

Anxiolytics	Mood Stabilizers	ADHD (cont)	Alzheimer's (cont)
<p><b>Benzodiazepines</b> 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, <b>Ataxia</b></p> <p>Buspirone MOA: unknown. Not a CNS depressant (patient can tolerate better and is not sleepy)</p> <p><b>Conditions:</b> 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><b>Ataxia</b> secondary SE due to extra GABA, risk of fall and Fractures in geri population.</p>	<p>Lithium <b>MOA</b> not fully understood. influences electrical conductivity. Can result in adverse effects, toxicity. Complex interaction of <math>Na^+</math> and <math>K^+</math> can use fluid shifts.</p> <p><b>Therapeutic Range</b> 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><b>Conditions</b> Bipolar</p> <p>Anticovulsants can be used to treat bipolar as well in certain cases.</p> <p><b>ADHD</b></p> <p><b>Psychostimulants</b> 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. <b>Considerations</b> Tx for children and increasingly adults.</p> <p><b>Non-stimulants</b></p>	<p>Atomoxetine NE reuptake inhibitor, <b>SE:</b> decreased appetite, wt loss, fatigue.</p> <p>Centrally acting <math>\alpha</math>-2 adrenergic agonists monitor fatigue, traditionally used for HTN.</p> <p>ADHD includes symptoms of short attention span, impulsivity and overactivity.</p> <p><b>Alzheimer's</b></p> <p><b>Cholinesterase Inhibitors</b> Slow rate of memory loss and improve memory. <b>memory loss linked to loss/insufficient quantity of acetylcholine.</b></p> <p>Donepezil, Inactivate cholinesterase, less destruction means higher concentrations of acetylcholine there is.</p> <p><b>Glutamate</b> 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>