

### Anxiolytics

<b>Benzodiazepines</b>	Enhance effect of GABA. (GABA is low with anxiety)
Alprazolam, Diazepam, Clonazepam, Lorazepam, Temazepam	SE: Sedation, CNS depressants ( <i>do not combine with other CNS depressants</i> ), potential for addiction in 4-6 weeks, <b>Ataxia</b>
Buspirone	MOA: unknown. Not a CNS depressant (patient can tolerate better and is not sleepy)

**Conditions:** Generalized Anxiety disorder (GAD), obsessive compulsive disorder (OCD), Post traumatic stress disorder (PTSD). Benzo's can be used for tx of insomnia as well.

Can treat anxiety with antidepressants (SSRI's and SNRI's)

**Ataxia** secondary SE due to extra GABA, risk of fall and Fractures in geri population.

**Conditions:** Generalized Anxiety disorder (GAD), obsessive compulsive disorder (OCD), Post traumatic stress disorder (PTSD)

### Alzheimer's

<b>Cholinesterase Inhibitors</b>	Slow rate of memory loss and improve memory.
Donepezil, galantamine, rivastigmine	Inactivate cholinesterase, less destruction means higher concentrations of acetylcholine there is.
<b>Glutamate</b>	important role in memory function. Can't be taken at the same time as a Cholinesterase inhibitor.
Memantine	Too much glutamate can be damaging to the neurons. Used in moderate to severe Alzheimers.

**memory loss linked to loss/insufficient quantity of acetylcholine.**

is a progressive loss of memory and other higher brain functions. Pharm slows the structural degeneration and/or maintaining normal brain function.

No cure.

### Mood Stabilizers

Lithium	<b>MOA</b> not fully understood. influences electrical conductivity. Can result in adverse effects, toxicity. Complex interaction of Na <sup>+</sup> and K <sup>+</sup> can use fluid shifts.
<b>Therapeutic Range: 0.6-1.2</b> need routine blood testing.	SE: Neuro/MSK: tremors, ataxia, confusion, convulsions Digestive: N/V/D, Cardiac: Arrhythmias Electrolytes: Polyuria, Polydipsia, edema (Hypernatremia) Endocrine: Goiter, hypothyroidism

**Conditions** Bipolar Anticovulsants can be used to treat bipolar as well in certain cases.

### ADHD

<b>Psychostimulants</b>	block reuptake of NE and dopamine, increasing release into synapse,
Methylphenidate, Dextroamphetamine	SE: agitation, exacerbation of psychotic thought processes, HTN, growth suppression, potential abuse. <b>Considerations</b> Tx for children and increasingly adults.

### Non-stimulants

Atomoxetine	NE reuptake inhibitor, <b>SE:</b> decreased appetite, wt loss, fatigue.
Centrally acting alpha-2 adrenergic agonists	monitor fatigue, traditionally used for HTN.

ADHD includes symptoms of short attention span, impulsivity and overactivity.

