

## 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)?

Antidepressant medications work to increase the concentration of norepinephrine, serotonin, and or dopamine through a complex series of interactions in the body.

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

Nurses should be on alert with the patients who is receiving antidepressant medication for dry mouth, sedation, nausea, increase risk for suicide, photosensitivity, orthostatic hypotension, tachycardia, and hyponatremia.

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

As the nurse I would expect the patient to begin showing signs of symptomatic relief 3-4 weeks after taking the medication.

4. Name an example of a tricyclic antidepressant. Amitriptyline

Name an example of an MAOI. Phenelzine (Nardil)

Name an example of an SSRI. Escitalopram (Lexapro)

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

Common side effects of tricyclic antidepressants are sexual dysfunction, sedation, weight gain, dry mouth, constipation, blurred vision, urinary retention, postural hypotension, and tachycardia.

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: Increase blood pressure, chest pain, and occipital headache\_\_. What must be done to prevent these symptoms from occurring? (Your answer must include some examples.)

Avoid foods high in tyramine like aged cheese, preserved meat, and chocolate.

7. Lithium carbonate is commonly prescribed for bipolar disorder. Many times when these individuals are started on lithium therapy, the physician also orders an antipsychotic medication. Why might he or she do so?

He or she may start the patient on antipsychotic medications because the lithium carbonate has a lag time of 1 to 3 weeks.

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.

The therapeutic range for lithium carbonate is 0.6-1.2mEq/L. Initial signs and symptoms of lithium toxicity are vomiting, diarrhea, tremors, sedation, and confusion.

9. Describe some nursing implications for the client on lithium therapy.

Patient monitoring and education is important. The lithium levels need to be in the therapeutic range .

10. What is the mechanism of action for anxiolytics (with the exception of buspirone)?

Anxiolytics increase the receptor affinity for GABA.

11. What is the most commonly used group of anxiolytics? Give two examples.

The most commonly used groups of anxiolytics clonazepam (Klonopin) and diazepam (Valium).

12. What are the most common side effects of anxiolytics?

The most common side effects of anxiolytics are tolerance and physical dependence may occur, drowsiness, confusion, lethargy, orthostatic hypotension, and paradoxical excitement.

13. What must the client on long-term anxiolytic therapy be instructed in order to prevent a potentially life-threatening situation?

Patients on long term anxiolytic therapy should be instructed to assess for sore throat, fever, bruising, or unusual bleeding to prevent a potentially life-threatening situation.

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

Antipsychotic medications work by blocking postsynaptic dopamine receptors in the basal ganglia, hypothalamus, limbic system, brainstem, and medulla.

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

Two examples of phenothiazines are chlorpromazine and perphenazine.

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

Potential adverse hormonal effects associated with antipsychotic therapy are amenorrhea, retrograde ejaculation, and gynecomastia.

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.

The nurse must be on the alert for any fever, muscle rigidity, diaphoresis, and tachycardia when assessing for NMS.

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

The symptoms of extrapyramidal side effects associated with antipsychotic therapy are pseudoparkinsonism, 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.

The classification of medication that is commonly prescribed for drug-induced extrapyramidal reactions is anticholinergics. Two examples of these medications are benztropine (Cogentin) and antihistamines (Benadryl).

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

When a patient abruptly withdraws from long-term use of CNS stimulants, they may experience depression, suicidal ideations, and unstable vital signs.

## Homework Assignment Questions and Answers

*Please read the chapter and answer the following questions:*

1. Identify three priority safety concerns for each class of psychotropic medications.

### ***Antianxiety Agents***

1. Tolerance and physical dependence may develop.
2. Blood dyscrasias
3. Effects of other CNS depressants are increased.

### ***Antipsychotics (novel)***

1. Postural hypotension
2. Increased plasma prolactin
3. Anticholinergic side effects

### ***Antipsychotics (phenothiazines and haloperidol)***

1. Sedation
2. Hyperglycemia
3. dizziness

### ***MAO Inhibitors***

1. Hypoglycemia
2. seizures
3. Hypertensive crisis

### ***SSNRIs***

1. Agitation
2. Sexual dysfunction
3. Headache

### ***SSRIs***

1. Hypertensive crisis
2. Increased risk of bleeding
3. Increased sedation

***Tricyclic antidepressants***

1. Postural hypotension
2. Sedation
3. Anticholinergic effects

**2. Differentiate primary actions and side effects for traditional versus atypical antipsychotics.**

Typical antipsychotics work by blocking postsynaptic dopamine receptors and atypical antipsychotics are weaker dopamine receptor antagonists than conventional antipsychotics.

**3. Differentiate primary actions and side effects for tricyclic versus SSRI antidepressants.**

For tricyclic they have extra pyramidal side effects. For SSRI antidepressants they have anticholinergic side effects.