

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, as well as dopamine and/or serotonin

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

Be on alert for 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, Imipramine, Doxepin ___.

Name an example of an MAOI _____ Phenzelzine, Isocarboxazid, Tranylcypromine _____.

Name an example of an SSRI _____ Fluoxetine, Sertraline, Paroxetine _____.

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

SE: Anticholinergic effects-dry mouth, blurred vision, photophobia, urine retention, 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, 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 such as old cheese, salami, pepperoni, figs, bananas, smoked fish, soy, some beer/wine, protein supplements, avocados

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?

Promote sleep, decrease agitation and anxiety, also promote mood stabilization

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.

Initial treatment: 0.8 to 1.4 mEq/L, Maintenance levels: 0.4 to 1.0 mEq/L, Toxicity: above 1.5 mEq/L

9. 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 such as sweating and v/d

10. 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

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

Benzodiazepine Sedative Hypnotic Anxiolytics: Lorazepam, Alprazolam, Diazepam, Chlonazepam

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

SE: Sedation, ataxia, light-headedness, decreased cognitive function

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

DO NOT stop medications abruptly

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

Block dopamine (D2), 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.

15. 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 “typical” antipsychotic phenothiazines: chlorpromazine & thiothixene

Two examples of “atypical” antipsychotics: clozapine & risperidone

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

Gynecomastia or breast enlargement, galactorrhea, and menstrual irregularities

17. Agranulocytosis is a potentially very serious side effect of antipsychotic therapy. The nurse and client should be on the alert for symptoms of _____cough/congestion____, _____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.

Sudden high-grade fever, BP fluctuations, dysrhythmias, muscle rigidity, diaphoresis, drooling, and LOC into coma

19. 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.

20. 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: use oral doses for less acute effects and IV or IM doses for serious effects. 1. Benztropine 2. Diphenhydramine

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

Delirium Tremens-alcohol

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- tolerance and physical dependence; abrupt withdrawal can be life threatening; s/s are sweating, agitation, tremors, n/v, delirium, and seizures; drowsiness, confusion, lethargy; increases the effect of other CNS depressants, antihistamines; may aggravate s/s of depression; orthostatic hypotension; paradoxical excitement (opposite from the desired effect); blood dyscrasias (sore throat, fever, bruising, bleeding); congenital malformations have been associated with use of these drugs during the first trimester of pregnancy.

Antipsychotics (novel) EPS; hyperglycemia, weight gain, diabetes (atypical antipsychotics); hypotension, orthostatic hypotension; lower seizure threshold (clozapine); prolonged QT interval; anticholinergic effects; sedation; photosensitivity; agranulocytosis.

Antipsychotics (phenothiazines and haloperidol) -weight gain, sedation, hyperglycemia/diabetes orthostasis; and dizziness, anticholinergic effects.

MAO Inhibitors-sedation, dizziness, sexual dysfunction, and hypertensive crisis.

SSNRIs-elevated blood pressure, could worsen liver problems, s/s of serotonin syndrome.

SSRIs- nausea, agitation, headache, sexual dysfunction.

Tricyclic antidepressants- sexual dysfunction; sedation; weight gain; anticholinergic effects; and postural hypotension.

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

Primary actions are receptor antagonism of 5HT. Side effects are potential interactions with some of the drugs for mild EPS; sedation, weight gain; orthostasis and dizziness (alpha-adrenergic); blurred vision, dry mouth; decreased sweating; constipation, urinary retention; tachycardia

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

Primary actions are inhibit reuptake of serotonin (5HT); inhibit reuptake of norepinephrine (NE); block NE (alpha 1) receptor; block Ach receptor; block histamine (H1) receptor. Side effects are nausea, agitation, headache, and sexual dysfunction.