

Antianxiety Treatments Antidepressant Treatments

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Lecture Objectives

At the completion of this lecture the student will:

Identify psychobiological interventions for the treatment of anxiety and depression

Describe anxiolytic drugs

Lecture objectives cont.

- ◆ Define nursing responsibilities in administering anxiolytic drugs
- ◆ Describe the classifications of antidepressant medications
- ◆ Define nursing responsibilities in administering the various classifications of antidepressant medications

Lecture objectives cont.

- ◆ Describe the nursing care of a patient receiving electroconvulsive therapy (ECT)

Antianxiety Drug Therapy

- Mechanism of Action Benzodiazepines
 - ◆ Increases neurotransmitter GABA
 - ◆ Preference for limbic system
 - ◆ Depresses CNS
 - ◆ Produces skeletal muscle relaxation
 - ◆ Anticonvulsant properties

Benzodiazepine Action cont.

- Rapidly absorbed from GI tract
- Crosses blood-brain barrier
- Crosses placenta and enters breast milk
- Metabolized by liver
- Metabolites active as CNS depressant

Indications for Use Benzodiazepines

- Short term treatment of anxiety
- Treatment of seizure disorders
- May be useful in acute stage of panic

Benzodiazepines (BZDs)

- | | |
|--------------|----------|
| ■ Alprazolam | Xanax |
| ■ Clonazepam | Klonopin |
| ■ Diazepam | Valium |
| ■ Lorazepam | Ativan |
| ■ Oxazepam | Serax |

Side Effects

- Central Nervous System Depressant
- Cardiovascular Side Effects
- Blood
- Gastrointestinal
- Other

Side Effects cont.

- Dependence
- Tolerance
- Physical addiction
- Psychological addiction
- Withdrawal syndrome

Side Effects cont.

- Xanax, Valium and Ativan should only be used short-term. Dependence and tolerance develop quickly
- Signs and symptoms of withdrawal
 - ◆ Anxiety, tremors, insomnia
 - ◆ Grand mal seizures, delirium
 - ◆ Respiratory depression and death

Patient Teaching Benzodiazepines

- Take as directed
- Avoid alcohol
- Avoid caffeine
- Contraindicated in pregnancy
- Contraindicated in lactation
- Caution against driving and machinery

Patient Teaching cont.

- Do not stop drug abruptly
- Report sleep pattern changes
- Paradoxical excitation
- Menstrual irregularities

Buspirone HCL BuSpar

- Nonbenzodiazepine BuSpar
- Non addicting
- Less sedating
- No physical or psychological dependence
- Can be used for long periods of time
- Useful in generalized anxiety disorder

BuSpar Patient Teaching

- Takes 2-3 weeks at least to take effect
- Take drug as prescribed
- Cannot be used as a prn for anxiety
- Does not produce an immediate calming effect

Non Drug Anxiety Treatments

- Cognitive Restructuring
 - ◆ Beck's Triad
 - ◆ Negative self-depreciating view of self
 - ◆ A pessimistic view of the world
 - ◆ Belief that negative events will continue into the future

Cognitive Restructuring cont.

- Cognitive Therapy
 - ◆ Identifying and testing negative thinking
 - ◆ Develop new positive thinking
 - ◆ Rehearsal of new thinking responses

Cognitive Restructuring cont.

- Useful in treatment of generalized anxiety disorder
- Useful in treatment of depression
- Often employed adjunctively with meds

Relaxation Training

- Progressive muscle relaxation
- Visualization
- Meditation

Relaxation Training cont.

- Muscle groups cannot be tense and relaxed at same time
- Physiological effects opposite of those produced by anxiety

Physical Exercise

- Promotes metabolism of adrenaline
- Stimulates production of endorphins

Systematic Desensitization

- Useful in treatment of phobias
- Can be helpful in treatment of panic disorder
- Social phobias can also be treated but it is also assisted by meds -----Paxil and to lesser extent Propranolol

Flooding (Implosion Therapy)

- Goal is to extinguish anxiety as a conditioned response
- Individual exposed to large amount of stimulus he/she finds undesirable
- Carries great risk----must be done by trained therapist

Thought Stopping

- Used to treat OCD
- Not found to be greatly beneficial

Response Prevention

- Used in treatment of OCD
- Trained therapist prevent patient from performing ritual(compulsion) associated with thought (obsession)
- Client learns anxiety can be managed without carrying out compulsion
- Carries risk

Posttraumatic Stress Disorder

- Antianxiety meds should be used only for short term and in moderation
- Responds better to antidepressant meds, especially SSRI's
- Needs to relive experience in safe controlled environment
- Assess for substance abuse

Somatoform Disorders

- Avoid antianxiety drugs except BuSpar
- Assess unmet needs
- Assess secondary gain
- Individuals cannot see relationship between symptoms and conflict
- Assess meds, substance abuse and history

Antidepressant Medications

- Tricyclic antidepressant TCA's
- Monoamine Oxidase Inhibitors MAOI's
- Selective Serotonin Reuptake Inhibitors SSRI's

Tricyclic Antidepressants

- Mechanism of action
 - ◆ Block reuptake of norepinephrine and to lesser degree serotonin
 - ◆ Block the muscarinic receptors that bind acetylcholine which leads to typical anticholinergic side effects

Common TCA's

■ Amitriptyline	Elavil
■ Desipramine	Norpramin,
■ Doxepin	Sinequan
■ Imipramine	Tofranil
■ Nortriptyline	Aventyl

Side Effects

- Anticholinergic effects
- CNS effects
- Endocrine and sexual side effects
 - ◆ Decreased libido
 - ◆ Weight gain-appetite stimulation-carbohydrate craving
 - ◆ Breast enlargement in both sexes

Serious Side Effects

- Cardiovascular
 - ◆ Hypotension
 - ◆ Arrhythmias-tachycardia
 - ◆ ECG changes
 - ◆ Heart failure

Serious Side Effects cont.

- Baseline ECG should be done before starting treatment
- Contraindicated in cardiac disease
- Use cautiously with elderly
- Monitor vital signs regularly

Patient Teaching TCA's

- Takes 10-14 days for any effects
- Takes 4-8 weeks for full effects
- Avoid alcohol, driving and heavy machinery
- Take at bedtime to avoid daytime sedation
- Do not stop taking abruptly
- Monitor anticholinergic effects

Monoamine Oxidase Inhibitors

- Mechanism of action
 - ◆ Interfere with this enzyme to destroy the monoamines norepinephrine, dopamine and serotonin
 - ◆ MAO present in liver cells to destroy the monoamine tyramine

MAOI's Action cont.

- ◆ Tyramine present in many foods
- ◆ MAOI's inhibit MAO in the liver and can result in fatal interactions between these drugs and tyramine rich foods
- ◆ Tyramine triggers release of norepinephrine which is a powerful vasoconstrictor which can lead to hypertensive crisis

Indications for Use MAOI's

- Responds best to atypical depression
 - ◆ Overeating
 - ◆ Phobic anxiety
 - ◆ Panic attacks
 - ◆ Hypochondrias
 - ◆ Chronic pain

Common Side Effects MAOI's

- Weight gain
- Orthostatic hypotension
- Cardiac changes
- Other effects similar to TCA's

Serious Side Effects

- Hypertension
- Interaction with tyramine substances or with drugs containing epinephrine or psuedoephedrine can cause a life threatening hypertensive crisis

Tyramine Rich Foods

- Hard Cheeses
- Organ meats
- Beer and red wine
- Any foods containing pressor agents
- Page 576 text Box 20-5 and Box 20-6

Selective Serotonin Reuptake Inhibitors SSRI's

- Mechanism of Action
 - ◆ Selectively block reuptake of serotonin
 - ◆ Do not block muscarinic receptors so they have little autonomic effects
 - ◆ Safer than TCA's and MAOI's
 - ◆ No cardiac toxicity and not sedating

Indications For Use

- First line drug for all depression except severe inpatient depression
- Can be used much more safely with patients who have suicidal ideation
- Useful in treatment of depression that is accompanied by anxiety
- Also useful in many anxiety disorders

Common SSRI's

- Fluoxetine Prozac
- Paroxetine Paxil
- Sertraline Zoloft
- Fluvoxamine Luvox

Common Side Effects

- GI nausea, diarrhea, weight loss
- Sexual dysfunction
- Headache
- Insomnia, nightmares
- Agitation, anxiety tremor
- Sweating

Serious Side Effects SSRI's

- Central Serotonin Syndrome
 - ◆ Caused by overaction of serotonin
 - ◆ Most likely occurs when administered at same time as MAOI
 - ◆ Should be at least 5 week time lag before changing to MAOI or 2 weeks before changing from MAOI to SSRI

Central Serotonin Syndrome

- Abdominal pain, diarrhea, sweating
- Fever
- Altered LOC
- Increased motor activity
- Cardiovascular shock
- Death

CSS Treatment

- Block serotonin with propranolol, methysergide, cyproheptadine
- Treat hyperthermia
- Anticonvulsants
- Muscle rigidity—dantrolene, diazepam
- Paralysis-pancuronium, succinylcholine

Atypical Antidepressants

- Do not completely fit any category of TCA, MAOI or SSRI
 - ◆ Trazadone Desyrel
 - ◆ Bupropion Wellbutrin, Zyban

Trasadone Dysyrel

- Very sedating
- Useful in treating depression with sleep disturbance
- Administer at bedtime
- Priapism is rare but major side effect
- Also can cause extreme dizziness and fainting

Bupropion Wellbutrin

- Increased risk of seizures
- Seizures can occur in people with no known seizure disorder
- Contraindicated in individuals with anorexia and bulimia
- Can be used to treat ADHD, smoking addiction and chronic fatigue syndrome.

Electroconvulsive Therapy ECT

- Used in life threatening depression or with no response to meds
- Informed consent
- Preoperative assessment
- NPO for at least 4 hours before treatment

Assessment ECT

- History of head injury, back injury or intracranial lesion
- Cardiac history
- History of serious illness
- Vital signs and other pre-op assessment

Patient Teaching ECT

- Confusion, disorientation and short-term memory loss
- 6-12 treatments usually ordered 2-3 times a week
- Not a definite cure
- Memory usually returns but may take 6 months

Obsessive Compulsive Disorder

- Clomipramine Anafranil

