

## 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)?

**The mechanism of action for antidepressants is it blocks reuptake of biogenic amines and increases concentration of norepinephrine, serotonin, and/or dopamine in the body.**

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

**The nurse should be on high alert of suicide or suicidal ideations when a patient is receiving antidepressants**

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

**The patient should start to feel relief 2-4 weeks after beginning the medication.**

4. Name an example of a tricyclic antidepressant \_\_\_ **amitriptyline (Elavil)** \_\_\_\_\_.

Name an example of an MAOI \_\_\_ **Phenelzine (nardil)** \_\_\_\_\_.

Name an example of an SSRI \_\_\_ **Fluoxetine (Prozac)** \_\_\_\_\_.

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

**Some common side effects are orthostatic hypotension, blurred vision, constipation, or sedative effects. Some nursing implications are to instruct clients to not stop abruptly, to take at nighttime to avoid daytime drowsiness, and to change positions slowly.**

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 headache with confusion and blurred vision, nausea/vomiting, severe anxiety, seizures, unresponsiveness** \_\_\_\_\_.

7. What must be done to prevent these symptoms from occurring? (Your answer must include some examples.)

**Avoid foods high in tyramine like aged cheeses, cured meats, or fermented foods. Also, to avoid caffeine like coffee or teas.**

8. 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?

**They might to do this to decrease hyperactivity while the lithium takes effect.**

9. 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 window is 0.5-1.5 mEq/L. Some signs of lithium toxicity are blurred vision, ataxia, tinnitus, persistent nausea and vomiting, and severe diarrhea.**

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

**Some nursing implications for a client on lithium therapy are to monitor side effects and lithium levels, monitor strict intake and output, monitor electrolyte imbalances, or to monitor for early signs of toxicity. Also instruct client to take with meals, avoid pregnancy, and drink plenty of water.**

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

**They depress the central nervous system.**

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

**The most commonly used group of anxiolytics are benzodiazepines like alprazolam (Xanax) or lorazepam (Ativan).**

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

**The most common side effects are drowsiness, sedation, lethargy, amnesia, and orthostatic hypotension.**

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

**They should be instructed to never stop taking abruptly.**

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

**It is thought that they block dopamine and other receptors from working in the brain.**

16. 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 haloperidol and loxapine. Two examples of atypical phenothiazines are aripiprazole and asenapine**

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

**Potential adverse hormonal effects are depression, sexual dysfunction, gynecomastia, retrograde ejaculation, or suicidal ideations.**

18. 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\_\_\_\_\_.

19. 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.

**Some symptoms the nurse should look for are fever, tachycardia, muscle rigidity, altered mental status, pallor, incontinence, hypertonicity, or dyskinesia.**

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

**The symptoms of extrapyramidal side effects are dyskinesias, parkinsonism, akinesia, akathisia, NMS, or dystonia.**

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

**The classifications of medications for extrapyramidal reactions are benzodiazepines (alprazolam or diazepam) and antiparkinsonians (orphenadrine or procyclidine).**

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

**A potentially life threatening situation is suicide.**

## 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***

- Risk for injury related to seizures, panic anxiety, alcohol withdrawal, abrupt stop, or overdose
- Anxiety related to threat to physical integrity or self-concept
- Risk for activity intolerance related to side effects of sedation, confusion, and/ or lethargy

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

- Risk for other- directed violence related to panic anxiety and mistrust of others
- Risk for activity intolerance related to medication side effects of sedation, blurred vision, and/ or weakness
- Nonadherence with medication regimen related to suspiciousness and mistrust of others

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

- Risk for injury related to medication side effects of sedation, photosensitivity, reduction of seizure threshold, and etc.
- Risk for other- directed violence related to panic anxiety and mistrust of others
- Nonadherence with medication regimen related to suspiciousness and mistrust of others

#### ***MAO Inhibitors***

- May cause sedation, use caution when using heavy machinery
- May cause hypertensive crisis
- May cause dizziness

### ***SSNRIs***

- Discontinuation syndrome if stopped abruptly
- May aggravate symptoms of depression
- Orthostatic hypotension is possible, change positions slowly

### ***SSRIs***

- Serotonin syndrome may occur
- Discontinuation syndrome
- Can cause sedation effect, use caution with heavy machinery

### ***Tricyclic antidepressants***

- Postural hypotension
- Tachycardia
- Arrhythmias

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

Traditional antipsychotics affect the amount of dopamine in the body and have a lot more side effects than atypical, like sedation or dizziness. Atypical antipsychotics affect the amount of serotonin in the body and have side effects like weight gain or diabetes.

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

Tricyclic antidepressants inhibit the reuptake of norepinephrine, and they also block the acetylcholine and histamine receptors. SSRI antidepressants only block the reuptake of serotonin. Tricyclic antidepressants have a lot more side effects than SSRI's. Tricyclic antidepressants can cause sedation, weight gain, tachycardia, or postural hypotension. Some side effects of SSRI antidepressants are nausea/vomiting or lethargy.