

If it is a traditional antipsychotic, what class is it?		Traditional Antipsychotics – Side Effects to Monitor	Response
High potency	Haloperidol, Pimozide	<ul style="list-style-type: none"> • Constriction: EPS (more likely with high potency) • Cholinergic (less likely with high) • Cardiovascular (low BP, falls) (less likely with high) • Confusion (more likely with low) <p>EPS: Extrapyramidal symptoms e.g., rigidity, tremors, slowed movement, drooling, gait disturbance – leaning to side or back</p>	<p>The clinical factors to monitor include the 7 parameters of delusion:</p> <ul style="list-style-type: none"> • Dangerous, threatening • Distressing to self • Disturbing to others • If the client is acting on them • Fixed vs. the client has insight • Past or present • Jeopardizing independence <p>It may be months before resolution.</p>
Low potency	Chlorpromazine, Thioridazine		
Mid potency	Loxapine, Perphenazine		
New (Atypical)		Newer Antipsychotics – Side Effects to Monitor	
Advantages of New Antipsychotics <ul style="list-style-type: none"> • Less EPS • Less risk of developing Tardive Dyskinesia • Less negative cognitive effects • May stabilize mood 		<ul style="list-style-type: none"> • Dizziness, Akathisia, Somnolence, Hypotension <p>Olanzapine --- Glucose watch! Weight gain, hypotension, potential anti-cholinergic effects Risperidone --- EPS watch! Hypotension, tachycardia, agitation or somnolence Quetiapine --- Sedation watch! Orthostatic hypotension, somnolence</p>	
If it is an anxiolytic, what class is it?		Side Effects to Monitor	Response
Benzodiazepine	Lorazepam, Oxazepam, Alprazolam, Temazepam, Clonazepam	<ul style="list-style-type: none"> • Confusion, ataxia (dizziness, off balance), somnolence (drowsiness), disinhibited behaviour 	<ul style="list-style-type: none"> • Decreased agitation and anxiety
Non-benzodiazepine	Buspirone		
If it is a mood stabilizer, which class is it?		Side Effects to Monitor	Response
Lithium		<ul style="list-style-type: none"> • Confusion, gastrointestinal problems, weakness, polyuria, tremor 	<ul style="list-style-type: none"> • Will provide stabilization of mood and behaviour • Helpful in preventing a reoccurrence of illness
Antiepileptic	Sodium Valproate, Carbamazepine, Gabapentin	<ul style="list-style-type: none"> • Sedation, ataxia, nausea; if there is bruising or bleeding of any type, call physician. • Check if drug levels and blood work done regularly (liver, hematology). • Gabapentin has a wide range of dosages (also used for neuropathic pain) 	<ul style="list-style-type: none"> • Used in lability of mood and behavioural problems in dementia
If it is a cognitive enhancer, which class is it?		Side Effects to Monitor	Response
Cholinergic enhancer	Donepezil, Rivastigmine, Galantamine	<ul style="list-style-type: none"> • Muscle cramps, Insomnia, Nausea, Diarrhea 	<ul style="list-style-type: none"> • Improve or prevent decline in ADL's, behaviour, cognition, and caregiver time
Glutamnergic (NMDA) agents	Ebixa (memantine)	<ul style="list-style-type: none"> • Confusion, Headaches, Equilibrium, Constipation, • Kidney function 	<ul style="list-style-type: none"> • Potential Improvements (C-SHAPE): Cognitive improvement, Socialization, Household tasks, ADL's, Persecutory ideation, Excessive activity

Three-Question Framework for Detecting, Selecting and Monitoring the Use, Risk and Benefits of Psychotropics

1. **Detect:** When should a psychotropic be used or considered?
2. **Select:** How do I contribute to the selection of the right medication?
3. **Effect:** How do I monitor the response and side effects?

Are the benefits outweighing the risks and side effects?

- ✓ How long is the medication to be used, and when is it to be reviewed?
- ✓ What are the indications for increasing or decreasing the medication?

If no response, consider non-compliance, wrong diagnosis, wrong dose, or not enough time.

Important Note:

- Withdrawal symptoms are associated with all psychoactives, including SSRIs. The dose must be reduced slowly and the mental status closely monitored.

If it is an antidepressant, what class is it?		Side Effects to Monitor	Response
CLASS	Example	3 C's (C)ardiovascular: Orthostatic hypotension, falls, ↑ pulse rate. Anti(C)holinergic: Urinary retention, constipation, dry mouth, blurred vision. (C)onfusion: Monitor with the C.A.M., Clock Test, MMSE	Initially, the person may experience some increased transient agitation, sleeplessness, and/or drowsiness, depending on the medication. Sleep, appetite, and activity may improve by 2-3 weeks, but the individual may or may not feel <i>subjectively</i> better for 6-8 weeks.
Tricyclic	In elderly, secondary amines are better tolerated e.g., Nortriptyline, Desipramine Amitriptyline is not tolerated well in the elderly.		
SSRI	Selective Serotonin Reuptake Inhibitors e.g., Fluvoxamine, Paroxetine, Sertraline, Fluoxetine	HANDS Headache, Agitation, Nausea, Diarrhea, Sweating, Somnolence	
SNRI	Serotonin, Norepinephrine Reuptake Inhibitors e.g. Venlafaxine	Headache, nausea, elevated BP	
NASA	Noradrenergic And Specific Serotonergic Antidepressant e.g., Mirtazapine	Dry mouth, drowsiness, weight gain and dizziness	
SARI	Serotonin-2 Antagonist/Reuptake Inhibitors e.g., Trazodone	Drowsiness and orthostatic hypotension	
NDRI	Norepinephrine, Dopamine Reuptake Inhibitors e.g., Bupropion	SHARES Seizures, Headache, Agitation, Rash, Emesis, Sleep disturbance	
MAOI and RIMA	Irreversible and reversible MonoAmine Oxidase Inhibitors e.g., Phenelzine, Tranylcypromine, Moclobemide	Older ones (Parnate, Nardil) require special diet as wrong food may cause a hypertensive crisis (Tyramine reaction). All clients on MAOI's should be monitored for hypotensive effects.	
Stimulants	Adrenergic agents e.g., Methylphenidate	Cardiovascular i.e., high BP, agitation, sleeplessness	

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