

Anxiolytics	Mood Stabilizers	ADHD (cont)	Alzheimer's (cont)
<p>Benzodiazepines Enhance effect of GABA. (GABA is low with anxiety)</p> <p>Alprazolam, also approved for tx of insomnia by FDA due to primary hypnotic effect.</p> <p>Diazepam, Lorazepam, Temazepam</p> <p>CNS depressants (<i>do not combine with other CNS depressants</i>), potential for addiction in 4-6 weeks, Ataxia</p> <p>Buspirone MOA: unknown. Not a CNS depressant (patient can tolerate better and is not sleepy)</p> <p>Conditions: Generalized Anxiety disorder (GAD), obsessive compulsive disorder (OCD), Post traumatic stress disorder (PTSD)</p> <p>Can treat anxiety with antidepressants (SSRI's and SNRI's) due to neurotransmitters and circuit overlap between anxiety and depression.</p> <p>Ataxia secondary SE due to extra GABA, risk of fall and Fractures in geri population.</p>	<p>Lithium MOA not fully understood. influences electrical conductivity. Can result in adverse effects, toxicity. Complex interaction of Na^+ and K^+ can use fluid shifts.</p> <p>Therapeutic Range 0.6-1.2, need routine blood testing.</p> <p>SE: Neuro/MSK: tremors, ataxia, confusion, convulsions Digestive: N/V/D, Cardiac: Arrhythmias Electrolytes: Polyuria, Polydipsia, edema (Hypernatremia) Endocrine: Goiter, hypothyroidism</p> <p>Conditions Bipolar</p> <p>Anticovulsants can be used to treat bipolar as well in certain cases.</p> <p>ADHD</p> <p>Psychostimulants block reuptake of NE and dopamine, increasing release into synapse,</p> <p>Methylphenidate, Dextroamphetamine SE: agitation, exacerbation of psychotic thought processes, HTN, growth suppression, potential abuse. Considerations Tx for children and increasingly adults.</p> <p>Non-stimulants</p>	<p>Atomoxetine NE reuptake inhibitor, SE: decreased appetite, wt loss, fatigue.</p> <p>Centrally acting alpha-2 adrenergic agonists monitor fatigue, traditionally used for HTN.</p> <p>ADHD includes symptoms of short attention span, impulsivity and overactivity.</p> <p>Alzheimer's</p> <p>Cholinesterase Inhibitors Slow rate of memory loss and improve memory. memory loss linked to loss/insufficient quantity of acetylcholine.</p> <p>Donepezil, galantamine, rivastigmine Inactivate cholinesterase, less destruction means higher concentrations of acetylcholine there is.</p> <p>Glutamate important role in memory function. Can't be taken at the same time as a Cholinesterase inhibitor.</p>	<p>Memantine Too much glutamate can be damaging to the neurons. Used in moderate to severe Alzheimers.</p> <p>is a progressive loss of memory and other higher brain functions. Pharm slows the structural degeneration and/or maintaining normal brain function.</p> <p>No cure.</p>

