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)?

   Antidepressants achieve desired effect by increasing the concentration of neurotransmitters, mostly by inhibiting reuptake.

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

   Nurses must be alert on drug interactions and adverse reactions of antidepressant medications, hypertensive crisis, and priapismss.

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

   The client should begin to show signs of symptom relief after taking an antidepressant for two 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, sedation, nausea Implications: hard cardy, food with medication

6. __Neuroleptic malignant syndrome____ is the most potentially life-threatening adverse effect of MAOIs.

   Symptoms for which the nurse and client must be on the alert include: __muscle rigidity, high fever, tachycardia_____. What must be done to prevent these symptoms from occurring? Avoid coadministration. (Your answer must include some examples.)

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? An antipsychotic drug may be ordered with lithium because it has a 7 to 10 day lag period.

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 Symptoms: nausea, diarrhea, CNS effects

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

   Watch for lithium toxicity, monitor weight, monitor. Mood, educating the importance of only taking as prescribed

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

    Anxiolytics depress subcortical levels on the CNS.

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

    The most common anxiolytics are benzodiazepines, such as diazepam and and lorazepam.

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

    The most common side effects are CNS depressors from mild sedation to hypnosis to coma.

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

    Long time users should be instructed to not stop abruptly, and to ween off because of risk of injury related to withdrawal.

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

    Typical antipsychotics are thought to block postsynaptic dopamine receptors in the brain.

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

    Phenothiazines: haloperidol and loxapine

    Atypical: aripiprazole and asenapine

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

    Males can experience retrograde ejaculation, gynecomastia, or decreased libido. While women may experience amenorrhea or galactorrhea.

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.

    muscle rigidity, high fever, tachycardia, diaphoresis, fluctuating blood pressure

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

    Akathisia, akinesia, dystonia, oculogyric crisis, pseudo parkinsonism, tardive dyskinesia

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

    Antiparkinsons: valbenazine and tetrabenzine

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

Suicide from major depression

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 from withdrawal symptoms***
- ***Risk for activity intolerance from sedation***
- ***Disturbed sleep pattern***

Antipsychotics (novel)

- ***Weight gain***
- ***Dry mouth***
- ***Dizziness***

Antipsychotics (phenothiazines and haloperidol)

- ***Hormonal problems***
- ***Extrapyramidal problems***
- ***Orthostatic hypotension***

MAO Inhibitors

- ***Do not mix with tyramine***
- ***Do not ix with morphine***
- ***Hypertensive crisis***

SSNRIs

- ***2 weeks before signs of improvement***
- ***Nausea***
- ***Tremors***

SSRIs

- ***Do not mix with warfarin***
- ***Do not mix with alcohol***
- ***Watch for symptoms of serotonin syndrome***

Tricyclic antidepressants

- **Contraindicated with MAO inhibitors**
- **Contraindicated with acetylcholine blockers**
- **Affect elderly differently**

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

Typical: action- reduction of dopamine; side effects- extrapyramidal effects

Atypical: action- reduction of dopamine and serotonin; side effects- hyperglycemia and weight gain

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

TC: action- increasing the availability of norepinephrine; side effect- anticholinergic effects and postural hypotension

SSRI: action- inhibit reuptake of serotonin; side effect- sexual dysfunction, risk for serotonin syndrome