

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)?

A mechanism of action in which antidepressants achieve the desired effect are serotonin and norepinephrine reuptake inhibitors (SNRIs). SNRIs allow the desired effect of antidepressants to be achieved by improving the amount of neurotransmitters norepinephrine and serotonin levels.

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

If a client is receiving an antidepressant medication, they must be alert to the possibility of serotonin syndrome occurring.

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

As the nurse I would expect the client to begin showing the signs of symptomatic relief after 2 weeks of medication initiation, and up to 4 weeks for the full therapeutic effect.

4. Name an example of a tricyclic antidepressant_____clomipramine_____.
Name an example of an MAOI_____Selegiline_____.
Name an example of an SSRI_____Prozac_____.

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

Some common side effects of tricyclic antidepressants include postural hypotension, dry mouth which is an anticholinergic effect, and sexual dysfunction. Nursing implications for clients on tricyclic antidepressants include monitoring for side effects, suicidal ideation, and education on the medication information. Possible medication interactions will also need to be monitored.

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: _____high blood pressure, severe headache, confusion, chest pain, nausea, and vomiting_____. What must be done to prevent these symptoms from occurring? (Your answer must include some examples.) To prevent these symptoms from occurring the client should stay away from foods high in tyramine. Foods that are high in tyramine that these clients should avoid include aged cheese, red wine, cured and smoked meats, and soy sauce.
7. Lithium carbonate is commonly prescribed for _____mood stabilization with 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 physician may also order an antipsychotic medication because lithium has a 7to 10 day lag period. The antipsychotic medication is ordered for the initial treatment because they work more quickly and cover the patient during the lithium 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.

The therapeutic range is 0.6 to 1.2. The initial early signs and symptoms of lithium toxicity are diarrhea and vomiting at the range of 1.2 and higher.

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

Report all medications including herbal supplements, prevent activities that can cause excessive sweating, educate on frequent monitoring of lithium levels, and to maintain a fluid intake of 2,000 to 3,000 mL per day.

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

Promoting GABA activity and blocking serotonin and norepinephrine reuptake within the brain.

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

The most commonly used groups of anxiolytics are benzodiazepines and antihistamines. Two examples of benzodiazepines include Xanax and Ativan. Two examples of antihistamines include cetirizine and hydroxyzine.

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

The most common side effects of anxiolytics are confusion, lethargy, dizziness, and dependence.

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

A client on a long-term anxiolytic should be instructed to not abruptly stop their medication. This can lead to a life-threatening withdrawal that presents the symptoms of sweating, vomiting, delirium, tremors, agitation, seizures, and nausea.

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

They block dopamine receptors in the brain, altering neurotransmitter signaling that leads to the decrease in symptoms.

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 phenothiazines are Compazine and Prolixin. Two examples of newer “atypical” antipsychotic medications include Clozapine and Asenapine.

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

Possible adverse hormonal effects from antipsychotic therapy can include decreased libido and breast enlargement for men and milky discharge from the breasts in non-breastfeeding 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 __decreasing white blood cell count__, __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.

Symptoms that the nurse must be on alert for when assessing NMS include high fever, decline in cognition or mental status, muscle rigidity, and inconsistent blood pressure.

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

Akathisia symptoms include continuous movement of fidgeting, movement, and restlessness. Akinesia: inability to move voluntary muscles. Dystonia symptoms include muscle spasms that are involuntary and can occur in various locations on the body including the face, arms, legs, and neck. Oculogyric crisis

symptoms include inability to control eye movement. Eyes will involuntarily roll to the back of the head. Pseudo Parkinsonism symptoms include individual presenting with signs of Parkinsons disease. These include shuffling when walking, tremors, impaired gait, and muscle rigidity. Tardive Dyskinesia symptoms include abnormal tongue movements and facial expressions along with impaired swallowing and neck movement.

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

Tardive dyskinesia can occur when a client has taken long term antipsychotic medications. These effects of the extrapyramidal symptoms can be permanent. The client can be prescribed a new medication to treat tardive dyskinesia. These medications can include 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.

Clients should be advised not to abruptly stop their use of long-term CNS stimulants because they can become dependent on them and build a tolerance. If the medication therapy was abruptly stopped the client could experience significant mood changes, suicidal ideations, unstable vitals and symptoms.

Please read the chapter and answer the following questions:

1. Identify three priority safety concerns for each class of psychotropic medications.

Antianxiety Agents

1. Withdrawal potential
2. Tolerance and dependence
3. Orthostatic hypotension

Antipsychotics (novel)

1. Potential for extrapyramidal side effects
2. Sedation or cognitive impairment
3. Hypotension

Antipsychotics (phenothiazines and haloperidol)

1. Potential for extrapyramidal side effects
2. Neuroleptic malignant syndrome (NMS)
3. Metabolic changes

MAO Inhibitors

1. Hypertensive Crisis
2. Serotonin Syndrome
3. Withdrawal potential

SSNRIs

1. Serotonin Syndrome
2. Suicidal Ideations
3. Increase in blood pressure

SSRIs

1. Serotonin Syndrome
2. Suicidal Ideations

3. Blurred vision

Tricyclic antidepressants

1. Cardiac arrhythmias
2. Orthostatic hypotension
3. Blurred vision

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

Primary actions for traditional antipsychotics include blocking dopamine receptors. While primary actions for atypical antipsychotics include blocking dopamine and serotonin receptors. Side effects for traditional antipsychotics can include extrapyramidal symptoms, hormone effects, and cardiovascular risks. While side effects for atypical antipsychotics can include risks for metabolic changes, cardiovascular effects, and agranulocytosis.

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

Primary actions for tricyclic antidepressants include inhibiting the reuptake of serotonin and norepinephrine efficiently aiding in major depressive disorders and anxiety. While primary action for SSRI antidepressants include selectively inhibit the reuptake of serotonin while being effective for major depressive disorders, PTSD, and anxiety. Possible side effects for tricyclic antidepressants can include sedative effects, orthostatic hypotension, cardiac arrhythmias, and anticholinergic effects (dry mouth, urinary retention, and blurred vision). While possible side effects for SSRI antidepressants can include sexual dysfunction, serotonin syndrome, and discontinuation syndrome.