

### Medication

Bupropion

### Purpose

Acts by inhibiting norepinephrine and dopamine uptake, and is referred to as a norepinephrine-dopamine reuptake inhibitor.

### Therapeutic Uses

Treatment for depression

Alternative to SSRIs and SNRIs for clients unable to tolerate sexual dysfunction adverse effects of these antidepressants

Aid for smoking cessation

Prevention of seasonal pattern depression

Alternative treatment choice for attention-deficit disorder

### Complications

Complication	Nursing Action and Education
Headache, dry mouth, GI distress, Constipation, Increased heart rate, Hypertension, Restlessness, and Insomnia	Treat headache with mild analgesic. Observe for effects and notify the provider if intolerable. Sip on fluids to treat dry mouth and increase dietary fiber to prevent constipation.
Nausea, Vomiting, Anorexia, Weight Loss	Monitor weight and food intake
Seizures	Avoid administering to clients at risk for seizures (a client who have head injuries). Monitor for seizures, and treat accordingly.

### Contraindications/ Precautions

Bupropion is a pregnancy risk category B. Notify the provider if pregnant or breastfeeding. The provider will determine if the risks of taking the medication outweigh the benefits.

Contraindicated in clients taking MAOIs.

Contraindicated for clients who have seizure disorders or eating disorders.

### Interactions

Interaction	Nursing Action
MAOIs (phenelzine) increase the risk for toxicity	MAOIs should be discontinued 2 weeks prior to beginning treatment with bupropion.

### Medication

Mirtazapine

### Purpose

Referred to as a serotonin-norepinephrine disinhibitor.

It increases the release of serotonin and norepinephrine by blocking the presynaptic receptors, and thereby increases the amount of neurotransmitters available for impulse transmission.

### Nursing Action

Therapeutic effects can occur sooner with less sexual dysfunction than with SSRIs

Mirtazapine is generally well tolerated. Clients can experience sleepiness that can be exacerbated by other CNS depressants (alcohol, benzodiazepines), weight gain, and elevated cholesterol.

### Client Education

Take at bedtime, can be used as sleep aid.

### Medication

Vilazodone

### Purpose

Both blocks serotonin and works with a serotonin agonist at receptor site (first medication to work in this way).

### Nursing Action

Contraindicated with SSRIs and SNRIs (serotonin syndrome), and other serotonin receptor agonists (buspirone and phenothiazines). Stop MAOIs at least 14 days before starting vilazodone.

Teach manifestations of serotonin syndrome to client and instruct them when to notify provider.

Monitor for suicidal ideation

Many adverse effects are similar to those of SSRIs and SNRIs.

Take with food to help increase absorption.

### Client Education

Avoid grapefruit juice while taking Vilazodone because grapefruit juice inhibits CYP3A4 metabolism resulting in an increase in the medication blood level.

### Medication

Nefazodone

### Purpose

Selectively inhibits the reuptake of serotonin and norepinephrine.

### Nursing Action

Rapidly absorbed in 1 hr when taken without food.

Adverse effects are sleepiness, headache, dizziness, blurred vision, dry mouth, nausea, constipation, weight gain, and sexual dysfunction

Stop MAOIs at least 14 days before starting nefazodone.

### Medication

Trazodone ER

### Purpose

Moderate selective blockage of serotonin receptors, which allows more serotonin to be available for impulse transmission.

### Nursing Action

Usually used with another antidepressant agent.

Sedation is a potential problem, can be indicated for a client who has insomnia.

Priapism is a potential adverse effect. Instruct clients to seek medical attention immediately if this occurs

Don't drink grapefruit juice as it inhibits CYP3A4 metabolism resulting in an increase in the medication blood level resulting in toxicity.

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