# Psychotherapeutic Drug Chart

<table>
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<tr>
<th>Drug/Drug Class</th>
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<th>Side/Adverse Effects</th>
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| **Tricyclic compounds** | - 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 |
| Amitriptyline (ELAVIL) |                                                                       |                                                                     |                                                              |                                                                                      |
| Nortriptyline (PAMELOR) |                                                                       |                                                                     |                                                              |                                                                                      |
| Imipramine (TOFRANIL)  |                                                                       |                                                                     |                                                              |                                                                                      |
| Perphenazine & amitriptyline (TRIVAIL) |                                                                |                                                                     |                                                              |                                                                                      |
| **MAO inhibitors**    | - inhibits monamine oxidase enzyme which metabolizes amines  
- norepinephrine  
- serotonin | - 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 |
| NARDIL & PARNATE      |                                                                       |                                                                     |                                                              |                                                                                      |
| **Serotonin Reuptake Inhibitors** | - 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 |
| PROZAC, ZOLOFT & PAXIL |                                                                       |                                                                     |                                                              |                                                                                      |
| **Lithium**           | - normalize the catecholamine response of bipolar disorders  
- precise mechanism not known— somehow involves substitution 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 |
| **Bipolar**           |                                                                       |                                                                     |                                                              |                                                                                      |
| **Antipsychotic agents** | - 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  
- delusional 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 |
| Phenothiazines (THORAZINE, MELLARIL & COMPAZINE)  
Thioxanthines (NAVANE)  
Butyrophenones (HALDOL)  
Dihydroindolones (MOBAN)  
Dibenzodiazepines (CLOZARIL) |                                                                       |                                                                     |                                                              |                                                                                      |