

### Medications

Amitriptyline

Imipramine

Doxepin

Nortriptyline

Amozapine

Trimipramine

Desipramine

Clomipramine

### Purpose

Is medication's block reuptake of norepinephrine and serotonin in the synaptic space, thereby intensifying the effects of these neurotransmitters.

It can take 10 to 14 days or longer before TCAs begin to work, and maximum effects might not be seen until 4 to 8 weeks.

### Therapeutic Uses and Other Uses

#### Therapeutic Uses

Depression

Depressive episodes of bipolar disorders

#### Other Uses

Neuropathic pain

Fibromyalgia

Anxiety disorders

Obsessive Compulsive disorder

Insomnia

Attention deficit/hyperactivity disorder

Bipolar disorder

### Complications

Complication

Nursing Action and Education

### Complications (cont)

Orthostatic

Monitor blood pressure and heart rate for clients in the hospital for orthostatic changes before administration and one hour after. If a significant decrease in blood pressure or increase in heart rate is noted, do not administer the medication, and notify the provider. Be aware of the effects of postural hypertension (lightheadedness, dizziness). If these occur, advise the client to sit or lie down. Orthostatic hypotension is minimized by changing positions slowly. Avoid dehydration, which increases the risk for hypotension.

Hypotension

Anticholinergic

Effects:

Dry mouth, blurred vision, photophobia, urinary hesitancy or retention, constipation, tachycardia.

Minimize affects by chewing sugarless gum, sipping on water, wearing sunglasses went outdoors, eating foods high in fiber, participating in regular exercise, increasing fluid intake to at least 2 to 3 L a day from beverage and food sources, void just before taking medication. Notify the provider if effects persist

### Complications (cont)

Sedation (Usually diminishes over time)

Avoid hazardous activities (driving) if sedation is excessive. Take medication at bedtime to minimize daytime sleepiness and to promote sleep.

Toxicity (resulting in cholinergic blockade and cardiac toxicity evidenced by dysrhythmias, mental confusion, and agitation, followed by seizures, coma, and possible death.)

Obtain baseline ECG, monitor vital signs frequently, monitor manifestations of toxicity, notify the provider if manifestations of toxicity occur.

Decreased seizure threshold

Monitor clients who have seizure disorders

Excessive sweating

Be aware of adverse effects. Perform frequent linen changes

### Contraindications/ Precautions

TCAs are pregnancy risk category C. These medications are not generally recommended for use during breastfeeding or pregnancy.

Contraindicated in clients who have seizure disorders for recently experienced a myocardial infarction.

Use cautiously in clients who are elderly or who have coronary artery disease, diabetes, liver, kidney, or respiratory disorders, urinary retention or obstruction, angle closure glaucoma, benign prostate hyperplasia, and hyperthyroidism.

Clients at an increased risk for suicide should receive a one week supply of medication at a time due to the lethality of a toxic dose

### Interactions

#### Interaction

Concurrent use with MAOIs and St. John's Wort can lead to serotonin syndrome

Concurrent use with MAOIs can cause severe hypotension

Antihistamines and other anticholinergic agents have additive anticholinergic effects

Increased effects of epinephrine, dopamine occur because uptake to the nerve terminals is blocked by TCAs

Alcohol, benzodiazepines, opioids, and antihistamines can cause additive CNS depression when used concurrently

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