Follow the instructions for the onl ine 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)?

   Blocks reuptake of biogenic amines/ increases concentration of norepinephrine, serotonin, and/or dopamine in the body

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

   Risk for suicide

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

   2-4 weeks after initiation

4. Name an example of a tricyclic antidepressant: amitriptyline.

   Name an example of an MAOI: Phenelzine.

   Name an example of an SSRI: Fluoxetine.

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

Sexual dysfunction, sedation, weight gain, dry mouth, constipation, blurred vision, urinary retention, postural hypertension, and tachycardia

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 fever, Convulsions, death, SOB, severe headaches**. What must be done to prevent these symptoms from occurring: Avoid foods high in tyramine old cheese, pepperoni, salami, figs, banana, smoked fish, soy, some beer/wine, protein sups, avacados

6. 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? **To decrease hyperactivity while lithium takes effect**

7. 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.

   0.5-1.5 mEq/L

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

   Blurred vision, ataxia, tinnitus, persistent nausea and vomiting, and severe diarrhea

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

   To depress the CNS

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

Benzodiazepines: alprazolam (Xanax), lorazepam (Ativan), oxazepam (Serax)

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

    Drowsiness, hangover, sedation, lethargy, amnesia, orthostatic hypotension

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

    Do not stop abruptly

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

    Blocks dopamine and other receptors

14. Phenothiazines are an example of a "typical" antipsychotic group. Give two examples of phenothiazines and two examples of the newer "atypical" antipsychotics.

    1. Chlorpromazine and Thiothixene
    2. Risperidone and Clozapine

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

    Depression, sexual dysfunction, gynecomastia, retrograde ejaculation, and suicidal ideation

16. Agranulocytosis is a potentially very serious side effect of antipsychotic therapy. The nurse and client should be on the alert for symptoms of Sores in the mouth, throat or gastrointestinal tract, throat, or skin, fever, and chills, malaise

17. 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.

    Fever, tachycardia, muscle rigidity, altered mental status, parkinsonian syndrome, increased BP, pallor, incontinence, hypertonicity, dyskinesia (it is caused by administration of neuroleptic drugs at normal or high doses)

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

Dyskinesias, tardive dyskinesia, parkinsonism, akinesia, akathisia, and neuroleptic malignant syndrome, dystonia

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

    benzodiapine, antiparkisonians

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

    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:
don't stop taking drug abruptly
it can be life threatening; caused drowsiness, confusion, lethargy

Antipsychotics (novel):
photosensitivity
-orthostatic hypotension (TCA)
-Tachycardia, arrhythmias (TCA)
-Hyponatremia (SSRI), especially among the elderly

Antipsychotics (phenothiazines and haloperidol)

-hypotension
-orthostatic hypotension
-lower seizure threshold (clozapine)
-Prolonged QT interval
-Anticholinergic effects

MAO Inhibitors

sedation, dizziness, sexual dysfunction
hypertensive crisis

SSNRIs

nausea, agitation, headache, sexual dysfunction

SSRIs

nausea, agitation, headache, sexual dysfunction

Tricyclic antidepressants

- sexual dysfunction
-sedation, weight gain
- anticholinergic effects
- postural hypotension

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

Typical antipsychotic – blocks postsynaptic dopamine receptors in the basal ganglia, hypothalamus, limbic system, brainstem, and medulla. Antipsychotic effect may be related to inhibition of dopamine-mediated transmission of neural impulses at the synapse. i. Side effects: blurred vision, dry mouth, decreased sweating, constipation, urinary retention, tachycardia, Extrapyramidal side effects; increased plasma prolactin; sedation; weight gain; ejaculatory difficulty; postural hypotension
typical antipsychotic – Weaker dopamine receptor antagonist than the conventional antipsychotics, but they are more potent antagonist of the serotonin type 2A (5-HT2A) receptors. They also exhibit antagonism for cholinergic, histaminic, and adrenergic receptors. Side effects: sedation, weight gain, hyperglycemia/diabetes, orthostasis and dizziness; blurred vision, dry mouth, decreased sweating, constipation, urinary retention, tachycardia

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

Tricyclic – inhibit reuptake of serotonin and norepinephrine; blocked norepinephrine, ACh, and histamine receptor. It reduces depression, relieves severe pain and prevent panic attacks. Side effects: sexual dysfunction, sedation, weight gain, dry mouth, constipation, blurred vision, urinary retention, posterior hypotension and tachycardia. SSSRI – inhibit reuptake of serotonin. It reduces depression, and control anxiety and obsession. Side effect: nausea, agitation, headache, sexual dysfunction