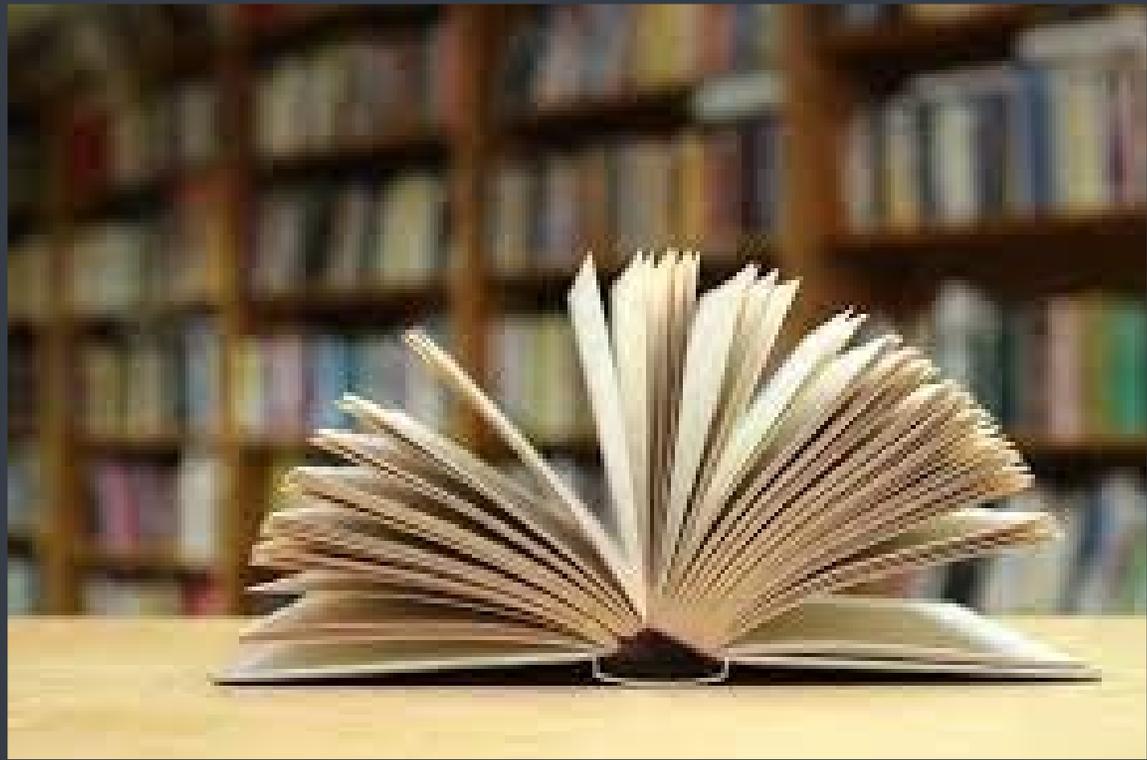


NR546 WEEK 5 REVIEW

MOOD DISORDERS

MORE STUDY TIPS!



- CREATE YOUR OWN PRACTICE EXAM
 - CREATE YOUR OWN POWERPOINT
- EXAMPLES TO COME!

CREATE YOUR OWN PRACTICE EXAM EXAMPLES

- WHEN CREATING A PRACTICE EXAM, LOOK THROUGH YOUR STUDY GUIDE AND HIGHLIGHT WHAT YOU THINK THE MOST IMPORTANT TOPICS ARE. THESE ARE USUALLY CONCEPTS THAT ARE USED IN THE WEEKLY ASSIGNMENTS, EMPHASIZED BY THE PROFESSOR, OR USED IN THE WEEKLY LESSONS.
- NEXT, TRY TO TAKE EACH HIGHLIGHTED SECTION AND FORMULATE IT INTO A QUESTION. THIS HELPS YOU TO THINK LIKE THE PROFESSOR AND HELPS YOU DIVE DEEPER INTO THE MATERIAL. TRY TO CREATE AS MANY QUESTIONS AS ARE ON THE EXAM.
- AFTER YOU'VE CREATED YOUR PRACTICE QUESTIONS, GO BACK AND TRY TO ANSWER THEM WITH RATIONALES

CREATE YOUR OWN POWERPOINT EXAMPLES

- REFER TO AN EXAMPLE SUCH AS THIS POWERPOINT! THIS CAN HELP YOU ORGANIZE INFORMATION FROM THE LESSON, CONDENSE THE MATERIAL, AND ATTACH PICTURES, EXAMPLES, AND MNEMONICS WHICH ENHANCES YOUR LEARNING
- USE THE CONTENT HEADINGS FROM THE WEEKLY LESSONS TO GUIDE YOUR PRESENTATION. THIS HELPS WITH NOTE TAKING AS WELL!
- THEN, PRESENT THE POWERPOINT YOU MADE. PRETEND YOU'RE TEACHING THE MATERIAL TO SOMEONE ELSE. SPEAKING OUT LOUD AND TEACHING THE MATERIAL IS PROVEN TO HELP YOU LEARN AND UNDERSTAND THE MATERIAL!

ANTIDEPRESSANT MNEMONIC VIDEO

- SEROTONIN SE= HEAD, RED, AND FED
 - **HEAD**= DECREASED ANXIETY, IMPULSIVITY, AND SEX DRIVE
 - **RED**= PLATELETS AND BLEEDING
 - **FED**= GI MOTILITY AND NAUSEA
- FLUOXETINE= THINK OF THE FLU AND THAT ONE LONG WEEK YOU SPENT IN BED
 - DESCRIBING FLUOXETINE'S LONG HALF LIFE
- SERTRALINE= SQUIRTRALINE= (USE YOUR IMAGINATION) HARSHER GI EFFECTS, SAFE FOR BREASTFEEDING WOMEN
- CITALOPRAM (CELEXA)- RENAME AS CELEXAS= A LEXUS= CAR- GET AN ELECTROCARDIOGRAM IF ON THIS DRUG
 - CAUSES QT PROLONGATION
- DULOXETINE= DULLS THE PAIN= USE IN FIBROMYALGIA, DIABETIC NEUROPATHY, OR PREMENSTRUAL SYMPTOMS
- MIRTAZAPINE= MEAL-TAZAPINE= INCREASE APPETITE
- TRAZADONE= TRA-ZZZ-ODONE

WHAT ARE MOOD DISORDERS?

- MOOD DISORDERS ARE ABNORMALITIES OF MOOD, WHICH INCLUDE DEPRESSION, MANIA, OR BOTH
- UNIPOLAR DEPRESSION (MDD)
 - COMMON SYMPTOMS: A DEPRESSED MOOD OR LOSS OF INTEREST OR PLEASURE IN DAILY ACTIVITIES, IRRITABILITY, WITHDRAWAL, AND PROBLEMS WITH SLEEP, EATING, ENERGY, CONCENTRATION, OR SELF-WORTH, THOUGHTS OF SUICIDE OR PSYCHOTIC SYMPTOMS.
- BIPOLAR DISORDER- CHRONIC CONDITION CHARACTERIZED BY EXTREME FLUCTUATIONS IN MOOD, ENERGY, AND ABILITY TO FUNCTION
 - BIPOLAR TYPE 1
 - BIPOLAR TYPE 2
 - CYCLOTHYMIA
 - WHAT IS MANIA?

BIPOLAR DISORDER PRACTICE QUESTION

- A PATIENT AND A FAMILY MEMBER PRESENTS TO THE PMHNP. THE CLIENT STATES THEY DO NOT UNDERSTAND WHY THEY HAD TO COME HERE TODAY BUT AFTER FURTHER IMPLORATION, THE FAMILY MEMBER TELLS THE PRACTITIONER THAT THE CLIENT HAS BEEN EXTREMELY IRRITABLE LATELY, HAS NOT SLEPT IN 3 DAYS, CAN'T SEEM TO THINK STRAIGHT, AND STATES HE STOLE A BIKE FROM THE STORE. THE PMHNP SUSPECTS BIPOLAR DISORDER. WHICH TYPE DOES THE PATIENT MOST LIKELY HAVE?
 - A. CYCLOTHYMIA
 - B. BIPOLAR TYPE 1
 - C. CHRONIC MANIA
 - D. BIPOLAR TYPE 2

BIPOLAR DISORDER PRACTICE QUESTION

- THE PMHNP IS SEEING A NEW PATIENT WHO REPORTS FEELING VERY DEPRESSED, IRRITABLE, AND DISTRACTED. WHICH OF THE FOLLOWING QUESTIONS IS MOST IMPORTANT FOR THE PMHNP TO ASK PRIOR TO PRESCRIBING THE PATIENT A MEDICATION?
 - A. HAVE YOU EVER THOUGHT ABOUT PARTICIPATING IN PSYCHOTHERAPY?
 - B. DID THESE SYMPTOMS OCCUR WHEN YOU LOST YOUR JOB?
 - C. DOES ANYBODY IN YOUR FAMILY HAVE DEPRESSION OR ANXIETY?
 - D. HAVE YOU EVER EXPERIENCED SYMPTOMS SUCH AS INCREASED SELF ESTEEM, INCREASED ACTIVITY, OR A DECREASED NEED FOR SLEEP?

DIFFERENTIATING BETWEEN UNIPOLAR AND BIPOLAR DEPRESSION (VIDEO FROM LESSON)

- IT'S HARD TO TELL!
- WHO'S YOUR DADDY AND WHERE'S YOUR MAMA?
 - WHOS' YOUR DADDY?- DOES ANYONE IN YOUR FAMILY HAVE EITHER UNIPOLAR OR BIPOLAR DEPRESSION?
 - WHERE'S YOUR MAMA?- NEED THE PATIENT'S HISTORY BEFORE THEY CAME INTO THE OFFICE
 - PATIENTS TEND TO SPEAK ON THEIR DEPRESSION BUT DO NOT TALK ABOUT MANIA OR HYPOMANIA. GET A FAMILY MEMBER'S INSIGHT!
- THE DISTINCTION IS IMPORTANT BECAUSE TREATMENT IS DIFFERENT
 - ANTIDEPRESSANTS CAN MAKE SOMEONE MANIC OR CAUSE SOMEONE TO CYCLE MORE FREQUENTLY
 - ANTIDEPRESSANT SPARING STRATEGY= USE IT LAST OR NEVER USE IT AT ALL! EXHAUST MOOD STABILIZERS FIRST

MOOD RELATED SYMPTOMS

- CHARACTERIZED AS HAVING EITHER TOO LITTLE POSITIVE AFFECT OR TOO MUCH NEGATIVE AFFECT
- WHICH NTM ARE AFFECTED?
 - TOO LITTLE POSITIVE AFFECT=?
 - TOO MUCH NEGATIVE AFFECT=?
- WHAT DO THESE NTMS DO?
- WHAT ARE SYMPTOMS OF DECREASED POSITIVE
- AFFECT? WHAT ARE SYMPTOMS OF INCREASED NEGATIVE AFFECT?

NEUROLOGICAL BASIS

- GENETICS
 - MDD AND BD ARE HERITABLE DISORDERS WITH CONTRIBUTIONS FROM GENETIC FACTORS
 - CAUSES OF MOOD DISORDERS ARE COMPLEX AND MAY INCLUDE:
 - DYSFUNCTIONS IN BRAIN, IMBALANCE OF NTM, LIFE EVENTS, ABUSE/ TRAUMA, SUBSTANCE USE, MEDICATIONS, MENSTRUATION, SEASON CHANGES
- NEUROANATOMY
 - INSUFFICIENT INFORMATION PROCESSING BY POSITIVE BRAIN CIRCUITS= MOOD DISORDER SYMPTOMS
- NEURAL NETWORKS
 - DEPRESSION OCCURS FROM A DEFICIENCY OF ONE OR ALL THREE MONOAMINE TRANSMITTERS= 5HT, NE, AND DA
 - MANIA OCCURS FROM AN EXCESS OF 5HT, NE, AND DA
 - GENE EXPRESSION, ENVIRONMENTAL FACTORS, AND EPIGENETICS ALSO PLAY A ROLE
- NEURAL SIGNALING
 - MONOAMINE NTM SYSTEM= NE, DA, AND 5HT
 - *PHARMACOLOGICAL TREATMENTS ACT ON THIS SYSTEM*

MOOD RELATED SYMPTOMS PRACTICE QUESTION

- WHICH BRAIN REGION IS AFFECTED WHEN A PATIENT IS EXPERIENCING RACING THOUGHTS AND GRANDIOSITY?
 - A. STRIATUM
 - B. AMYGDALA
 - C. NUCLEUS ACCUMBENS
 - D. BROCA'S AREA

MEDICATION MANAGEMENT FOR DEPRESSION

- FIRST LINE TREATMENT = SSRIS

- HOW DO THESE WORK? WHICH NTM IS TARGETED?

- WHAT ARE THE SE OF SSRIS?

- **PRESCRIBING PEARLS**

- WHICH SSRI HAS MILD ANTIHISTAMINE EFFECTS?

- WHICH SSRI IS USED IN PATIENTS WHO MAY FORGET TO TAKE THEIR MEDICATION?

- WHICH SSRI CAN BE GIVEN TO A PATIENT WHO TAKES MULTIPLE OTHER MEDICATIONS FOR CHRONIC CONDITIONS?

- WHICH SSRI SHOULD BE PRESCRIBED TO A CLIENT WHO ALSO SUFFERS FROM INSOMNIA AND ANXIETY?

- WHICH SSRI SHOULD BE PRESCRIBED FOR A CLIENT WHO SUFFERS FROM HYPERSOMNOLENCE?

- WHICH MEDICATION NEEDS TO BE INCREASED IF THE CLIENT ACTIVELY SMOKES?

MEDICATION MANAGEMENT FOR DEPRESSION

- SNRIS
- HOW DO THEY WORK? WHICH NTM ARE AFFECTED?
- WHAT ARE SE OF SNRIS?
- **PRESCRIBING PEARLS OF SNRIS**
 - WHICH SNRI DOES THE PMHHNP WANT TO ENSURE THEY'VE TRIED A HIGHER DOSE BEFORE SWITCHING TO A DIFFERENT MEDICATION?
 - WHICH MEDICATION IS EFFECTIVE FOR ATYPICAL PAIN, SUCH AS FIBROMYALGIA AND DIABETIC NEUROPATHY, AT HIGHER DOSES?
 - WHICH SNR CAN BE PRESCRIBED IF THE PATIENT ALSO SUFFERS FROM PERIMENOPAUSAL VASOMOTOR SYMPTOMS SUCH AS SWEATING OR FLUSHING

MEDICATION MANAGEMENT FOR DEPRESSION

- **NDRIS**
- HOW DO THEY WORK? WHICH NTMS ARE AFFECTED?
- WHAT ARE SE OF NDRIS?
- **PRESCRIBING PEARLS OF NDRIS**
 - WHICH NDRI CAN BE PRESCRIBED TO IMPROVE ALERTNESS, ENERGY, AND MOTIVATION?
 - WHICH NDRI IS NOT A FIRST LINE TREATMENT FOR ANXIETY?
 - WHICH NDRI IS CONTRAINDICATED IN CLIENTS WITH A HX OF SEIZURE DISORDER?

CLIENT EDUCATION

- SSRI
 - A PATIENT HAS BEEN TAKING HER NEWLY PRESCRIBED SSRI FOR TWO DAYS NOW AND HAS BEEN EXPERIENCING DIARRHEA AND AN UPSET STOMACH. HOW SHOULD THE PMHNP RESPOND?
- SNRI
 - A PATIENT ADMITS TO STOPPING THEIR SNRI YESTERDAY SINCE THEY ARE FEELING BETTER. HOW SHOULD THE PMHNP RESPOND?
 - NE EFFECTS OF SNRIS MAY INCREASE WHAT SYMPTOM IN SOME CLIENTS?
- NDRI
 - A PATIENT STATES THEY HAVE BEEN TAKING THEIR MEDICATION AT BEDTIME TO HELP THEM SLEEP. HOW SHOULD THE PMHNP RESPOND?

OTHER TREATMENT OPTIONS: SARIS

- TRAZADONE
- HOW DO THEY WORK? WHICH NTM IS AFFECTED?
- HOW IS TRAZADONE USED TO TREAT MDD?
- _ IS A SERIOUS ADVERSE EFFECT OF TRAZADONE AND IS CONSIDERED A MEDICAL EMERGENCY
- WHEN SHOULD TRAZADONE BE TAKEN?

OTHER TREATMENT OPTIONS: TCAS

- WHICH NTMS ARE AFFECTED?
- ARE TCAS USED FIRST LINE? WHY OR WHY NOT?
- TCA DRUGS
 - AMITRIPTYLINE (ELAVIL)
 - DESIPRAMINE (NORPRAMIN)
 - DOXEPIN (SINEQUAN)
 - IMIPRAMINE (TOFRANIL)
 - NORTRIPTYLINE (PAMELOR)

OTHER TREATMENT OPTIONS: MAOIS

- ARE MAOIS A FIRST LINE TREATMENT FOR DEPRESSION? WHY OR WHY NOT?
 - WHICH FORM OF MAOI IS USED AS AN ANTIDEPRESSANT AND
 - ANXIOLYTIC? WHICH FORM OF MAOI IS USED TO TREAT PARKINSON'S
- WHICH FOOD NEEDS TO BE AVOIDED WHEN TAKING AN MAOI?
- WHY? WHAT MEDICATIONS NEED TO BE AVOIDED WHEN TAKING MAOIS?
 - HOW MANY HALF LIVES NEED TO OCCUR BEFORE PRESCRIBING THESE MEDICATIONS?

NEWER TREATMENTS FOR RESISTANT DEPRESSION

- ESKETAMIINE (SPRAVATO)
 - NASAL SPRAY
 - USED FOR TREATMENT OF (MDD) WITH ACUTE SUICIDAL IDEATION OR BEHAVIOR
 - WHERE MUST THIS MEDICATION BE ADMINISTERED?
- DEXTROMETHORPHAN/ QUINIDINE (NUEDEXTA)
 - ORAL
 - APPROVED FOR THE TREATMENT OF PSEUDOBULBAR AFFECT- INAPPROPRIATE INVOLUNTARY LAUGHING AND CRYING

PRESCRIBING PRINCIPLES: HOW TO CHOOSE

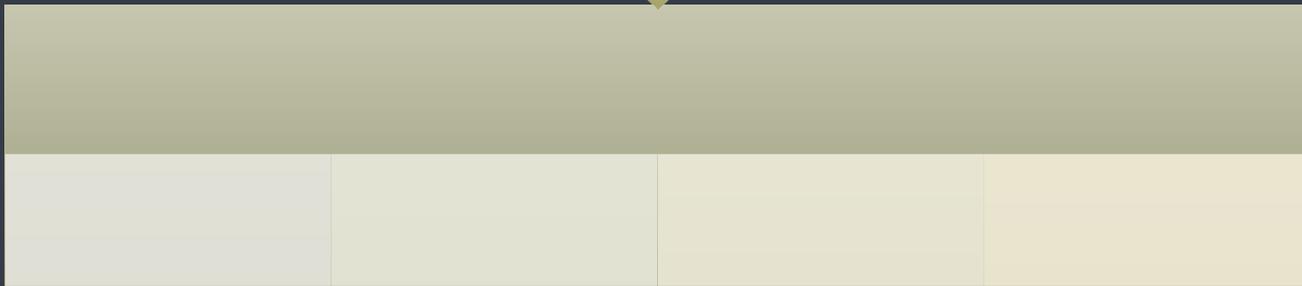
- CLIENT PREFERENCE
- PRIOR TREATMENT RESPONSE
- ANTICIPATED ADVERSE EFFECTS
- COMORBIDITIES
- HALF LIFE AND INTERACTIONS
- COST



Start clients on a single drug for _____ to _____ weeks



Start with the recommended dose to prevent side effects



INITIATING ANTIDEPRESSANT THERAPY

DISCONTINUING MEDICATIONS

- BLACK BOX WARNING: SUICIDE RISK WITH ANTIDEPRESSANT DRUGS
 - WHO IS MOST AT RISK FOR ANTIDEPRESSANT-INDUCED SUICIDE?
- DRUG-DRUG INTERACTIONS
 - CAREFULLY REVIEW THE CLIENT'S MEDICATION LIST PRIOR TO PRESCRIBING!
- SEROTONIN SYNDROME

• WHICH MEDICATION CAN ASSIST A PATIENT WITH LOW BLOOD PRESSURE
TO LEARN MORE ACTIVELY ABOUT SEXUAL SIDE EFFECTS?

• WHICH MEDICATION CAN ASSIST A PATIENT WITH WEIGHT GAIN?

• WHICH MEDICATION CAN HELP WITH A PATIENT'S BRAIN FOG?

• WHICH MEDICATION SHOULD BE PRESCRIBED TO SOMEONE WHO MAY FORGET TO TAKE THEIR PILLS ON TIME?

• WHICH MEDICATION CAN BE PRESCRIBED FOR A PATIENT WHO HAS TROUBLE FALLING AND STAYING ASLEEP AT NIGHT?

MEDICATIONS FOR BIPOLAR DISORDER

- LITHIUM

- USED FOR EUPHORIC MANIA, RAPID CYCLING, OR AS MAINTENANCE THERAPY

- LAMOTRIGINE

- USED AS MAINTENANCE THERAPY OR MONOTHERAPY FOR BIPOLAR DISORDER

- VALPROIC ACID

- USED FOR ACUTE MANIA, MIXED MOOD, OR COMORBID SUBSTANCE USE

- SECOND GENERATION ANTIPSYCHOTICS

- USED IN ACUTE BIPOLAR DEPRESSION, ACUTE MANIC OR MIXED EPISODES, OR AS A BIPOLAR MAINTENANCE/ ADJUNCT

- CARBAMAZEPINE

- USED IN ACUTE MANIA OR MIXED MOOD

COMBINATION THERAPY

- COMBINATION THERAPY MAY BE REQUIRED FOR SYMPTOM MANAGEMENT
- USEFUL WHEN ADDITIONAL MEDICATIONS TO TARGET DEPRESSION SYMPTOMS ARE REQUIRED
- SOME CLIENTS MAY NOT BE CANDIDATES DUE TO A LACK OF ADHERENCE TO THE MEDICATION REGIMEN



MOOD STABILIZING DRUGS PRESCRIBING PEARLS

- WHAT IS REQUIRED WHEN PRESCRIBING MOOD-STABILIZING DRUGS?
- THE FDA REQUIRES _____ FOR ALL ANTIDEPRESSANTS TO CONTAIN INFORMATION ABOUT POTENTIAL RISKS OF MANIA
- WHICH MEDICATION SHOULD BE TAKEN WITH AT LEAST 350 CALORIES OF FOOD FOR MAXIMUM ABSORPTION?
- WHAT IS THE STARTING DOSE REQUIREMENT FOR PATIENTS WITH RENAL FAILURE WHO ARE PRESCRIBED LITHIUM CARBONATE (LITHOBID)?
- WHAT ARE TWO MEDICATIONS THAT CAN INCREASE LITHIUM LEVELS?

MOOD STABILIZING DRUGS: LAB MONITORING

- WHICH LABS SHOULD BE MONITORED FOR A PATIENT ON LITHIUM?
- A PMHNP HAS DECIDED TO INCREASE A PATIENT'S DOSE OF LITHIUM. WHEN DOES THE PATIENT NEED TO RETURN FOR LITHIUM SERUM LEVEL MONITORING?
- HOW OFTEN SHOULD LITHIUM BE MONITORED?
- WHICH LABS SHOULD BE MONITORED FOR A PATIENT TAKING VALPROIC ACID (DEPAKOTE)?
- WHICH LABS SHOULD BE MONITORED FOR A PATIENT TAKING CARBAMAZEPINE?
- WHICH LABS SHOULD BE MONITORED FOR A PATIENT TAKING ATYPICAL ANTIPSYCHOTICS?

QUESTIONS, COMMENTS, CONCERNS?

- EMAIL AVERY SELCH AT ASELCH@CHAMBERLAIN.EDU WITH ANY QUESTIONS YOU MAY HAVE OVER THIS WEEK'S MATERIAL
- I KNOW YOU CAN DO THIS! YOU'RE HALFWAY THERE!