

### 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)?  
Inhibition or blocking of norepinephrine reuptake & 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?  
10-14 days and up to 4-8 weeks
4. Name an example of a tricyclic antidepressant \_\_\_\_\_ Amitriptyline \_\_\_\_\_.  
Name an example of an MAOI \_\_\_\_\_ Phenyelzine \_\_\_\_\_.  
Name an example of an SSRI \_\_\_\_\_ Fluoxetine \_\_\_\_\_.
5. Describe some common side effects and nursing implications for tricyclic antidepressants.  
Anticholinergic effects- dry mouth, blurred vision, photophobia, urine retention, constipation, tachycardia

\_\_\_\_\_ 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, increased heart rate, increased BP \_\_\_\_\_. What must be done to prevent these symptoms from occurring? (Your answer must include some examples.)

Avoid Tyramine rich foods: pepperoni, salami, figs, banana, old cheese, soy, protein sups, avocados, wine

6. 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? The dr might order antipsychotic meds to promote sleep, decrease agitation and anxiety and promote mood stabilization

7. 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.  
Initial treatment: 0.8 to 1.4 mEq/L, Maintenance levels: 0.4 to 1.0 mEq/L, Toxicity: above 1.5 mEq/L  
Initial signs and symptoms of lithium toxicity are blurred vision, ataxia, tinnitus, persistent nausea and vomiting, severe diarrhea.
8. Describe some nursing implications for the client on lithium therapy.  
Monitor plasma lithium levels, older adults may require more, effects begin in 7-14 days, administer as prescribed, adequate fluid and sodium intake, monitor for manifestations of toxicity: v/d, sweating
9. What is the mechanism of action for anxiolytics (with the exception of buspirone)?  
Enhance inhibitory effects of gamma-aminobutyric acid (GABA) in the CNS. = anxiety relief
10. What is the most commonly used group of anxiolytics? Give two examples.  
Benzodiazepine Sedative Hypnotic Anxiolytics: Lorazepam, Alprazolam
11. What are the most common side effects of anxiolytics?  
Sedation, ataxia, light headedness, decreased cognitive function
12. What must the client on long-term anxiolytic therapy be instructed in order to prevent a potentially life-threatening situation?  
Instruct the patient to not stop medications abruptly
13. What is thought to be the mechanism of action that produces the desired effect with antipsychotic medications?  
Block dopamine, acetylcholine, histamine and norepinephrine receptors in the brain and periphery. Inhibition of psychotic manifestations, believed to be a result of D2 blockade in the brain.
14. Phenothiazines are an example of a “typical” antipsychotic group. Give two examples of phenothiazines and two examples of the newer “atypical” antipsychotics.  
Chlorpromazine & Thiothixene
15. Describe potential adverse hormonal effects associated with antipsychotic therapy.  
Gynecomastia or breast enlargement, galactorrhea, and menstrual irregularities

16. Agranulocytosis is a potentially very serious side effect of antipsychotic therapy. The nurse and client should be on the alert for symptoms of \_\_\_\_cough\_\_\_\_\_,  
\_\_\_\_fever\_\_\_\_\_, and \_\_\_\_sore throat\_\_\_\_\_.

17. 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.

Sudden high-grade fever, BP fluctuations, Dysrhythmias, Muscle rigidity, Diaphoresis,  
Drooling, LOC into coma

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

Acute dystonia: Client experiences severe spasms of the tongue, neck, face, or back. This is a crisis situation and requires rapid emergency treatment.

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

Treat with Anticholinergic agents: Benztropine & Diphenhydramine

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

Delirium Tremens

## 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:***

- orthostatic hypotension
- tolerance and physical dependence
- abrupt withdrawal is life threatening

***Antipsychotics (novel):***

- potential interactions with some of the drugs for mild EPS
- sedation
- Orthostasis/dizziness
- blurred vision

***Antipsychotics (phenothiazines and haloperidol):***

- blurred vision
- sedation
- Postural hypotension

***MAO Inhibitors***

- sedation, dizziness
- sexual dysfunction
- hypertensive crisis (interaction with tyramine)

***SSNRIs***

- Nausea
- increased sweating
- insomnia
- tremors
- sexual dysfunction

***SSRIs***

- Nausea
- increased sweating
- insomnia
- tremors
- sexual dysfunction

***Tricyclic antidepressants***

- sexual dysfunction
- Sedation, weight gain
- Dry mouth, constipation, blurred vision, urinary retention
- Postural hypotension and tachycardia

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

Traditional antipsychotics are theorized to exert their primary action on reduction in dopamine. Primary side effects include extrapyramidal side effects both acute (including dystonias and akathisia) and chronic (including tardive dyskinesia).

Atypical antipsychotic agents exert their primary action on serotonin. Primary side effects include diabetes and weight gain.

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

Tricyclic antidepressants exert their primary action on norepinephrine. Primary side effects include anticholinergic activity like orthostatic hypotension.

The primary action of SSRI antidepressants is to reduce the reuptake of serotonin in the CNS. Some primary side effects include CNS side effects such as anxiety, possible suicide ideation, sexual dysfunction, and hyponatremia.