**Know about skin issues/rash, hypotension, vascular issues, systemic problems. No nausea, vomiting, headache.**
**The route it is USUALLY given..**
**Know what the drug is used FOR, and the biggest SIDE EFFECT.**
*When the patient is giving Adavan, what is the biggest thing to look out for with the patient? DONT GIVE MEDICINE IF THE PATIENT DOES NOT NEED MEDICINE.

**Antidepressants (Continued)**

-Anxiety and depression are interrelated and usually treated the same way.
-CNS depression, but can depress CNS too much! Unintended affect, respiratory depression.

Primary Medications to reduce symptoms of panic and anxiety: For Anxiety:
TCA’s
MAOI’s
SSRI’s

Then use Benzodiazepines and Barbituates.

**TCA’s (Tricyclic Antidepressant)**

**Intended Effect:** Decrease Anxiety. (Patient feels calm again, eating again, calmer look, etc.)
**Potential Side Effects:** Dry mouth, blurred vision, urine retention, and hypotension.

Not for use for patients with heart attack, heart block, or arrhytmia.

How do you know the patient taking TCA’s is working? Anxiety= they are calmer. Depressed= They are happier.

**SSRIs (Selective Serotonin Reuptake Inhibitors)**- Safer than other classes because they have less sympathomimetic effect. Better for patient with heart problems.
Can cause weight gain and sexual dysfunction.

**Side Effects**- Abnormal Dreams, Sweating, sexual problems.

**MAOIs (Monoamine Oxidase Inhibitors)**- Lots of side effects, Dietary restrictions.
Avoid foods containing tyramine.(beer, wine, cheddar cheese, saurkraut) (Hypertensive problems and excrutiating migraines)
Potentiate the effects of insulin and other diabetic drugs.

A patient is taking MAOIs, the nurse should alert the nutritionist when she sees the cheddar cheese sandwhich on the tray.
Sedative- Relax the patient
Hypnotic- Intended to cause sleep

Most CNS drugs cause physical dependence.

Use CAUTIOUSLY for elderly, children, and young adults. (And liver and renal impairment patients.)
   -Suicidal Thoughts
   -Those with impaired renal or liver function.

Benzodiazepines- Predominately for ANXIETY AND INSOMNIA
-Usually end in the acronym -pam
-Some treat SHORT-TERM insomnia.
-Others treat various anxiety disorders.
-Most of them are given ORALLY
-Drugs of choice for short term treatment of insomnia caused by anxiety-greater margin of safety.

Barbiturates
-GABA- a neurotransmitter that transmits info around the cerebral cortex.
-Inhibit the brains impulses from passing through limbic and reticular activating systems, therefore the patient is asleep.
-ARE RESPIRATORY DEPRESSANTS
-An older medicine with much more side effects.
-POWERFUL CNS depressants.

Nonbenzodiazepine= Ambien (non narcotic, lower addictive issues, lower side effects, newer med.)
-Access for common side effects of CNS depression, monitor patients intake of stimulants.

IMPORTANT THINGS SPOKE ABOUT TODAY
-3 classes of medications used for anxiety/depression
   -Benzodiazepenes (short acting/long acting)
   -Barbituates (older medicines, more side effects, more CNS depressing)
   -Antidepressants
      -TCA's ( DONT GIVE TO HEArt patients bc they are sympathomimetics)
      MAOIS- Not with Tyramin
      SSRI- no dietary restrictions
- Worry about the dose and half life in elderly patients, mostly the PRIORITY thing that we worry about these medications is RESPIRATORY DEPRESSION.

Seizures and Epilepsy
-Abnormal or uncontrolled neuronal discharges in the brain
Epilepsy is a disease that causes seizures. A seizure is a symptom.
-Anti seizure medicines are category D

**Must know everything there is to know about Dilantin(phenytoin?)
**Must know everything about Carbamazopene

Seizures in children can be normal when they have a fever.

Once Medication is selected- How do they know if the medication is working on a patient who has epilepsy= No more/less seizures.

The newer the medications, the less side effects, the more suicide.

Drugs that potentiate GABA action...

Benzodiazepines- Used to break someone from a seizure. (Schedule 4 Narcotic)(Less watched.)
-Clonazepam (Klonopin)
-Loazepam (Ativan)

**Antidotes for Benzodiazepine is Flumazenon

Other GABA-Related Drugs
-Gabepentin (Neurontin) - Most common
-Pregabalin (Lyrica) - used for restless leg syndrome

Dilantin (Phenytoin) THE MOST COMMON MEDICATION USED FOR SEIZURES.
-Have a serum blood level.
  -can draw blood, send to lab, and there is a NORMAL, therapeutic range in blood.
  -If dose too high, there are toxic effects/side effects.
  -If patients serum blood level is too low=seizures occur.

Take a dose of dilantin/phenytoin daily to CONTROL seizures. If they take too much and therapeutic range is too high, and continue to have seizures (they will change med.) If no seizures and too high they will cut down the dose.

Hydantoins
-Phenytoin
-Tegretol
-Depakene
SIDE EFFECTS ARE TERRIBLE.
**Toxic Effects** - NEED TO BE WATCHED LIKE A HAWK. Can lose bone marrow, blood dysgrasias, rash to the point where the skin is gone (Steven-Johnson syndrome). Affects the liver. Tells the tissue of the gums to keep growing like crazy. (Eventually their mouth is all gums and covering teeth, bleeding, thin tissue. Tendency to affect Heart rhythms/heart block.

Name things to include in patient teaching when taking phenytoin
- Check for rash
- Dental Hygiene is IMPORTANT
- Brown Urine (it is normal, you are NOT bleeding.)
- Draw blood for RBC, WBC, and platelet count.
- If patient is home stay, look for bleeding that is not normal. (Vomit blood, poop blood.)

**A patient is ordered Tegretol for seizures, patient is monitoring patient which is for concern**
- Low count of hemaglobin!!!!!!!

PAges 183-185

**Depression** - characterized by sad or despondent mood
- lack of energy, sleep, etc.

**Most antidepressants come with a black box warning**
- Side effects are so severe that they need to be stated on the box.

**Treatment for Depression**
TCA (Tricyclic Antidepressant) (sympathomimetics)
- Be super careful with cardiac patients, come with anti-cholinergic affects.

SSRIs (sexual side effects)

SNRIs (Serotonin Norepinephrine reuptake inhibitors)

MAOIs- many drug- drug interactions and tyramine containing food.

**Bipolar Disorder**
- Extreme and opposite moods- episodes of depression alternating with episodes of mania.
  Treatment-Mood Stabilizers
  - Lithium (has serum level)- IT is a salt, have to take caution with perfuse sweating, and dehydration. Too Salty.
  - Can also treat these patients with seizures medicine..

READ ABOUT LITHIUM IN TEXT BOOK. USED FOR BIPOLAR DISORDER.

- Obtain careful drug history
-Rule out medical and neurologic causes
-Ask about alcohol and drug use, suicidal ideation.
-Obtain vital signs, liver and renal functions, cardiovascular tests, monitor weight.

**Psychoses- Schizo, paranoia, etc..**

*Severe mental and behavioral disorders characterized by:*
- Delusions
- Hallucinations
- Illusions
- Paranoia

*Acute episode- occurs over hours or days*
*Chronic Episode- develops over months or years.*

**Schizophrenia**
- abnormal thoughts and thought processes (hearing, seeing, feeling, tasting things that are not actually there.)
  - Severe depression
  - High risk of suicide
  - Deterioration of hygiene, job, relationships, etc.

**Treatment:**

**Phenothiazines**

**Chlorpromazine (Thorazine)**- For schizophrenia. Life long therapy, no withdrawal.

Acute Adverse Effects (Extra Pyramidal Side Effects)- Dystonia (muscle spasms)
  - Akathisia- constant pacing, repetitive movements.
  - Tardive Dyskinesia- tongue and face movements.
  - Hypotension
  - Cholenergic effects (constipation, sedation, hypotension)
  - Sexual dysfunction
  - High fevers

Not hearing the voices, or hallucinations mean the medication is working.

**Non-Phenothiazines**

- Less sedation than phenothiazines, but maybe more extrapyramidal signs.
  - Halperidol (Haldol)
  - Loxapine (loxitane)
  - Pimazide (Orap)
Atypical Antipsychotics
    Second generation
    -less extrapyramidal signs
    -weight gain, diabetes, hypertriglyceridemia, menstrual disorders, osteoporosis, impotence, Risk of CVA, death.

Third Generations
    -less extra pyramidal signs
    -less weight gain, diabetes, NO anticholinergic effects

Goal- patient should feel better, care for themselves, hear less voices, have less hallucinations. The Relapse rate is VERY high.

Before prescribing these meds, assess the patients history, drug/alcohol use, family history.