

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 block the reuptake of neurotransmitters such as serotonin and norepinephrine. Also, some antidepressant medications block α -adrenergic, histaminergic, and muscarinic cholinergic receptors.

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

Patient's receiving antidepressant medications are at a higher risk of developing postural hypotension.

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

It may take up to two weeks until the patient may start to notice signs of symptomatic relief after the start of antidepressant therapy.

4. Name an example of a tricyclic antidepressant __clomipramine_____.

Name an example of an MAOI _____selegiline_____.

Name an example of an SSRI _____citalopram_____.

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

Dry mouth, constipation, blurred vision, urinary retention

Making sure to offer plenty of fluids to the pt, as well as assisting them to the bathroom on a schedule q2hr. Also, making sure there is nothing that they could trip or slip on due to potential blurred vision.

6. ____Hypertension____ is the most potentially life-threatening adverse effect of MAOIs. Symptoms for which the nurse and client must be on the alert include: ____chest pain or tightness, lightheadedness, SOB, palpitations, or vision changes____. What must be done to prevent these symptoms from occurring? (Your answer must include some examples.)
- Making sure to administer HTN medications if ordered such as Lisinopril or Losartan
 - Monitoring the pt's BP very closely knowing severe HTN could be adverse effect of MAOI
 - Trying to maintain a calm and relaxing environment for the pt by keeping the lights dimmed and the noise level low
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?
- Since Lithium Carbonate has a lag period of about 7-10 days, other antipsychotic medications may be helpful in conjunction with Lithium Carbonate, due to their immediate sedative effects.
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.
- 0.6 – 1.2 mEq/L
 - Muscle weakness, nausea, ataxia, anorexia, diarrhea, or seizures
9. Describe some nursing implications for the client on lithium therapy.
- Educate pt on possibility of increased weight gain when on lithium therapy and going on a low-calorie diet. Also, discuss the importance of avoiding large sodium intake due to the sodium's impact on blood lithium levels.
10. What is the mechanism of action for anxiolytics (with the exception of buspirone)?

They depress the subcortical levels of the CNS, specifically the limbic system and the reticular formation.

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

Benzodiazepines

- Alprazolam
- Lorazepam

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

- Drowsiness
- Sedation
- Confusion

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

Take the medications appropriately to avoid dependence and addiction to them as well to avoid abrupt withdrawal syndrome.

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

First generation antipsychotic medications act by blocking postsynaptic dopamine receptors in the basal ganglia, hypothalamus, limbic system, brainstem, and medulla. Second generation antipsychotic meds are weaker dopamine receptor antagonists, but are stronger serotonin type 2A antagonists.

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

Typical

- Chlorpromazine
- Perphenazine

Atypical

- Olanzapine
- Clozapine

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

- Retrograde ejaculation in males (discharge of seminal fluid into the bladder rather than through the urethra)
- Decreased libido in males (decreased sex drive)
- Amenorrhea in females (absence of menstrual cycle)
- Galactorrhea (discharge of milky fluid from breasts in non-breastfeeding women)

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
- Deteriorating mental status

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

Extrapyramidal symptoms are ones that effect normal body movements. Examples of these would be acute dystonias (muscle spasms), Parkinsonian-like symptoms (slow movements, rigidity), and tardive dyskinesias (later onset of involuntary movement of lips, tongue, or jaw).

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

- Antiparkinsonian drugs
Levodopa
Amantadine

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

Abrupt withdrawals could lead to possible depression as well as suicidal thoughts.

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

- *Drowsiness*
- *Orthostatic hypotension*
- *Restlessness*

Antipsychotics (novel)

- *Blurred Vision*
- *Urinary Retention*
- *Tachycardia*

Antipsychotics (phenothiazines and haloperidol)

- *Postural Hypotension*
- *Decreased Sweating*
- *Dry Mouth*

MAO Inhibitors

- *Hypertension*
- *Sedation*
- *Dizziness*

SSNRIs

- *Increased Sweating*
- *Insomnia*

- Tremors

SSRIs

- Agitation
- Headache
- Sexual Dysfunction

Tricyclic antidepressants

- Constipation
- Postural Hypotension
- Sedation

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

The primary action of traditional antipsychotic medication is to treat schizophrenia and extreme agitation and dementia. Some side effects of these can be rash, sexual dysfunction, orthostatic hypotension. Atypical antipsychotic medications are used to help treat OCD, bipolar disorder, as well as major depressive disorder. Some side effects of these type of medications include sedation, weight gain, and drowsiness.

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

Tricyclic antidepressants main action is to reduce depression, relieve severe pain, and prevent panic attacks. Some side effects of tricyclic medications include dry mouth, constipation, and weight gain. SSRI antidepressants main action is to reduce depression, control anxiety, and control obsessions. Side effects of SSRI medications include nausea, agitation, headache and sexual dysfunction.