

**Follow the instructions for the online assignment attached. The assignment must be completed and placed in Unit 1 Chapter 3: Psychopharmacotherapy Assignment Dropbox by 0800 on 5/28/2025. In order to receive full credit (0.5H class time) for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed class time.**

#### 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)?  
**Increase the concentration of norepinephrine, serotonin, and/or dopamine through a complex series of interactions in the body.**
2. For what must the nurse be on the alert with the client who is receiving antidepressant medication?  
**Sudden lifts or other dramatic changes in mood, suicidal ideation, and serotonin syndrome.**
3. As the nurse, when would you expect the client to begin showing signs of symptomatic relief after the initiation of antidepressant therapy?  
**After 2 weeks with improved mood and without injury caused by side effects.**
4. Name an example of a tricyclic antidepressant **amitriptyline**\_\_\_\_\_.  
Name an example of an MAOI **tranylcypromine**\_\_\_\_\_.  
Name an example of an SSRI **escitalopram**\_\_\_\_\_.
5. Describe some common side effects and nursing implications for tricyclic antidepressants.  
**Side effects: sexual dysfunction, sedation, weight gain, dry mouth, and constipation**  
**Nursing implications: monitor for sudden mood changes, anticholinergic effects, and suicidal thought or actions.**

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 BP, Chest pain, coma, N/V and SOB.** What must be done to prevent these symptoms from occurring? (Your answer must include some examples.)

**Avoid foods high in tyramine such as aged cheeses, smoked meats and soy sauce.**

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?

**Since Lithium has a lag period of 7-10 days, an antipsychotic medication can produce immediate sedative effects and increase the feats of Lithium.**

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.

**0.6-1.2mEq/L**

**Vomiting and diarrhea, CNS effects such as muscle weakness, drowsiness, and ataxia.**

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

**Instruct patient to report all medications, herbals and caffeine use, maintain fluid intake of 2,00-3000mL a day and importance of regular monitoring of serum levels, and Monitor serum levels.**

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

**Depress subcortical levels of the CNS and may increase the effects of the GABA neurotransmitter which produces a calming effect.**

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

**Benzodiazepines such as Clonazepam, and diazepam.**

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

**Drowsiness, confusion and lethargy.**

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

**Avoid abrupt withdrawal of the medication.**

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

**Blocking postsynaptic dopamine receptors in the basal ganglia, hypothalamus, limbic system, brainstem, 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.

**Typical antipsychotics: Haloperidol, and Loxapine**

**Atypical antipsychotics: Aripiprazole, and Asenapine**

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

**Decrease libido, retrograde ejaculation, gynecomastia, galactorrhea and amenorrhea**

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.

**Deteriorating mental status, fever, muscle rigidity, diaphoresis, and tachycardia.**

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

**Muscle stiffness, spasms, and abnormal involuntary movements.**

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

**Benzotropines or antiparkinsonian agents such as Valbenazine and deutetrabenazine**

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

**Risk for suicide**

## 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*

*Abrupt withdrawal can be life threatening, orthostatic hypotension, and Paradoxical excitement.*

### *Antipsychotics (novel)*

*Anticholinergic side effects, weight gain, postural hypotension*

### *Antipsychotics (phenothiazines and haloperidol)*

*Sedation, hyperglycemia, orthostatic hypotension*

### *MAO Inhibitors*

*Sedation, hypertensive crisis, and dizziness*

### *SSNRIs*

*Increased risk of bleeding, dizziness, and serotonin syndrome.*

### *SSRIs*

*Agitation, headache, and sexual dysfunction*

***Tricyclic antidepressants***

***Hypomania, akathisia, and cardiac dysrhythmias***

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

Traditional antipsychotics block the postsynaptic dopamine receptors while atypical antipsychotics block the serotonin type 2A receptors.

Traditional antipsychotics have extrapyramidal and anticholinergic side effects while atypical antipsychotics can cause weight gain, and hyperglycemia.

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

The primary actions for tricyclic antidepressants includes inhibiting the reuptake of Serotonin and norepinephrine while SSRI antidepressants only inhibit the reuptake of serotonin.

Common side effects for tricyclic antidepressants include dry mouth, constipation, weight gain, tachycardia and sexual dysfunction while common side effects for SSRIs include agitation, headache, nausea, and sexual dysfunction.