

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)? **Inhibiting or blocking of norepinephrine reuptake of neurotransmitters, both serotonin and norepinephrine.**
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? **May take up to 4 weeks.**
4. Name an example of a tricyclic antidepressant _____ **Amitriptyline** _____.
Name an example of an MAOI _____ **Phenelzine** _____.
Name an example of an SSRI _____ **Escitalopram** _____.
5. Describe some common side effects and nursing implications for tricyclic antidepressants. **Side effects: dry mouth, blurred vision, and constipation**
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: _____ **Nausea, headache, tachycardia, and increased BP** _____. What must be done to prevent these symptoms from occurring?

(Your answer must include some examples.) **Avoid foods high in tyramine such as aged cheese, wine, and bananas.**

7. Lithium carbonate is commonly prescribed for **___bipolar disorders___**. Many times when these individuals are started on lithium therapy, the physician also orders an antipsychotic medication. Why might he or she do so? **To promote mood stabilization and sleep.**
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. **0.8 to 1.0 mEq/L. Early signs and symptoms of lithium toxicity include vomiting and diarrhea.**
9. Describe some nursing implications for the client on lithium therapy. **Monitor plasma lithium levels and maintain fluid intake of 2,000 to 3,000 mL/day.**
10. What is the mechanism of action for anxiolytics (with the exception of buspirone)? **Enhances the inhibitory effects of GABA in the CNS.**
11. What is the most commonly used group of anxiolytics? Give two examples. **Benzodiazepines (ex: Lorazepam and Diazepam).**
12. What are the most common side effects of anxiolytics? **Sedation, ataxia, and light headedness.**

13. What must the client on long-term anxiolytic therapy be instructed in order to prevent a potentially life-threatening situation? **Never stop the medication abruptly.**
14. What is thought to be the mechanism of action that produces the desired effect with antipsychotic medications? **It blocks dopamine receptors, specifically serotonin receptors.**
15. Phenothiazines are an example of a “typical” antipsychotic group. Give two examples of phenothiazines and two examples of the newer “atypical” antipsychotics. **Ex: Chlorpromazine and Thiothixene. Atypical ex: Risperidone and Lurasidone.**
16. Describe potential adverse hormonal effects associated with antipsychotic therapy. **Gynecomastia (breast enlargement) in men and amenorrhea (absence of menses) in 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 _____ **malaise** _____, _____ **fever** _____, and _____ **sore throat** _____.
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, and tachycardia.**
19. Describe the symptoms of extrapyramidal side effects associated with antipsychotic therapy. **Acute dystonia (muscle spasms) and tardive dyskinesias (involuntary movement of lips, tongue, and jaw).**

20. What is the classification of medication that is commonly prescribed for drug-induced extrapyramidal reactions? Give two examples of these medications. **Anticholinergic agents (ex: Diphenhydramine and Benztropine).**
21. Describe a potentially life-threatening situation that could occur in the client who abruptly withdraws from long-term use of CNS stimulants. **Depression and suicidal ideation.**

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

- **Injury risk due to seizures.**
- **Confusion**
- **Blood dyscrasias (sore throat, fever, bruising, unusual bleeding).**

Antipsychotics (novel)

- **Sedation**
- **Orthostatic hypotension**
- **Blurred vision**

Antipsychotics (phenothiazines and haloperidol)

- **Postural hypotension**
- **Tachycardia**
- **Sedation**

MAO Inhibitors

- **Dizziness/ sedation**
- **Hypertensive crisis**
- **Sexual dysfunction**

SSNRIs

- **Insomnia**
- **Tremors**
- **Nausea**

SSRIs

- **Increased sweating**
- **Insomnia**
- **Tremors**

Tricyclic antidepressants

- ***Sedation***
- ***Weight gain***
- ***Postural hypotension***

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

Traditional: primary action is to reduce dopamine. Primary side effects include acute dystonia and tardive dyskinesia all which are effects of extrapyramidal effects.

Atypical: the primary action is exerted on serotonin. Primary side effects include weight gain as well as diabetes and dizziness.

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

is exerted on norepinephrine. Primary side effects include orthostatic hypotension as well as blurred vision and dry mouth.

SSRI: action is to decrease the reuptake of serotonin in the CNS. Primary side effects include sexual dysfunction as well as suicidal ideation.