

Antipsychotics

all antipsychotics have mood stabilizing properties

<p>First generation → typical</p> <p>haloperidol perphenazine chlorpromazine</p> <p>Tox: EPS → dystonia, akathisia, tardive dyskinesia</p>	<p>Second generation → Atypical</p> <p>Aripiprazole clozapine olanzapine risperidone quetiapine ziprasidone</p> <p>Tox: metabolic syndrome</p>	<p>high affinity D2 receptor antagonist</p> <p>Weak-affinity D2 and Potent serotonin (5HT-2) receptor antagonists</p> <ul style="list-style-type: none"> • just as effective • ↓ rates of EPS
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Mood stabilizers

Acute mania AND maintenance		Maintenance ONLY	
<p>LITHIUM</p> <p>Think - kidney, thyroid narrow therapeutic window</p> <p>Toxicities: tremor, GI upset, weakness, dehydration → confusion, ataxia, muscle twitches → renal failure, seizure, coma, death</p> <p>Rare: Ebstein's anomaly → teratogenic</p> <p>Interactions: NSAIDs!</p> <p>Caution w/ diuretics/ACE</p>	<p>DEPAKOTE</p> <p>Think - liver</p> <p>Toxicities: weight gain, N/V, hair loss, bruising, tremor</p> <p>Rare: liver failure, thrombocytopenia, pancreatitis</p> <p>LFTs, platelets checked annually</p> <p>Teratogenic → neural tube defects</p>	<p>Carbamazepine (tegretol)</p> <p>Think - drug interaction</p> <p>induces liver enzymes → lowers concomitant drug effectiveness</p> <p>• check LFTs, CBC, Na, tegretol level x6-12 mon</p> <p>Toxicities: N/V, diarrhea, hyponatremia, rash, pruritis, leukopenia, fluid retention</p>	<p>Lamotrigine (lamictal)</p> <p>depression → mania</p> <p>Toxicities: nausea, dyspepsia, insomnia, non-serious skin rash</p> <p>Rare: SJS</p> <p>Interactions:</p> <ul style="list-style-type: none"> • other mood stabilizers • OCPs ↓ lamictal level

Antidepressants

<p>SSRI all equally effective. Choose based on: interactions, cost, kinetics, fam rx, and side effects - nausea, HA, diarrhea, sexual dysfunction, sweating, akathisia</p> <p>Sertraline Citalopram → QTc prolongation Escitalopram Paroxetine → discontinuation syndrome Fluoxetine → long half life and good if busy sched</p> <p>Serotonin Syndrome: autonomic dysfunction, neuromuscular dysfunction, mental status change</p>	<p>SNRI inhibit uptake of serotonin and norepinephrine</p> <p>Venlafaxine Duloxetine → pain (neuropathic) Desvenlafaxine → new, expensive</p> <p>Side effects:</p> <ul style="list-style-type: none"> GI - nausea, diarrhea sexual - libido, delayed ejaculation, anorgasmia CV - dose-dependent ↑ diastolic bp <p>Interactions - caution w/ other serotonergic drugs</p>
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<p>Atypical Antidepressants</p> <p>Bupropion: inhibits reuptake of (wellbutrin) dopamine and norepi</p> <ul style="list-style-type: none"> • can help w/ ADHD, energy, addiction • ↓ sexual side effects <p>Mirtazapine: ↑ concentration of (remeron) serotonin and norepi</p> <ul style="list-style-type: none"> • can help with sleep, appetite • ↓ sexual side effects <p>Trazadone: ↑ serotonergic activity</p> <ul style="list-style-type: none"> • can help w/ sleep • sexual side effects: priapism 	<p>Tricyclic Antidepressants</p> <p>Amitriptyline Desipramine Nortriptyline</p> <p>Side effects: MANY especially cardiac - QRS/QTc prolongation</p> <p>Anti-cholinergic SE</p> <ul style="list-style-type: none"> • start low, go slow <p>Can help w/ sleep</p> <p>Overdose is medical emergency</p>	<p>Monoamine Oxidase Inhibitors (MOIs)</p> <p>Phenelzine Tranylcypromine</p> <p>Older, many side effects</p> <ul style="list-style-type: none"> • orthostasis • sedation <p>Act on serotonin, norepi, and dopamine</p> <p>not used much</p>
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Addiction Drugs

MOA

Treats

Disulfiram

blocks aldehyde dehydrogenase
• you get sick

alcohol consumption

Naltrexone

Opioid antagonist

Opioid AND alcohol dependence

Acamprosate

Unclear
blocks excitatory glutamate
stimulate inhibitory GABA

alcohol dependence

Methadone

Long-acting opiate

Opioid dependence (+chronic pain)

Buprenorphine

Opioid partial-agonists

Opioid dependence

Bupropion,

Varenicline

DA/NE reuptake inhibitor
nicotine receptor partial agonist

nicotine dependence

COCAINE

ALCOHOL

HEROIN

MARIJUANA

ACTION

Stimulant
Increased

Sedative

Sedative
Euphoriant
Analgesic

euphoriant

INTOX

BP, HR, temp, energy, paranoia,
Decreased fatigue, appetite

sedation, CNS depression,
↓ respiration
coma, death

drowsy, nodding, euphoria

↓BP, ↑HR, ↓IOP, conjunctival injection

NALOXONE FOR OVERDOSE

WITHDRAWAL

onset

within hours of last dose

24-48 hrs after blood EtOH drops

within 24 hrs of last use

few days

Duration

3-4 days

5-7 days

4-7 days

Several weeks

Sx

Sleeplessness
↑appetite depression
paranoia
↓energy

↑BP, HR, temp,
N/V, diarrhea
seizures
delirium

N/V, diarrhea,
goose bumps,
runny nose,
tears, yawning

irritable, ↓appetite and sleep, nausea, ↓concentration, diarrhea

Treatment

NA

Benzos

Clonidine → NS Sx
NSAIDs → pain
Zofran → nausea
Loperamide → diarrhea

Supportive symptomatic