

NURS 660 PSYCHOPHARM EXAM 2 LATEST 2023-2024 MARYVILLE UNIVERSITY COMPLETE 200 QUESTIONS AND CORRECT DETAILED ANSWERS WITH RATIONALES|ALREADY GRADED A+

1. Know how to switch patients to and from MAOIs
 - **Switching from MAOI:** Takes 2 (to 3) weeks for new enzymes to be produced. In meantime, risk of serotonin syndrome is present. **Wait at least 2 weeks** before beginning serotonergic drug.
 - **Switching to MAOI:** Requires a washout of **5 half-lives**, typically 5-7 days. **FLUOXETINE (Prozac) takes 5 weeks** before starting MAOI - due to long half-life.
 - Management of patient during gap: Careful use of benzodiazepines, Z-drug sedative hypnotics, lamotrigine, valproate, trazodone (at <150mg), gabapentin, etc.
2. Know the major side effects, adverse reactions, drug interactions, food-drug interactions, applicable lab tests to order when the medication is prescribed and during treatment, the neurotransmitters they work on, pregnancy risk, and the mechanism of action for the following medications:
 - **Amitriptyline - Tricyclic**
 - Major SEs: sedation, anticholinergic, hypotension, cognitive impairment, arrhythmias
 - ADRs: suicide, narrow angle glaucoma, QTc, arrhythmias
 - Drug interactions: SSRI, SNRI, tryptans (lyrica, gabapentin), antipsychotics (Haldol), tramadol, thyroid meds, MAOIs
 - Food-drug interactions:
 - Lab tests: LFTs, heart
 - Affected neurotransmitters: NE, 5HT, Histamine, acetylcholine
 - Pregnancy risk: teratogen (deformation of tissues)
 - MOA: Tricyclic - SERT, NET, H1, muscarinic/cholinergic, Sigma receptor (pain, depression, opioid abuse), adenosine antagonist, VSSC, VSCC
 - Notable features: can help with **chronic pain**, metabolizes into nortriptyline
 - Remember: Overdose risk is high (sxs: increased reflexes, convulsions, coma). **WIDENED QRS = TCA toxicity** (tx is sodium bicarb)
 - **Bupropion (Wellbutrin)**
 - Major SEs: stimulating
 - ADRs: **SEIZURES** at peak plasma concentrations with immediate and slow release formulations

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compared to XR formulation (>450mg) - particularly
in **bulimic** patients r/t electrolyte imbalance

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- Drug interactions:
- Food-drug interactions:
- Lab tests:
- Affected neurotransmitters: NE, DA
- Pregnancy risk:
- MOA: Theorized NDRI - NET and DAT inhibition
- Notable features: Addresses “dopamine deficiency syndrome” and reduced positive affect; Effective for Nicotine addiction r/t DAT inhibition, no sexual dysfunction, activating
- Remember: **Smoking cessation**; prodrug of radafaxine
- Carbamazepine (Tegretol)
 - Major SEs: Sedating, dizziness, blurred vision, coordination, dry mouth, confusion, rashes
 - ADRs: Low WBC (bone marrow suppression), aplastic anemia, Steven Johnson Syndrome
 - Drug interactions: **TONS!!!** CYP3A4 inducer (avoid certain atypical antipsychotics)
 - Food-drug interactions:
 - Lab tests: Hematologic and hepatic hx at baseline, LFTs, CBC, electrolytes, BUN/creatinine
 - Affected neurotransmitters:
 - Pregnancy risk: Teratogenic
 - MOA: Blocking VSSC
 - Notable features: anticonvulsant for bipolar - “**treats mania from above**”; helpful in neuropathic pain; less weight gain
 - Remember: unproven in BP depression
- Citalopram (Celexa) - SSRI
 - Major SEs: antihistaminic
 - ADRs: **QTc prolongation**
 - Drug interactions: weak inhibitor of CYP2D6, few enzyme interactions
 - Food-drug interactions:
 - Lab tests: **EKG** @ higher doses (>40mg), yearly
 - Affected neurotransmitters: 5HT, Histamine
 - Pregnancy risk:
 - MOA: SSRI - both R and S enantiomer - R containing antihistaminic properties, less effective on SERT, and may inhibit S enantiomer from binding to SERT
 - Notable features: Excellent first choice, high tolerability; favorable in elderly - >60yo dose should be ≤20mg, inconsistent efficacy at lower dose
 - Remember: “Car seat” = “seat”-alopram and es-”seat”-alopram require an electro-“car” -diogram