

Schizophrenia Medications

- ↳ called: antipsychotics, neuroleptics, or major tranquilizers
- Medications are #1 treatment for schizophrenia Spectrum Dis
- ↳ all medications have side effects

↳ side effects are #1 reason patients stop taking meds
People w/ mental illness die, on average, 2 decades earlier
Heart disease & diabetes #1 cause of death

1st generation antipsychotics

aka: standard, traditional, or "typical" antipsychotics

Thorazine (chlorpromazine) > mair-2
Haldol (haloperidol)

no longer first line of defense

Targets ONLY positive systems

- These medications can cause serious side effects (Parkinson's) & selection is often made on basis of these major side effects

Thorazine - most sedating but fewer EPS symptoms
given IM; anticholinergic effect

Haldol - least sedating, super high EPS!
often used in large doses to reduce assaultive beh

Mellant - not recommended as a 1st line
antipsychotic b/c it can cause
severe ECG, ↑sedation, ↓EPS,
anticholinergic effects

Stelazine, Prolixin, Navane ↑EPS ↓sedation

decadote - longacting, IM (2 track)

(lasting) expensive

2nd Generation Atypical Antipsychotics

- diminishes both positive & neg. symptoms
- Has fewer or no EPS
- diminished tardive dyskinesia
- may improve neurocognitive deficits associated w/ schizophrenia
- Tend to make you gain weight

- * Metabolic Syndrome: caused by atypical meds
- extra weight around middle of body (apple shape)
 - insulin resistance, body cannot use insulin effectively → can lead to diabetes
 - drug of choice for schizo -

Aripiprazole: less weight gain, & less increase in glucose & cholesterol.

- give to client w/ obesity / heart disease

Black Box warning for Suicide

- Used for Schizo, Bipolar I, & major depressive dis.
- aripiprazole keeps you skinny & fly, heart healthy for long

Quetiapine may prolong QT interval affecting heart rate

NOT FOR: client w/ cardiac disease, elderly w/ dementia or lactating moms

Bully Quetiapine is bad for heart, dementia, & milk

Ziprasidone 2.5-20mg - for schizo, acute / mixed episodes of bipolar & bipolar maintenance

- orally / injected
- Weight gain, high cholesterol & ↑ Blood Sugar
- Ziprasidone makes you fat & sugar fever

Zyprexa 2yars: for schizo & Bipolar disorder
Watch w/ high blood pressure meds, may cause
orthostatic hypotension
- anticholinergic & benzodiazepine use may
increase side effects (never drug)

Risperdal 4-16mg: Schizo & mania, approved
for schizophrenia & irritability in autistic
children, high dosage = ~~more~~ ↑ EPS
Risperdal Consta - long acting injection (2 weeks)
~~less weight gain than others too~~

clozaril: associated w/ agranulocytosis &
lowered seizure threshold (3000nm & 1500nm)

Review of med side effects

EPS: dystonia, akathisia, Pseudoparkinsonism

Anticholinergic side effects: dry mouth, blurred vision,
constipation, urinary retention; can be fatal be careful

Educate patient to report side effects

Orthostatic hypotension advise:

lowered seizure threshold: clozaril

agranulocytosis: S & S: fever, sore throat, malaise
+ observe for infection

Seroquel: schizo, BiPolar, depression

↓ doses for insomnia (Seroquel sounds like nyquel)

↑ EPS

early signs of relapse: social withdrawal,
trouble sleeping, increase in bizarre/magical thinking

Hallucinating: darting eyes, muttering, watching ~~the~~
empty area of room

Nandas

- risk for other-directed violence
- risk for self-directed violence
- disturbed thought process
- disturbed sensory perception
- impaired verbal communication
- ineffective coping
- chronic low self-esteem, risk for loneliness,
social isolation, impaired parenting, role strain?
- compromised family coping
- disabled family coping
- imbalanced nutrition: less than body req.
- activity intolerance
- constipation / incontinence
- impaired physical mobility
- self-care deficit

Compazine may be used to reduce nausea/vomit.

Tardive dyskinesia: protruding & rolling tongue, smacking lips, facial distortion.

(rash) Steven Johnson Syndrome: sheet like skin, sores on mucous membrane, may be caused by meds.

Toxic Epidermal necrolysis
same as ↑

Potentially Fatal neuroleptic malignant syndrome (NMS): reduced consciousness, increased muscle tone, fever, drooling

Polydipsia: fatal water intoxication

family psychoeducation is essential

low potency = ↑ sedation, high ACh, low EPS
High potency = ↓ sedation, ↓ ACh, high EPS

2-3 weeks for antipsychotics to take effect

disease course (3 phases)

- Phase 1: Acute Phase

- Onset of florid symptoms (hallucin., delusions, apathy)
- Withdrawal w/ loss of functional ability
- Individuals require increase care/hospitalization

acute phase goals: crisis intervention, safety & stabilization

- discharge planning → identify after care needs

Phase 2: Stabilization Phase

- acute symptoms diminish in severity
- moving towards previous level of functioning
- day hosp., residential crisis ctr., or supervised home

Stabilization phase goals: manage medication & disease education

- teach relapse prevention skills

Phase 3: Maintenance Phase

- Florid symptoms in remission, (milder sympts may linger)
- Individuals can live w/in community

Maintenance phase goals: client participation/cooperation

- appropriate setting for client success
- external structure
- Support group by-in

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