

popular SSRIs. TCAs are still the drugs of choice for severe depression and inpatient treatment of depression. Patients suffering from insomnia are generally prescribed TCAs because of the sedative side effects of these drugs.

Selective Serotonin Reuptake Inhibitors (SSRIs)

SSRIs such as citalopram (Celexa), fluoxetine (Prozac), paroxetine (Paxil), and sertraline (Zoloft) prevent serotonin from being used up at the synapse. Serotonin is a chemical produced in the brain that acts as a neurotransmitter to help signals transfer from one part of the brain to another. Low serotonin levels have been implicated in depression, and keeping serotonin at the synapse improves mood. Because they have so few side effects compared with MAOIs and TCAs, SSRIs are frequently the first class of drug prescribed for depression. However, each drug within the classification can affect the patient differently. If one drug does not work well for the patient, the prescriber may change the dosage or change to another medication.

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

The newest category of medications to treat depression are the serotonin-norepinephrine reuptake inhibitors (SNRIs). These medications block the reuptake of both serotonin and norepinephrine. The increase in these levels are shown to elevate the mood. Examples of SNRIs are venlafaxine (Effexor XR), desvenlafaxine (Pritiz), and duloxetine (Cymbalta). Although these drugs are newer, the SSRIs have fewer side effects and therefore continue to be the most commonly prescribed for depression.



CRITICAL THINKING

Why are antidepressants used to decrease pain?

Mood Stabilizers

Mood stabilizers (antimanic agents) stabilize the extreme mood shifts seen in patients with bipolar disorder and are also used in patients with schizophrenia. In a very short period, patients vacillate between severe depression and a manic state in which they make grandiose plans and possibly act on those plans because they feel invincible. Therapy can decrease the number and intensity of these manic episodes and the frequency of these shifts in mood.

A common drug used to treat bipolar disorder is lithium. Lithium is a salt, so it is important for patients who are taking lithium not to become dehydrated. These patients should avoid using table salt. Lithium has a small therapeutic range. Because lithium toxicity can be fatal, blood lithium assays (levels) must be performed regularly. Signs of toxicity include drowsiness, blurred vision, confusion, sensitivity to light, tremors, muscle weakness, cardiovascular collapse, seizures, and coma. Other mood stabilizing drugs include lamotrigine (Lamictal) and valproic acid (Depakene, Depakote).

Medications for Treating Psychoses

Psychoses comprise a class of disorders characterized by abnormal thoughts, disorganized communication, and lack of interaction with the environment. Delusions, hallucinations, paranoia, and bizarre thoughts and behaviors are frequent symptoms of psychoses and occur in schizophrenia.

Antipsychotic medications called **neuroleptics**, such as chlorpromazine (Thorazine), clozapine (Clopine), and thioridazine (Mellaril), treat the abnormal actions and behavior of psychoses such as talking and interacting with a situation that only patients can see and hear. Some antipsychotic medications are used for nausea and vomiting, dementia, agitation, and spasms, as well as for psychoses. Be sure you know why the neuroleptic was prescribed.

■ MEDICATIONS TO TREAT DEGENERATIVE DISORDERS

Degenerative disorders of the nervous system are characterized by a continuous decline in mental and/or physical functioning, and they have no cure. These disorders may be caused by genetics, environment, or injury to the nervous system, although the cause is often unknown. The goals of treatment are to