increased energy to implement suicide plans and possible serotonin syndrome.

3. As the nurse, when would you expect the client to begin showing signs of symptomatic relief after the initiation of antidepressant therapy?

3-4 weeks

4. Name an example of a tricyclic antidepressant **doxepin**.

Name an example of an MAOI **selegiline**.

Name an example of an SSRI **fluoxetine**.

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

Sexual dysfunction, sedation, weight gain, dry mouth, constipation, urinary, retention.

6. **Hypertensive crisis** is the most potentially life-threatening adverse effect of MAOIs. Symptoms for which the nurse and client must be on the alert include: **severe occipital headache, nuchal rigidity, elevated blood pressure**. What must be done to prevent these symptoms from occurring? (Your answer must include some examples.) **Avoid foods high in tyramine: aged cheeses, raisins, red wines, liqueurs, smoked/processed meats, caviar, soy sauce, sauerkraut.**

7. Lithium carbonate is commonly prescribed for **bipolar mania**. Many times when these individuals are started on lithium therapy, the physician also orders an antipsychotic medication. Why might he or she do so? **Lithium has a lag period of 7-10 days, immediate medications bring relief to manic symptoms.**

8. There is a narrow margin between the therapeutic and toxic serum levels of lithium carbonate. What is the therapeutic range? List the initial signs and symptoms of lithium toxicity. **For acute mania: 1-1.5 mEq/L For maintenance: 0.6-1.2 mEq/L**
Early signs-vomiting/diarrhea Over 2 mEq/L: tremors, sedations, confusion Levels over 3.5 mEq/L: delirium, seizures, coma, cardiovascular collapse, death

9. Describe some nursing implications for the client on lithium therapy.
Encourage 2,000-3,000 mL per day, take medication with food to decrease GI upset, check lithium levels before next dose, monitor intake and output for constipation, education on proper diet

10. What is the mechanism of action for anxiolytics (with the exception of buspirone)?
Depress subcortical levels of central nervous system

11. What is the most commonly used group of anxiolytics? Give two examples.
Benzodiazepines: lorazepam and alprazolam

12. What are the most common side effects of anxiolytics?
Drowsiness, confusion, lethargy

13. What must the client on long-term anxiolytic therapy be instructed in order to prevent a potentially life-threatening situation?
Taper doses off, do not stop abruptly

14. What is thought to be the mechanism of action that produces the desired effect with antipsychotic medications?

Block/decrease dopamine receptors, but second generation antipsychotics focus on blocking serotonin receptors

15. Phenothiazines are an example of a “typical” antipsychotic group. Give two examples of phenothiazines and two examples of the newer “atypical” antipsychotics.

Phenothiazines: mellaril and prolixin

Atypical: quetiapine, sertindole

16. Describe potential adverse hormonal effects associated with antipsychotic therapy.

Decreased libido, retrograde ejaculation, gynecomastia, amenorrhea galactorrhea

17. Agranulocytosis is a potentially very serious side effect of antipsychotic therapy. The nurse and client should be on the alert for symptoms of **sore throat, fever, and malaise.**

18. Neuroleptic malignant syndrome (NMS) is a rare but potentially fatal side effect of antipsychotic drugs.

List symptoms for which the nurse must be on the alert when assessing for NMS.

Fever, muscle rigidity, diaphoresis, tachycardia, changes in mental status.

19. Describe the symptoms of extrapyramidal side effects associated with antipsychotic therapy.

Pseudoparkinsonism (tremor, shuffling gait, drooling, rigidity), akinesia, akathisia, dystonia, oculogyric crisis, and tardive dyskinesia.

20. What is the classification of medication that is commonly prescribed for drug-induced extrapyramidal reactions? Give two examples of these medications.

Antiparkinsonian agents: orphenadrine and trihexyphenidyl

21. Describe a potentially life-threatening situation that could occur in the client who abruptly withdraws from long-term use of CNS stimulants.

Suicidal ideation and depression