

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)?**
 - Blocking norepinephrine reuptake, as well as dopamine into presynaptic neurons.
2. **For what must the nurse be on the alert with the client who is receiving antidepressant medication?**
 - Nurses should be on alert for seizures and increased risk of suicidality in children and adolescents.
3. **As the nurse, when would you expect the client to begin showing signs of symptomatic relief after the initiation of antidepressant therapy?**
 - As a nurse you would expect the client to show signs of symptomatic relief 4-6 weeks after initiation of antidepressant therapy.
4. **Name an example of a tricyclic antidepressant: Amitriptyline**
Name an example of an MAOI: Isocarboxazid
Name an example of an SSRI: Citalopram
5. **Describe some common side effects and nursing implications for tricyclic antidepressants.**
 - Drowsiness, Dry mouth, Blurred vision, 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, increased blood pressure, chest pain, and coma. What must be done to prevent these symptoms from occurring? Avoiding foods with**

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tyramine, avoiding the use of meperidine 14-21 days after starting MAOI therapy. (Your answer must include some examples.)

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? The patient may have psychosis along with having a difficulty sleeping.**

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.**

The therapeutic range levels are 1.0-1.5. The initial s/s of lithium toxicity are blurred vision, n/v, severe diarrhea, tinnitus, and tremors.

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

Some nursing implications for clients on lithium therapy include monitoring for early transient effects. And by monitoring lithium levels.

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

The mechanism of action is increasing affinity GABA or block reuptake of serotonin

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

Nonbenzodiazepines and benzodiazepines

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

Dizziness, impaired recall of events, hypotension, tachycardia.

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

They should monitor for s/s of blood dyscrasias.

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

By blocking postsynaptic dopamine receptors in the basal ganglia, hypothalamus, limbic system, brain stem, and medulla.

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

Phenothiazines: Chlorpromazine and Fluphenazine

Atypical Antipsychotics: Asenapine and Clozapine

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

Amenorrhea, decreased libido, retrograde ejaculation, gynecomastia.

17. Agranulocytosis is a potentially very serious side effect of antipsychotic therapy. The nurse and client should be on the alert for symptoms of fever, sore throat, and decreased WBC count.

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.

Delirium, muscle rigidity, high fever, stupor, and coma

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

Akinesia, dystonia, oculogyric crisis

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

Benzotropine and diphenhydramine

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21. Describe a potentially life-threatening situation that could occur in the client who abruptly withdraws from long-term use of CNS stimulants. A life threatening situation that could occur if CNS stimulants abruptly stops would be 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- If receiving long term don't stop taking abruptly, Don't drink while on antianxiety meds, and monitor for orthostatic hypotension.

Antipsychotics (novel)- Weight gain, postural hypotension, anticholinergic side effects are all considered safety concerns with these drugs.

Antipsychotics (phenothiazines and haloperidol)- Amenorrhea, agranulocytosis, and extrapyramidal symptoms and all safety concerns.

MAO Inhibitors: Some safety concerns with MAOIs include disturbances in cardiac rate and rhythm, hypomania, and increased suicidality in children and adolescents.

SSNRIs Some safety concerns with SNRIs include mydriasis, hypertension, and hypomania.

SSRIs: Safety concerns with SSRIs are serotonin syndrome, insomnia, and anorexia.

Tricyclic antidepressants: Safety concerns with Tricyclic antidepressants include orthostatic hypotension, blood dyscrasias, and QT prolongation.

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

Traditional antipsychotics primary action is to block postsynaptic dopamine receptors. The side effects include urinary retention, skin rash, sedation, photosensitivity, decreased libido, amenorrhea, retrograde ejaculation, gynecomastia.

Atypical antipsychotics primary action is to treat acute manic episodes. The side effects for atypical antipsychotics include drowsiness, insomnia, seizures, headache, dry mouth, extrapyramidal symptoms, blood dyscrasias.

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

Tricyclic antidepressants primary action is to inhibit reuptake of norepinephrine or serotonin at the presynaptic neuron. The side effects include drowsiness, blurred vision, orthostatic hypotension, tachycardia, urinary retention, blood dyscrasias, n/v, photosensitivity, and possible QT prolongation.

SSRI antidepressants primary action is to selectively inhibit the central nervous system neuronal uptake of serotonin. The side effects include headache, insomnia, anorexia, diarrhea, sexual dysfunction, somnolence, and increased risk of suicidality in children and adolescents.