This Instructor’s Guide contains:
Brief Description, Objectives, Discussion Questions, Pretest, Post-test, Glossary, and Answer Keys for this program, Psychotropic Medication: Assessment, Intervention, and Treatment. The questions included in this Guide follow the NCLEX model. Institutions that have purchased this program from Concept Media have permission to duplicate any of the contents of this Instructor’s Guide for teaching purposes.
Psychotropic Meds: Assessment, Intervention, and Treatment

Program Description:

This program gives an overview of assessment techniques, immediate intervention strategies, and definitive treatment of patients with psychiatric disorders. It begins with an historical overview, and then discusses the role of neurotransmitters using animation, and outlines the various classes of psychotropic medications. The various actions of these drugs are delineated and side-effects and safety precautions are outlined.

Objectives:

Upon completion of this program, the learner will be able to:

1. Describe how some chemical agents function as neurotransmitters in the brain.
2. Understand how psychotropic medications are used to stabilize mental disorders.
3. Verbalize the assessment of patients receiving psychotropic medications.
4. Discuss theories of how psychotropic medications work within the brain.
5. Discuss dosage considerations of psychotropic medications.
6. Recognize side-effects of psychotropic medications and list precautions to be taken with patients receiving them.
7. Describe various strategies used by the interdisciplinary team to help the patient manage a psychiatric disorder.
Psychotropic Meds: Assessment, Intervention, and Treatment

Previewing Questions:

True or False

1. The presence of neurotransmitters in the brain is abnormal.
2. In many forms of mental illness, brain chemicals become out of balance.
3. Neuroleptic agents are used for the treatment of epilepsy.
4. Antipsychotic agents are used to treat hallucinations, delusions, and paranoia.
5. Some psychotropics can cause side effects similar to the symptoms of Parkinson’s disease.
6. Antidepressants are sometimes effective in the control of neurogenic pain.
7. Dopamine is a neurotransmitter.
8. First generation psychotropics have the potential to cause a variety of troublesome side effects which may ultimately decrease patient compliance.
9. Second generation psychotropics are also known as atypical agents.
10. Second generation drugs have been shown to be more effective in controlling the negative symptoms of schizophrenia.
11. Most mentally ill patients are fully aware of their illness.
12. Closed-ended questions are preferred for interviewing patients with mental illness.
13. Some side-effects of psychotropic medications are unavoidable.
14. Some side effects can be controlled with other medications.
15. Mental illness can be cured with the use of psychotropic medications.
16. Patient conformity to treatment is of paramount importance in the successful treatment of mental disorders.
17. Many psychotropic medications carry an increased risk of orthostatic hypotension.
18. Psychotropic medications should not be abruptly discontinued.
19. Complete and objective documentation of the patient’s behavior is critical.
20. Nonverbal communication often gives clues to concerns and problems affecting the patient.
## Psychotropic Meds: Assessment, Intervention, and Treatment

### Previewing Questions: Answer Key

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Psychotropic Meds: Assessment, Intervention, and Treatment

Discussion Questions:

1. What should a patient be told about potential side effects of his or her psychotropic medications?

2. What role do side effects play in patient compliance with treatment?

3. Why is a team approach the most effective with patients suffering from severe mental health disorders?
Psychotropic Meds: Assessment, Intervention, and Treatment

Post-Test Questions:

1. When did psychotropic medications first become available?
   a. 1930s
   b. 1940s
   c. 1950s
   d. 1960s

2. Neurotransmitters are:
   a. the chemical switches of the brain.
   b. responsible for transmission of thoughts.
   c. a factor in the development of mental illness.
   d. a and b
   e. All of the above

3. Psychotropic medications work in which of the following ways?
   a. By blocking excesses of certain brain chemicals
   b. By enhancing the effectiveness of existing chemicals
   c. By mimicking or improving upon the action of deficient chemicals
   d. a and c
   e. All of the above

4. Antipsychotic agents, or neuroleptics, are used to treat the following:
   a. hallucinations, delusion, neurogenic pain.
   b. hallucinations, delusions, depression.
   c. hallucinations, delusions, paranoia
   d. hallucinations, delusions, paranoia, neurogenic pain.

5. Antiparkinson medications:
   a. may be used to counteract side effects such as stiffness and tremors.
   b. are used to prevent patients from developing Parkinson’s disease.
   c. adversely interact with all psychotropic medications.
   d. have no role in the treatment of the mentally ill.

6. Divalproex sodium, or Depakote®:
   a. is an anti-seizure medication.
   b. is approved for use in controlling manic episodes.
   c. is only being used experimentally in mental illness.
   d. a and b
   e. a and c
Post-Test Questions (continued):

7. Serotonergic-dopaminergic antagonists (SDAs):
   a. block numerous neurotransmitters, including serotonin and dopamine.
   b. have a narrow therapeutic range.
   c. are highly toxic in overdose.
   d. should be avoided with suicidal patients.
   e. All of the above

8. Selective serotonergic reuptake inhibitors (SSRIs) have a greater patient acceptance because:
   a. they are very inexpensive.
   b. they have a much less intense side effect profile.
   c. they are over-the-counter medications.
   d. a and b
   e. b and c.

9. Symptoms of anxiety:
   a. are seen in 50% of patients with depression.
   b. are rarely seen in depressed patients.
   c. occur in greater than 90% of depressed patients.
   d. have little impact on a patient’s daily life.
   e. are rarely seen in the elderly.

10. Open-ended questions:
    a. only cause confusion in patients with mental illness.
    b. can greatly enhance the health professional’s understanding of the patient.
    c. are only used when the patient refuses to give yes-no answers.
    d. lead to increased understanding for both the patient and the health care professional.
    e. b and d

11. In addition to utilizing good interview techniques, it is important to observe and document:
    a. nonverbal gestures.
    b. body language.
    c. physical appearance.
    d. grooming.
    e. All of the above
Psychotropic Meds: Assessment, Intervention, and Treatment

Post-Test Questions (continued):

12. What are some of the important considerations regarding treatment of mental illness?
   a. Is the patient a danger to himself or others?
   b. Does the person want help?
   c. What are the options and goals?
   d. b and c
   e. All of the above

13. Treatment of patients with mental illness may include:
   a. medication.
   b. counseling and group therapy.
   c. changes in diet.
   d. a and b
   e. All of the above

14. One technique for decreasing the impact of side effects that can be used with many psychotropics is to:
   a. take smaller, more frequent doses.
   b. schedule each medication at different times throughout the day.
   c. take the medication at bedtime.
   d. take the medication only after a full meal.

15. Treatment of patients with mental health disorders can be impaired by:
   a. substance abuse.
   b. poor diet.
   c. excessive stress.
   d. skipping medication doses.
   e. All of the above
Psychotropic Meds: Assessment, Intervention, and Treatment

Post-Test Questions Answer Key:

1. a   b   c   d   e
2. a   b   c   d   e
3. a   b   c   d   e
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13. a   b   c   d   e
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Glossary

Akathisia – an extrapyramidal effect characterized by an uncontrollable motor restlessness, often a side-effect of first-generation psychotropic medications.

Alogia—a lack of speech or phraseology

Anhedonia—a lack of humor/joy

Anxiety Disorders – a mental health disorder characterized by anxiety unattached to any obvious source. It is often accompanied by physiological symptoms such as sweating, cardiac disturbances, diarrhea, or vertigo.

Anxiolytic agent – medication used to treat an anxiety disorder.

Apathy – lack of feeling or emotion.

Atypical agents – second generation psychotropic medications; they tend to have less imposing side-effect profiles and to be better at controlling negative symptoms.

Atypical depression – a depressive illness whose clinical features include mood reactivity, irritability, increase in sleep and hunger, and psychomotor agitation.

Avolition - a lack of drive and/or initiative, accompanied by difficulty in making decisions.

Bipolar disorder – mood disorders characterized by alternating episodes of depression and mania or by episodes of depression alternating with mild non-psychotic excitement. Former designation was manic depression.

Catatonia – a form of schizophrenia characterized by a marked psychomotor disturbance that may involve stupor, mutism, negativism, rigidity, purposeless excitement, and inappropriate or bizarre posturing

Cognitive symptoms – lack of comprehension in day-to-day activities, attention deficits, memory lapses, and poor abstract reasoning.

Command hallucinations – hallucinations in which the individual is instructed to harm self or another.

Comorbid condition – a medical condition which exists simultaneously with another medical condition, usually independently, but which may aggravate the other problem.

Delusion – a false belief that persists despite the facts and outside the normal beliefs of the individual’s culture or social group.

Depression – a disorder marked by sadness, inactivity, difficulty with thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness, and sometimes suicidal thoughts or attempt.
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Glossary continued

Dyskinesia – an extrapyramidal effect characterized by unusual movements such as facial grimacing, tongue protrusion, and other non-cramping abnormal muscle movements.

Dysphoria - a state of feeling unwell or unhappy.

Dystonia – an extrapyramidal effect characterized by muscle cramping which may produce severe distortions of the face, neck, and back.

Euphoria – a feeling of well-being or elation, but often groundless, disproportionate to its cause, or inappropriate to the situation or circumstances.

Extrapyramidal symptoms (EPS) – abnormal movements brought on by psychotropic medications. These movements are caused by stimulation of descending nerve tracts other than the pyramidal tracts.

Flat affect – lack of facial expression or visible emotion.

Generalized Anxiety Disorder (GAD) – an anxiety disorder in which the individual suffers from excessive worry during a majority of the days over at least a six month period; this anxiety tends to revolve around a variety of events rather than focusing on a specific aspect of life.

Hallucination – a perception of a visual image or sound with no external cause and not shared by others who may be present.

Mania – high excitation manifested by mental and physical hyperactivity, disorganized behavior, and elevated mood.

Melancholia – a mental condition characterized by extreme depression, bodily complaints, and often hallucinations and delusions.

Monoamine oxidase inhibitors (MAOIs) – a class of antidepressants that block the enzyme system responsible for breaking down monoamines such as norepinephrine and serotonin, leaving more of the neurotransmitters available.

Mood symptoms - a symptom subset seen in schizoaffective disorder. They include mood swings, extreme emotional states such as euphoria or dysphoria, grandiose ideas, unwarranted belligerence, and extreme anguish.

Multiple mechanism antidepressants – class of antidepressants that tend to enhance both serotonin and norepinephrine. They may have a greater likelihood of achieving symptom control than single-mechanism antidepressants.

Negative symptoms – a lack of normal response, lack of drive, lack of speech, withdrawal from the surroundings, failure to enjoy activities, food, etc.

Neuro-developmental disorder – disease process occurring because of abnormal development of the brain and nervous system.
Neuroleptic agent – an antipsychotic medication.  
Neurotransmitter – a substance that transports nerve impulses across a synapse.  
Obsessive-Compulsive Disorder (OCD) – a psychoneurotic disorder in which the patient is driven by obsessions or compulsions or both. If the patient fails to perform the rituals, extreme anxiety can result.  
Panic Disorder – an anxiety disorder marked by recurrent panic attacks; left untreated, the patient may develop phobic disorders.  
Paranoia – a form of psychosis characterized by systematic delusions of persecution or grandeur; usually without hallucinations  
Pathognomonic – those things distinctively characteristic of a particular disease or condition; specific symptoms which lead readily to a diagnosis.  
Phobia – an irrational fear resulting in a conscious avoidance of the feared object, activity, or situation.  
Photosensitivity – being sensitive or sensitized to the action of radiant energy; usually seen as a side effect to a medication or the result of a comorbid condition.  
Positive symptoms – active symptoms of mental disorder, such as hallucinations, delusions, paranoia, disorganized speech, agitation, and catatonia.  
Pseudoparkinsonism - an extrapyramidal effect characterized by flat affect, muscle rigidity, slowed body movement, and/or a shuffling gait.  
Psychomotor agitation – physical and mental excitation which sometimes accompanies depression.  
Psychomotor retardation – the slowing of physical and mental processes which sometimes accompanies depression.  
Psychosis – a serious mental disorder characterized by defective or lost contact with reality; often accompanied by hallucinations or delusions.  
Psychotropic agent – Medication used for the treatment of mental illness.  
Schizoaffective Disorder – condition in which a patient exhibits symptoms of both schizophrenia and bipolar disorder.  
Schizophrenia - a psychotic disorder characterized by loss of contact with the environment, noticeable deterioration in the level of functioning in everyday life, and by disintegration of personality. Former terminology - dementia praecox.  
Selective serotonin reuptake inhibitors (SSRIs) – antidepressants which inhibit the reuptake of serotonin into the neurons. They have low impact on the reuptake of norepinephrine.
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Glossary continued

Typical agents – first generation psychotropic medications.

Tricyclic antidepressant agents (TCAs) – A class of antidepressant effective in treating all depressive subtypes, especially the severe melancholic subtype of major depressive disorder. They affect other receptor systems which may cause neurologic and cardiovascular adverse events.