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)?**

   Inhibits or blocks norepinephrine reuptake as well as dopamine and/or serotonin.

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

   Seizures

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

   Up to 2 weeks before seeing signs of improvement and up to 4 weeks to achieve a full therapeutic benefit.

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

   Name an example of an MAOI_____phenelzine_____.

   Name an example of an SSRI_____Sertraline_____.

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

   Anticholinergic effects (dry mouth, blurred vision, photophobia, urinary retention, constipation, 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: _____headache, nausea, tachycardia, hypertension _____. **What must be done to prevent these symptoms from occurring? (Your answer must include some examples.)**

   The patient should avoid foods high in tyramine. Examples of foods high in tyramine include, aged cheeses, wine and beer, aged meats, smoked fish, and avocados.

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?**

   Lower agitation, lower anxiety, stabilize mood, sleep promotion.

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.**

   Therapeutic range: 0.6-1.2 mEq/L; persistent nausea and vomiting, severe diarrhea, ataxia, blurred vision, tinnitus, excessive urine output, increasing tremors, mental confusion.

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

   Watch for s/s of lithium toxicity, monitor blood levels of lithium, maintain adequate dietary sodium intake, take medication as prescribed

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

    Potentiate the effects of the powerful neurotransmitter GABA in the brain and produces a calmative effect.

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

    Benzodiazepines; Diazepam, Lorazepam

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

    Sedation, ataxia, light headedness, decreased cognitive function

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

    Do not stop medication abruptly

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

    Blocks postsynaptic dopamine, acetylcholine, histamine, and norepinephrine receptors in the brain. Inhibits psychotic manifestations.

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

    Chlorpromazine, Thiothixene; Risperidone, Olanzapine

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

    Retrograde ejaculation, gynecomastia, amenorrhea

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, severe hyperthermia, deteriorating mental status, cardiac effects.

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

    Acute dystonia: severe spasms of the tongue, neck, back, or face

    Pseudo parkinsonism: Tremor, shuffling gait, drooling, rigidity

    Akinesia: Muscular weakness

    Akathisia: Continuous restlessness and fidgeting

    Oculogyric crisis: Uncontrolled rolling back of the eyes

    Tardive dyskinesia: bizarre facial and tongue movements, stiff neck, and difficulty swallowing

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

    Anti-parkinsonian agents; Benztropine, biperiden

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

    If a patient were to abruptly stop taking a CNS stimulant after long term use, they could experience withdraw symptoms such as depression, suicidal ideation, unstable/fluctuating vitals.

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

   Tolerance and physical dependence, increases the effect of other CNS depressants, drowsiness, confusion, lethargy, orthostatic hypertension, paradoxical excitement

   Antipsychotics (novel)

   Orthostatic hypotension, sedation, extrapyramidal side effects, hyperglycemia, anticholinergic effects

   Antipsychotics (phenothiazines and haloperidol)

   Prolonged QT interval, severe hypotension, weight gain

   MAO Inhibitors

   Flu-like symptoms, confusion, hypomania

   SSNRIs

   Anticholinergic effects, sedation, orthostatic hypotension

   SSRIs

   Dizziness, lethargy, headache, nausea, hyponatremia

   Tricyclic antidepressants

   Increased risk for suicide, sedation, discontinuation syndrome, photosensitivity, constipation

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

   Traditional: higher potential for extrapyramidal side effect; blocks postsynaptic dopamine receptors in the basal ganglia, brainstem, and medulla.
   Atypical: less potential for extrapyramidal side effects; weaker dopamine receptor agonist, but more potent antagonists of the serotonin type 2A receptors.

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

   Tricyclic: Blocks the reuptake of norepinephrine; orthostatic hypotension

   SSRI: Blocks the reuptake of serotonin; sexual dysfunction