Psychotherapeutic Drug Chart

	Drug/Drug Class	Action	Uses	Side/Adverse Effects	Nursing Implications
ANTIDEPRESSANTS	**Tricyclic compounds** Amitriptyline (ELAVIL) Nortriptyline (PAMELOR) Imipramine (TOFRANIL) Perphenazine & amitriptyline (TRIVAIL)	-inc. neurotransmitter concentrations of norepinephrine & serotonin by decr. neuronal uptake -potent muscarinic cholinergic antagonist -weak alpha-1 antagonist -weak histamine antagonists	-treat depression, normalize sleep, incr. appetite, elevate mood -OCD, anxiety disorders, panic attacks -chronic HA, enuresis, neuralgias	-sedation -orthostatic hypotension -tachycardia -anticholinergic effects	-not a cure only treats symptoms -drug takes 2-3 weeks before effective; incr. risk of suicide during this time -drugs can mask suicidal tendencies -teach need for compliance -dose at bedtime; may decr. sedation -safety measures—avoid OTC drugs and alcohol -take dose w/ food if GI problems -do not double up for missed doses
	MAO inhibitors NARDIL & PARNATE	-inhibits monamine oxidase enzyme which metabolizes -amines -norepinephrine -serotonis	-severe depression -not first choice for antidepressant -if nonresponsive to tricyclics -SE of tricyclics intolerable	-hypertensive crisis -insomnia -CNS stimulation: anxiety, agitation, mania -orthostatic hypotension	-avoid foods w/ tyramine -limit foods & beverages high in caffeine -MAOIs and anticholinergics result to atropine poisoning -teach compliance and SE -takes weeks for benefits -take in A.M. if insomnia a problem
	Serotonin Reuptake Inhibitors PROZAC, ZOLOFT & PAXIL	-inhibition of serotonin uptake	-depression -investigational: OCD and eating disorders	-nausea, diarrhea -CNS stimulation -skin rash	-administer w/ meals -teach about side effects-safety -use w/ caution in elders w/ impaired renal function -monitor weight -monitor suicidal client -morning dose to avoid insomnia
BIPOLAR	**Lithium**	-normalize the catecholamine response of bipolar disorders -precise mechanism not known—somehow involves substiution of Li for Na	-mood stabilizer -**DOC: bipolar illness** (manic-depressive	-minor toxicity -major toxicity -renal toxicity -hyponatremia leads to incr. risk of Li toxicity -hypernatremia leads to decr. effectiveness -teratogenesis	-close monitoring of blood levels, levels > 2 mEq (0.6-1.2 ,Eq/L) -administer in divided doses -several weeks for benefit -prevent dehydration -stress consistent Na intake -monitor renal status
	Antipsychotic agents Phenothiazines (THORAZINE, MELLARIL & COMPAZINE) Thioxanthines (NAVANE) Butyrophenones (HALDOL) Dihydroindolones (MOBAN) Dibenzodiazeines (CLOZARIL)	-block dopamine receptors in the brain - decr. the dopamine CNS -block alpha receptors -block histamine receptors -block serotonin -inhibit vagus nerve in GI tract	-**severe psychiatric disorders** -**schizophrenia** -bipolar disorder -dilusional disorders -organic syndromes -antiemetic	-tardive dyskinesia -dystonia, akathesia -parkinsonism; tremors -neuroleptic malignant syndrome -addiction and tolerance -sedation -hypotension, tachycardia -anticholinergic effects -photosensitivity	-baseline assessment -monitor controlled substances -safety measures due to sedation -document the effect of drug -compliance and skin protection -teach about side effects -many DDIs—CNS depressants, antacids
