These are some notes that were taken during the rounds and lectures, hope they will benefit in the exam

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GOODLUCK

☺

Anti Psychotics

Q.1: Which drug is used in refractory schizophrenia?
A.1: Clozapine "atypical"

Q.2: What is the most important S.E of clozapine?
A.2: Agranulocytosis "that's why we should check the WBC on a weekly basis and if the WBC drops below 3000 stop the drug immediately.

Q.3: What other S.Es clozapine cause?!
A.3: 1) Weight gain.
2) Decrease seizure threshold.
3) Hyper salivation.
4) Myocarditis.

Q.4: Which anti-psychotics can be given in an injectable form for a non-compliant patient?
A.4: 1) Haloperidol Decanoate. IM (typical)
2) Fluphenazine Decanoate. IM (typical)
3) Resperidone (atypical)

Q.5: What are the S.Es of typical anti-psychotics?
A.5: 1) Extrapyramidal:

a) Acute dystonia ------treated by----------› Benzatropine (anticholinergic).

b) Akathesia ------treated by---------› Beta blockers.

c) Parkinsonism (mask face, rigidity, tremor).

d) Tardive dyskinesia (late) ----------› switch to clozapine immediately since it is irreversible.

2) Hyperprolactinemia (ammenorhea, gynecomastia, impotence and decreased libido).

3) Neuro malignant syndrome '**Emergency**'
Can happen anytime after starting treatment.
Give: Dantrolene (muscle relaxant).
Bromocriptine (dopamine agonist).

Q.6: What are Olanzapine "atypical" S.Es?
A.6: 1) Weight gain.
2) Sedation.
3) Sexual dysfunction.
- there are other S.E's as dyslipidemia and glucose intolerance; that's why it contributes to metabolic syndrome (diabetes type II etc... so it is preferable to check for fasting glucose test).

Note: the only two atypical drugs that do not cause increase in weight are Ziprasidone and Aripiprazole; that's why we can use them in obese patients.

Anti Depressants

- almost all anti-depressant are equal in effectiveness.

* TCAs: (Imipramine and Amitryptaline)
- many side effects.
- contraindicated in glaucoma patient since they increase intraocular pressure.
- lethal in overdose (look for suicidal thoughts or attempts) "anti-dote: sodium bicarbonate IV".
- S.Es: 1) Weight gain.
2) Sedation.
3) Dry mouth.
4) Blurred vision.
5) Constipation, etc....

- Imipramine can be used in children with nocturnal enuresis.
- Amitryptaline: due to high sedative effect can be used in agitated patients or any neuropathic pain.
- Avoid drug in patients with pre-existing cardiac conduction problem.

* SSRIs: (memorize all 6 drugs).
- Less side effects.
- Safer than TCA's.
- Also used in OCD, Anorexia nervosa, premenstrual dysphoric disorder.
- S.Es: 1) Headache and dizziness.
2) Akathesia.
3) GI upset (common).
4) Insomnia.
5) Sexual dysfunction (late).

6) Anorexia, Weight loss.

- When switching from SSRIs to MAOIs; leave a gap of two weeks to avoid serotonin syndrome, in fluoxatine leave a gap of three to six weeks.

* MAOIs:
  - Very effective in refractory depression and refractory panic disorder.
  - Becareful with tyramine rich food (hypertensive crisis).
  - Becareful with SSRI (serotonin syndrome).

* Atypical anti-depressants:
  - SNRI ~~~~~~~~> Venlafaxine
    * effective in refractory depression.
    * care must be taken in hypertensive patients (increase blood pressure).
  - NRIs ~~~~~~~~~> Bupropion
    * used in aiding smoking cessation.
    * also used in ADHD as well as seasonal affective disorder.
    * lack of sexual S.E.

  - NASA ~~~~~~~~> Mirtazapine
    * used in refractory MDD especially patients that need to gain weight.
    * No sexual S.E.

Q: Patient with sexual dysfunction and you want to give him anti-depressant, what is the drug of choice?
A: Bupropion or Mirtazapine.

Mood Stabilizers

- used to treat acute mania and prevent relapses of manic episodes.
- Anti-psychotics can be used as adjunct in the treatment of acute manic episodes if the patient showed psychotic features.

* Lithium Carbonate:
  - drug of choice for treatment of acute mania and as a prophylaxis for both manic and depressive episodes in bipolar disorder.
  - narrow therapeutic index 0.7-1.2
    1.5 (toxic)
    2 (lethal).

- S.Es: 1) Hypothyroidism (monitor TSH regularly).
2) Tremor.
3) Nephrogenic Diabetes Insipidus (polyurea, polydipsia).
4) Teratogenic (becareful if pregnant).
5) Gastric ulcer.

* Carbamezapine (tegretol):
- anti-convulsant.
- used in treating mixed episodes and rapid cycling bipolar disorder.
- also used in trigeminal neuralgia.
- S.Es: 1) Slurred speech.
2) Leukopenia.
3) Ataxia (in high doses).
4) Drowsiness.
5) Skin rash (grey complexion).
6) Teratogenic.

* Valproic Acid:
- anti-convulsant.
- not given in children.
- S.Es: 1) Hepatotoxic.
2) Thrombocytopenia.
3) Hemorrhagic pancreatitis.
- monitor LFT and CBC.

Anxiolytics

- Used in treatment of anxiety and panic disorders.
- Depress the CNS causing a sedative effect.

* Benzodiazepines:
- first line treatment of anxiety.
- used for a short duration because of dependence and tolerance.
- 3 groups: 1) long acting (e.g diazepam "valium").
2) intermediate (e.g alprazolam "xanax").
3) short acting (e.g oxazepam).
- benzodiazepines are used in patient with insomnia.
- advantage: safer at high doses than barbiturates.
- lethal if mixed with alcohol (respiratory depression).

- S.E: cause paradoxical effect in elderly patients (agitation, violence, irritability) that's why we give halidol with valium.
- contra-indicated in patient with neuromuscular problem (e.g myasthenia gravis).
- anti-dote: Flumazenide.

* Buspirone:
- used in GAD "Generalised Anxiety Disorder".
- two to four weeks to have effect (slow action).
- lower potential for dependence and tolerance.
- can be given in alcoholics.

* Beta Blockers:
- becareful in asthmatic patients.
- treat autonomic effect of panic attacks or performance anxiety such as palpitation, sweating, etc...
- also used in treatment of akathesia.

* Zolpidem.
* SNRIs (Venlafaxine).
* SSRIs.
* TCAs.

Wish you the best of luck ☺
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