chapter 31

Antidepressant Drugs

Key Terms

antidepressant drugs
depression
dysphoric
orthostatic hypotension
priapism

Chapter Objectives

On completion of this chapter, the student will:

- Define depression and identify symptoms of a major depressive episode.
- Name the different types of antidepressant drugs.
- Discuss the uses, general drug actions, general adverse reactions, contraindications, precautions, and interactions of the antidepressant drugs.
- Discuss important preadministration and ongoing assessment activities that the nurse should perform on the patient taking antidepressant drugs.
- List some nursing diagnoses particular to a patient taking antidepressant drugs.
- Discuss ways to promote an optimal response to therapy, how to manage common adverse reactions, and important points to keep in mind when educating patients about the use of antidepressant drugs.

Depression is one of the most common psychiatric disorders. It is characterized by feelings of intense sadness, helplessness, worthlessness, and impaired functioning. Those experiencing a major depressive episode exhibit physical and psychological symptoms, such as appetite disturbances, sleep disturbances, and loss of interest in job, family, and other activities usually enjoyed. A major depressive episode is a depressed or **dysphoric** (extreme or exaggerated sadness, anxiety, or unhappiness) mood that interferes with daily functioning and includes five or more of the symptoms listed in Display 31-1.

To be classified as a major depression, these symptoms should occur daily or nearly every day for a period of 2 weeks or more. The symptoms of major depression should not be the result of normal bereavement, such as the loss of a loved one, or disease, such as hypothyroidism.

Depression is treated with the use of **antidepressant drugs**. Psychotherapy is used in conjunction with the antidepressant drugs in treating major depressive episodes. The four types of antidepressants are:

- Tricyclic antidepressants (TCAs)
- Monoamine oxidase inhibitors (MAOIs)
- Selective serotonin reuptake inhibitors (SSRIs)
- A group of miscellaneous, unrelated drugs

ACTIONS

For several years it was thought that the antidepressants blocked the reuptake of the endogenous neurohormones norepinephrine and serotonin, which resulted in stimulation of the central nervous system (CNS). Although the exact mechanism of action is unknown, this theory is now being questioned. New research indicates that the effects of the antidepressants are related to the slower adaptive changes in norepinephrine and serotonin receptor systems. Treatment with the antidepressants is thought to produce complex changes in the sensitivities of both presynaptic and postsynaptic receptor sites. The antidepressants increase the sensitivity of postsynaptic alpha (α)-adrenergic and serotonin receptors and decrease the sensitivity of the presynaptic receptor sites. This enhances the recovery from the depressive episode by normalizing neurotransmission activity.

DISPLAY 31-1 ● Symptoms of Depression

- Depressed mood
- Diminished interest in activities of life
- Significant weight loss or gain (without dieting)
- Insomnia (inability to sleep) or hypersomnia (excessive sleeping)
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness
- Excessive or inappropriate guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death or suicide (or suicide attempt)

The TCAs, such as amitriptyline (Elavil) and doxepin (Sinequan), inhibit reuptake of norepinephrine or serotonin at the presynaptic neuron. Drugs classified as MAOIs inhibit the activity of monoamine oxidase, a complex enzyme system that is responsible for breaking down amines. This results in an increase in endogenous epinephrine, norepinephrine, and serotonin in the nervous system. An increase in these neurohormones results in stimulation of the CNS. The action of the SSRIs is linked to their inhibition of CNS neuronal uptake of serotonin (a CNS neurotransmitter). The increase in serotonin levels is thought to act as a stimulant to reverse depression.

The mechanism of action of most of the miscellaneous antidepressants is not clearly understood. Examples of this group of drugs include fluoxetine (Prozac) and bupropion (Wellbutrin).

USES

Antidepressant drugs are used to manage depressive episodes such as major depression or depression accompanied by anxiety. These drugs may be used in conjunction with psychotherapy in severe depression. The SSRIs also are used to treat obsessive-compulsive disorders. The uses of individual antidepressants are given in the Summary Drug Table: Antidepressants. Treatment is usually continued for 9 months after recovery from the first major depressive episode. If the patient, at a later date, experiences another major depressive episode, treatment is continued for 5 years, and with a third episode, treatment is continued indefinitely.

ADVERSE REACTIONS

The Summary Drug Table: Antidepressants gives a more complete listing of the antidepressant drugs.

TCAs

Sedation and dry mouth are the most common adverse reactions seen with the use of TCAs. Tolerance to these effects develops with continued use. Orthostatic hypotension can occur with the administration of the TCAs. **Orthostatic hypotension** is a drop in blood pressure of 20 to 30 points when a person changes position, such as going from a lying position to a standing position. Mental confusion, lethargy, disorientation, rash, nausea, vomiting, constipation, urinary retention, visual disturbances, photosensitivity, and nasal congestion also may be seen. Sexual dysfunction may occur with administration of clomipramine.

MAOIs

Orthostatic hypotension is a common adverse reaction seen with the administration of the MAOIs. Other common adverse reactions include dizziness, vertigo, nausea, constipation, dry mouth, diarrhea, headache, and overactivity.

One serious adverse reaction associated with the use of the MAOIs is hypertensive crisis (extremely high blood pressure), which may occur when foods containing tyramine (an amino acid present in some foods) are eaten (see Home Care Checklist: Avoiding Drug–Food Interactions With MAOIs).

One of the earliest symptoms of hypertensive crisis is headache (usually occipital), followed by a stiff or sore neck, nausea, vomiting, sweating, fever, chest pain, dilated pupils, and bradycardia or tachycardia. If a hypertensive crisis occurs, immediate medical intervention is necessary to reduce the blood pressure. Strokes (cerebrovascular accidents) and death have been reported.

SSRIs

Some of the more common adverse reactions associated with the administration of the SSRIs include headache, nervousness, dizziness, insomnia, nausea, vomiting, weight loss, sweating, rash, pharyngitis, and painful menstruation.

Miscellaneous Antidepressants

Adverse reactions with administration of bupropion include agitation, dry mouth, insomnia, headache, nausea, constipation, anorexia, weight loss, and seizures. Fluoxetine administration may result in headache, activation of mania or hypomania, insomnia, anxiety, nervousness, nausea, vomiting, and sexual dysfunction. Trazodone administration may cause the following adverse reactions: drowsiness, skin disorders, anger, hostility, anemia, priapism, nausea, and vomiting. Additional

SUMMARY DRUG TABLE ANTIDEPRESSANTS

GENERIC NAME	TRADE NAME*	USES	ADVERSE REACTIONS	DOSAGE RANGES
Tricyclics				
amitriptyline *am-ee-trip'-ti-leen*	Elavil, *generic*	Depression	Sedation, anticholinergic effects (dry mouth, dry eyes, urinary retention), nausea, nasal congestion, blurred vision, orthostatic hypotension, lethargy, confusion, constipation, diarrhea	Up to 300 mg/d PO in divided doses; 20–30 mg IM QID
amoxapine *a-mox'-a-peen*	Asendin, *generic*	Depression accompanied by anxiety	Sedation, anticholinergic effects (dry mouth, dry eyes, urinary retention), nausea, nasal congestion, blurred vision, orthostatic hypotension, lethargy, confusion, constipation, diarrhea	Up to 600 mg/d PO in divided doses
clomipramine *kloe-mi'-pra-meen*	Anafranil	Obsessive compulsive disorder (OCD)	Sedation, anticholinergic effects (dry mouth, dry eyes, urinary retention), nausea, nasal congestion, blurred vision, orthostatic hypotension, lethargy, confusion, constipation, diarrhea	25–250 mg/d PO in divided doses
desipramine *dess-ip'-ra-meen*	Norpramin, *generic*	Depression	Sedation, anticholinergic effects (dry mouth, dry eyes, urinary retention), nausea, nasal congestion, blurred vision, orthostatic hypotension, lethargy, confusion, constipation, diarrhea	100–300 mg/d PO
doxepin *dox'-e-pin*	Sinequan, *generic*	Anxiety or depression, emotional symptoms accompanying organic disease	Sedation, anticholinergic effects (dry mouth, dry eyes, urinary retention), nausea, nasal congestion, blurred vision, orthostatic hypotension, lethargy, confusion, constipation, diarrhea	25–300 mg/d PO in divided doses
imipramine *im-ip'-ra-meen*	Tofranil, *generic*	Depression	Sedation, anticholinergic effects (dry mouth, dry eyes, urinary retention), nausea, nasal congestion, blurred vision, orthostatic hypotension, lethargy, confusion, constipation, diarrhea	75–300 mg/d PO in divided doses
nortriptyline *nor-trip'-ti-leen*	Aventyl, Pamelor, *generic*	Depression	Sedation, anticholinergic effects (dry mouth, dry eyes, urinary retention), nausea, nasal congestion, blurred vision, orthostatic hypotension, lethargy, confusion, constipation, diarrhea	25 mg PO TID, QID; do not exceed 150 mg/d
protriptyline *proe-trip'-ti-leen*	Vivactil *generic*	Depression	Sedation, anticholinergic effects (dry mouth, dry eyes, urinary retention), nausea, nasal congestion, blurred vision, orthostatic hypotension, lethargy, confusion, constipation, diarrhea	15–60 mg/d PO in 3–4 doses

(*continued*)

SUMMARY DRUG TABLE ANTIDEPRESSANTS (*Continued*)

GENERIC NAME	TRADE NAME*	USES	ADVERSE REACTIONS	DOSAGE RANGES
trimipramine *trye-mi'-pra-meen*	Surmontil	Depression	Sedation, anticholinergic effects (dry mouth, dry eyes, urinary retention), nausea, nasal congestion, blurred vision, orthostatic hypotension, lethargy, confusion, constipation, diarrhea	100–300 mg/d PO in divided doses
Monoamine Oxidase Inhibitors				
phenelzine *fen'-el-zeen*	Nardil	Neurotic or atypical depression	Orthostatic hypotension, vertigo, dizziness, nausea, constipation, dry mouth, diarrhea, headache, restlessness, blurred vision, hypertensive crisis	Up to 90 mg/d PO in divided doses
tranylcypromine *tran-ill-sip'-roe meen*	Parnate	Neurotic or atypical depression	Orthostatic hypotension, vertigo, dizziness, nausea, constipation, dry mouth, diarrhea, headache, restlessness, blurred vision, hypertensive crisis	Up to 60 mg/d PO in divided doses
Selective Serotonin Reuptake Inhibitors				
citalopram *si-tal'-oh-pram*	Celexa	Depression	Nausea, dry mouth, postural hypotension, sweating, somnolence, dizziness, insomnia, tremor, ejaculatory disorders	20–40 mg/d PO
fluoxetine *floo-ox'-e-teen*	Prozac, Prozac Weekly, Sarafem, *generic*	Depression, bulimia, OCD, premenstrual dysphoric disorder (Sarafem only)	Anxiety, nervousness, insomnia, drowsiness, fatigue, asthenia, tremor, sweating, dizziness, headache, sexual dysfunction, nausea, diarrhea, constipation, light-headedness, anorexia	20 mg/d PO in the morning or 40–80 mg/d PO in divided doses; weekly dose: 1 capsule weekly; premenstrual dysphoric disorder: 20–60 mg/d PO
fluvoxamine *floo-voks'-a-meen*	Luvox, *generic*	OCD, depression	Headache, nervousness, insomnia, drowsiness, anxiety, tremor, dizziness, light-headedness, nausea, vomiting, diarrhea, dry mouth, anorexia, constipation, dyspepsia, sweating, rash, pharyngitis, sexual dysfunction, urinary frequency	50–300 mg/d PO in divided doses
paroxetine *par-ox'-e-teen*	Paxil	Depression, OCD, panic disorder, general anxiety disorder, social anxiety disorder, post-traumatic stress syndrome	Headache, tremors, nervousness, dizziness, insomnia, nausea, diarrhea, visual disturbances, sweating	20–50 mg/d PO
sertraline *sir'-trah-leen*	Zoloft	Depression, OCD, panic disorders, post-traumatic stress disorder	Headache, nervousness, drowsiness, anxiety, tremor, dizziness, insomnia, vision changes, fatigue, nausea, diarrhea, dry mouth, rhinitis, painful menstruation, sweating	50–200 mg/d PO

SUMMARY DRUG TABLE ANTIDEPRESSANTS (*Continued*)

GENERIC NAME	TRADE NAME*	USES	ADVERSE REACTIONS	DOSAGE RANGES
Miscellaneous Drugs				
bupropion HCL *byoo-proe'-pee-on*	Wellbutrin, Wellbutrin SR, *generic* Zyban (smoking cessation)	Depression, smoking cessation (Zyban)	Agitation, dry mouth, insomnia, headache, nausea, vomiting, tremor, constipation, weight loss, anorexia, seizures	100–450 mg/d PO in divided doses; sustained release, 1 tablet twice daily PO
maprotiline *map-roe'-ti-leen*	Ludiomil, *generic*	Depression	Sedation, anticholinergic effects, confusion, disturbed concentration, dry mouth, constipation, orthostatic hypotension	75–225 mg/d PO
mirtazapine *mer-tah'-zah-peen*	Remeron	Depression	Sedation, anticholinergic effects, confusion, disturbed concentration, dry mouth, constipation, orthostatic hypotension	15–45 mg/d PO
nefazodone *ne-faz'-oh-done*	Serzone	Depression	Somnolence, insomnia, dizziness, nausea, dry mouth, constipation, blurred vision	200–600 mg/d PO in divided doses
trazodone *traz'-oh-done*	Desyrel *generic*	Depression	Drowsiness, skin disorders, tinnitus, anger, hostility, anemia, priapism, hypertension, blurred vision, hypotension, dry mouth, nausea, vomiting, diarrhea	150–600 mg/d PO in divided doses
venlafaxine *ven-la-fax'-een*	Effexor, Effexor XR	Depression, anxiety disorders	Headache, abnormal dreams, dizziness, anxiety, nervousness, weakness, visual disturbances, rhinitis, anorexia, nausea, constipation, hypertension, diarrhea, abnormal taste, weight loss, paresthesia, chills	75–225 mg/d PO in divided doses

*The term *generic* indicates the drug is available in generic form.

adverse reactions and adverse reactions associated with the use of other miscellaneous antidepressant drugs are listed in the Summary Drug Table: Antidepressants.

CONTRAINDICATIONS, PRECAUTIONS, AND INTERACTIONS

TCAs

The TCAs are contraindicated in patients with known hypersensitivity to the drugs. Doxepin is contraindicated in patients with glaucoma or in those with a tendency for urinary retention. The TCAs are not given within 14 days of the MAOIs, in patients with a recent myocardial infarction, or during pregnancy or lactation. These drugs are Pregnancy Category C drugs (except imipramine, which is Pregnancy Category B), and the safety of their use during pregnancy has not been established. TCAs are contraindicated in patients scheduled to have a myelogram (x-ray of the spinal cord and associated nerves) during the next 48 hours or within 24 hours of having a myelogram.

As with all antidepressants, the TCAs are used cautiously in patients with hepatic or renal impairment. The tricyclics are used cautiously in patients with heart disease, angina, paroxysmal tachycardia, increased intraocular pressure, prostatic hypertrophy, or a history of seizures.

If the tricyclics are administered with the MAOIs, the patient is at risk for hypertensive episodes, severe convulsions, and hyperpyretic episodes. Use of the MAOIs must be discontinued at least 2 weeks before treatment with the tricyclics begins. The tricyclics may prevent the therapeutic effect of many antihypertensives. When the tricyclics are administered with dicumarol, the risk for bleeding increases.

Home Care Checklist

AVOIDING DRUG–FOOD INTERACTIONS WITH MAOIs

If your patients are taking MAOIs, they need to avoid foods containing tyramine. Otherwise they may experience a life-threatening reaction, hypertensive crisis. Be sure to instruct your patients to avoid the following foods:

- ☑ Aged cheese
  - Blue
  - Camembert
  - Cheddar
  - Mozzarella
  - Parmesan
  - Romano
  - Stilton
- ☑ Sour cream
- ☑ Yogurt
- ☑ Beef or chicken livers
- ☑ Pickled herring
- ☑ Fermented meats
  - Bologna
  - Pepperoni
  - Salami
  - Dried fish
- ☑ Undistilled alcoholic beverages
  - Imported beer
  - Ale
  - Red wine, especially Chianti
- ☑ Coffee
- ☑ Tea
- ☑ Colas containing caffeine
- ☑ Chocolate drinks
- ☑ Fruits and vegetables
  - Avocado
  - Fava beans
  - Figs
  - Raisins
  - Bananas
- ☑ Sauerkraut
- ☑ Yeast extracts
- ☑ Soy sauce
- ☑ Chocolate

Arrhythmias and hypertension have been reported when the TCAs are administered with the adrenergic drugs. There is a risk of severe hypertension when the TCAs are administered with clonidine.

MAOIs

The MAOI antidepressant drugs are contraindicated in patients with known hypersensitivity to the drugs, liver and kidney disease, cerebrovascular disease, hypertension, or congestive heart failure and in the elderly. These drugs are given cautiously to patients with impaired liver function, history of seizures, parkinsonian symptoms, diabetes, or hyperthyroidism.

Foods containing tyramine must not be eaten by patients taking MAOIs because a hypertensive crisis can occur (see Home Care Checklist: Avoiding Drug–Food Interactions With MAOIs). Use of the MAOIs should be discontinued several weeks before surgery because they can cause unpredictable reactions in patients undergoing surgery. Serious adverse reactions (hypertension or hypotension, coma, and death) have been reported when the MAOIs are administered with the opiates. Concurrent use of the MAOIs with the thiazide diuretics may result in exaggerated hypotensive effect. Administration of the MAOIs with the adrenergic drugs increases the sympathomimetic effects, possibly resulting in hypertensive crisis.

SSRIs

The SSRIs are contraindicated in patients with a hypersensitivity to the drugs and during pregnancy. The SSRIs are Pregnancy Category C drugs (except for fluoxetine, which is Pregnancy Category B). SSRIs are used cautiously in patients with diabetes mellitus or impaired liver or kidney function and during lactation.

Use of the MAOIs must be discontinued 2 weeks before the administration of the SSRIs. When the SSRIs are administered with the tricyclic antidepressants, there is an increased risk of toxic effects and an increased therapeutic effect. When sertraline is administered with a MAOI, a potentially fatal reaction can occur. Symptoms of a serious reaction include hyperthermia, rigidity, autonomic instability with fluctuating vital signs and agitation, delirium, and coma. Sertraline blood levels are increased when administered with cimetidine.

There is a decreased effectiveness of fluoxetine in patients who smoke cigarettes during administration of the drug. Fluoxetine is not administered with lithium because this combination can increase lithium levels. The SSRIs are not administered with herbal preparations containing St. John's wort because there is an increased risk for severe reactions.

Miscellaneous Antidepressants

The miscellaneous antidepressant drugs are contraindicated in patients with known hypersensitivity to the drugs. Among the miscellaneous antidepressants, bupropion and maprotiline are Pregnancy Category B drugs. Other miscellaneous antidepressants discussed in this chapter are Pregnancy Category C drugs. Safe use of the antidepressants during pregnancy has not been established. They should be used during pregnancy only when the potential benefits outweigh the potential hazards to the developing fetus. These drugs are used cautiously in patients with liver or kidney impairment and during lactation. The miscellaneous antidepressants are given with caution to patients taking alcohol or other CNS depressants.

The effects of buspirone are decreased when the drug is administered with fluoxetine. Increased serum levels of buspirone occur if the drug is taken with erythromycin or itraconazole. Should any of these combinations be required, the dosage of buspirone is decreased to 2.5 mg BID, and the patient is monitored closely. Venlafaxine blood levels increase with a risk of toxicity when administered with MAOIs or cimetidine. There is an increased risk of toxicity when trazodone is administered with the phenothiazines and decreased effectiveness of trazodone when it is administered with carbamazepine. Increased serum digoxin levels have occurred when digoxin is administered with trazodone. There is a risk for increased phenytoin levels when phenytoin is administered with trazodone.

Nursing Alert

None of the antidepressants should be administered with herbal preparations containing St. John's wort because of the potential for adverse reactions.

NURSING PROCESS

The Patient Receiving an Antidepressant Drug

ASSESSMENT

Preadministration Assessment

A patient receiving an antidepressant drug may be treated in the hospital or in an outpatient setting. Before starting therapy for the hospitalized patient, the nurse obtains a complete medical history. The nurse assesses the patient's mental status to determine the degree of depression and to obtain a baseline for comparison with future assessments (Fig. 31-1). The patient may report feelings of anxiety, worthlessness, guilt, helplessness, and hopelessness. The nurse documents any subjective

INSTRUCTIONS

This is a questionnaire. On the questionnaire are groups of statements. Please read the entire group of statements in each category. Then pick out the one statement in that group that best describes the way you feel today, that is, *right now!* Circle the number beside the statement you have chosen. If several statements in the group seem to apply equally well, circle each one.

Be sure to read all the statements in each group before making your choice.

A. Sadness

3 I am so sad or unhappy that I can't stand it.
2 I am blue or sad all the time and I can't snap out of it.
1 I feel sad or blue.
0 I do not feel sad.

B. Pessimism

3 I feel that the future is hopeless and that things cannot improve.
2 I feel I have nothing to look forward to.
1 I feel discouraged about the future.
0 I am not particularly pessimistic or discouraged about the future.

C. Sense of failure

3 I feel I am a complete failure as a person (parent, husband, wife).
2 As I look back on my life, all I can see is a lot of failures.
1 I feel I have failed more than the average person.
0 I do not feel like a failure.

D. Dissatisfaction

3 I am dissatisfied with everything.
2 I don't get satisfaction out of anything anymore.
1 I don't enjoy things the way I used to.
0 I am not particularly dissatisfied.

E. Guilt

3 I feel as though I am very bad or worthless.
2 I feel quite guilty.
1 I feel bad or unworthy a good part of the time.
0 I don't feel particularly guilty.

F. Self-dislike

3 I hate myself.
2 I am disgusted with myself.
1 I am disappointed in myself.
0 I don't feel disappointed in myself.

G. Self-harm

3 I would kill myself if I had the chance.
2 I have definite plans about committing suicide.
1 I feel I would be better off dead.
0 I don't have any thought of harming myself.

H. Social withdrawal

3 I have lost all of my interest in other people and don't care about them at all.
2 I have lost most of my interest in other people and have little feeling for them.
1 I am less interested in other people than I used to be.
0 I have not lost interest in other people.

I. Indecisiveness

3 I can't make any decisions at all anymore.
2 I have great difficulty in making decisions.
1 I try to put off making decisions.
0 I make decisions about as well as ever.

J. Self-image change

3 I feel that I am ugly or repulsive-looking.
2 I feel that there are permanent changes in my appearance and they make me look unattractive.
1 I am worried that I am looking old or unattractive.
0 I don't feel that I look any worse than I used to.

K. Work difficulty

3 I can't do any work at all.
2 I have to push myself very hard to do anything.
1 It takes extra effort to get started at doing something.
0 I can work about as well as before.

L. Fatigability

3 I get too tired to do anything.
2 I get tired from doing anything.
1 I get tired more easily than I used to.
0 I don't get any more tired than usual.

M. Anorexia

3 I have no appetite at all anymore.
2 My appetite is much worse now.
1 My appetite is not as good as it used to be.
0 My appetite is no worse than usual.

Scoring: 0–4 = None or minimal depression
5–7 = Mild depression
8–15 = Moderate depression
16+ = Severe depression

FIGURE 31-1. Beck Depression Inventory, Short Form. (From Beck, A. T., Ward, C. H., Mendelson, M., et al. [1961]. An inventory for measuring depression. *Archives of General Psychiatry 4*:561–57. Copyright 1961. American Medical Association. Used with permission.)

feelings as well as slowness to answer questions, a monotone speech pattern, and any sadness or crying.

It is important for the nurse to note the presence of suicidal thoughts. The nurse accurately documents in the patient's record and reports to the primary health care provider any statements concerning suicide and the ability of the patient to carry out any suicide intentions. The nurse performs a physical assessment, which includes obtaining blood pressure measurements on both arms with the patient in a sitting position, pulse, respiratory rate, and weight.

The preadministration assessments of the outpatient are basically the same as those for the hospitalized patient. The nurse obtains a complete medical history and a history of the symptoms of the depression from the patient, a family member, or the patient's hospital records. During the initial interview, the nurse observes the patient for symptoms of depression and the potential for suicide. The initial physical assessment also should include the patient's vital signs and weight.

Ongoing Assessment

The nurse monitors vital signs at least daily as part of the ongoing assessment. In some instances, such as when hypotensive episodes occur, the nurse monitors the vital signs more frequently. The nurse reports any significant change in the vital signs to the primary health care provider. Initially, the patient may need assistance with self-care because patients with depression often do not have the physical or emotional energy to perform self-care activities. Some antidepressants cause excessive drowsiness during the initial stages of treatment, and patients may need assistance with ambulation and self-care activities. These reactions usually subside as the depression lifts and with continued use of the antidepressant. Patients with a high suicide potential require protection from suicidal acts and a well-supervised environment.

Nursing Alert

Great care must be taken with any suicidal patient receiving an antidepressant. Some of these drugs take several weeks to have a therapeutic effect, and suicide is a possibility even if the patient is taking an antidepressant.

The nurse writes behavioral records at periodic intervals, the frequency of which depends on hospital or unit guidelines. An accurate assessment of the patient's behavior aids the primary health care provider in planning therapy and thus becomes an important part of nursing management. Patients with a poor response to drug therapy may require dosage changes, a change to another antidepressant drug, or the addition of other therapies to the treatment regimen.

OUTPATIENT ASSESSMENT. The hospitalized patient may ultimately be discharged from the acute care setting. Some patients, such as those with mild depression, do not require inpatient care. These patients are usually seen at periodic intervals in the primary health care provider's office or in a psychiatric outpatient setting.

At the time of each visit to the primary health care provider or clinic visit, the nurse observes the patient for a response to therapy. In some instances, the nurse may question the patient or a family member about the response to therapy. The type of questions asked depends on the patient and the diagnosis and may include questions such as

- How are you feeling?
- Do you seem to be less depressed?
- How would you rate your depression?
- Would you like to tell me how everything is going?

Many times the nurse may need to rephrase questions or direct conversation toward other subjects until these patients feel comfortable and are able to discuss their therapy.

The nurse should ask the patient or a family member about adverse drug reactions or any other problems occurring during therapy. It is important to bring these reactions or problems to the attention of the primary health care provider. The nurse documents in the patient's record a general summary of the patient's outward behavior and any complaints or problems. Then the nurse compares these notations with previous notations and observations.

NURSING DIAGNOSES

Drug-specific nursing diagnoses are highlighted in the Nursing Diagnoses Checklist. Other nursing diagnoses applicable to these drugs are discussed in depth in Chapter 4.

PLANNING

The expected outcomes of the patient depend on the reason for administration of an antidepressant but may

Nursing Diagnoses Checklist

- ☑ **Self-Care Deficit** related to adverse drug reactions (eg, sedation) or depressive state
- ☑ **Disturbed Sleep Pattern** related to depression, adverse drug reactions (eg, excessive drowsiness)
- ☑ **Impaired Physical Mobility** related to adverse drug reactions (eg, sedation)
- ☑ **Risk for Injury** related to an adverse drug reaction (eg, drowsiness or ataxia)
- ☑ **Risk for Self-Directed Violence** related to depression

include an optimal response to drug therapy, management of common adverse drug reactions, and an understanding of and compliance with the prescribed therapeutic regimen.

IMPLEMENTATION

Promoting an Optimal Response to Therapy

When caring for hospitalized patients with depression, the nurse must develop a nursing care plan to meet the patient's individual needs. When the antidepressants are given parenterally, the nurse gives these drugs intramuscularly in a large muscle mass, such as the gluteus muscle. The nurse keeps the patient lying down (when possible) for about 30 minutes after the drug is given.

Oral administration requires great care because some patients have difficulty swallowing (because of a dry mouth or other causes). Other patients may refuse to take the drug. If the patient refuses to take the drug, the nurse contacts the primary health care provider regarding this problem because parenteral administration of the drug may be necessary.

After administration of an oral drug, the nurse inspects the patient's oral cavity to be sure the drug has been swallowed. If the patient resists having his or her oral cavity checked, the nurse reports this refusal to the primary health care provider. Patients planning suicide may try to keep the drug on the side of the mouth or under the tongue and not swallow in an effort to hoard or save enough of the drug to commit suicide at a later time.

Nursing Alert

Full therapeutic effect of the antidepressant may not be attained for 10 days to 4 weeks. Patients with suicidal tendencies must be monitored closely. Report any expressions of guilt, hopelessness, helplessness, insomnia, weight loss, and direct or indirect threats of suicide.

If the drug is prescribed on an outpatient basis, the primary health care provider may prescribe only a week's supply of the antidepressant to reduce the risk of suicide.

TCAs. Once-a-day dosing may be prescribed for maintenance therapy. When the nurse administers the total daily dosage at night, the sedative effects promote sleep, and the adverse reactions appear less troublesome. Because protriptyline may produce a mild stimulation in some patients, it is usually not given as a single bedtime dose.

MAOIs. The MAOIs are less frequently prescribed than other antidepressants, probably because of the risk of hypertensive crisis when food containing tyramine is ingested during MAOI therapy. Patients receiving MAOIs require strict dietary control because foods containing tyramine should not be eaten. The nurse asks family members and visitors not to bring food to the patient and explains why this is important. Close observation of the patient when eating in a community setting may be necessary so that food is not taken or accepted from other patients.

Nursing Alert

If the patient is prescribed an MAOI, it is critical that the nurse give the patient a list of foods containing tyramine. When teaching the patient, the nurse emphasizes the importance of not eating any *of the foods on the list. (See Home Care Checklist: Avoiding Drug–Food Interactions With MAOIs.)*

SSRIs. It is best to administer SSRIs in the morning. The nurse should give dosages greater than 20 mg/d in two divided doses.

MISCELLANEOUS ANTIDEPRESSANTS. Bupropion is administered in equally divided doses 3 or 4 times a day to minimize the risk of seizure. Seizure activity is associated with doses greater than 150 mg. When administering the sustained release form of bupropion (Wellbutrin SR), the drug is given in two doses with at least 8 hours between doses. Trazodone may cause drowsiness or sedation, especially early in treatment. This may require the administration of the major portion of the dosage at bedtime. The drug is taken shortly after a meal or light snack. Fluoxetine may take as long as 4 weeks to attain a full therapeutic effect. For patients with severe depression, suicide precautions are important until a therapeutic effect is achieved.

Monitoring and Managing Adverse Drug Reactions

During initial therapy or whenever the dosage is increased or decreased, the nurse observes the patient closely for adverse drug reactions and any behavioral changes. The nurse reports to the primary health care provider any change in behavior or the appearance of adverse reactions because a further increase or decrease in dosage may be necessary or use of the drug may need to be discontinued.

Some adverse reactions, such as dry mouth, episodes of orthostatic hypotension, and drowsiness, may need to be tolerated because drug therapy must continue. Nursing interventions to relieve some of these reactions may include offering frequent sips of water, assisting the patient out of the bed or chair, and supervising all ambulatory activities.

With orthostatic hypotension, the nurse instructs the patient to rise from a lying position to a sitting position. The patient remains in a sitting position for a few minutes before rising to a standing position. Position changes

are made slowly, with the nurse at the bedside to offer assistance, if necessary.

To minimize the risk for injury, the nurse assists the patient when necessary and makes the environment as safe as possible. If the patient has a difficult time with self-care because of the depression or sedative effects of the antidepressants, the nurse provides total assistance with activities of daily living, including help with eating, dressing, and ambulating. Because of the depression, the patient may not have the mental or physical energy to provide self-care activities such as bathing, hygiene, dressing, and grooming. The nurse assists the patient when necessary with self-care. However, the nurse encourages self-care, whenever possible, allowing sufficient time for the patient to accomplish tasks to the fullest extent of his or her ability. It is important for the nurse to provide positive feedback when appropriate. As a therapeutic effect of the drug is attained, the patient will be able to resume self-care (if there are no other physical conditions that would interfere).

TCAs. The tricyclics cause anticholinergic effects (see Chap. 25) such as dry mouth, blurred vision, postural hypotension, urinary retention, and constipation.

Gerontologic Alert

Older men with prostatic enlargement are at increased risk for urinary retention when they take the tricyclic antidepressants.

Nursing Alert

The tricyclics can cause cardiac-related adverse reactions, such as tachycardia and heart block. For this reason, the nurse gives these drugs with caution to the person with preexisting cardiac disease and to the elderly.

MAOIs. The MAOIs are not widely used because of their potential for serious adverse reactions. Patients receiving MAOIs require strict dietary control because foods containing tyramine should not be eaten because of the danger of a hypertensive crisis. (See Home Care Checklist: Avoiding Drug–Food Interactions With MAOIs).

Nursing Alert

Complaints of a headache (especially an occipital headache) may indicate the occurrence of a hypertensive crisis. The nurse should take the blood pressure and, if it is elevated, notify the primary health care provider immediately. The nurse should monitor the blood pressure at 15- to 30-minute intervals. The primary health care provider must be notified of any additional symptoms of hypertensive crisis.

SSRIs. The SSRIs can cause weight loss. The nurse monitors dietary intake and helps the dietitian in providing nutritious meals, taking into consideration foods that the patient likes and dislikes. Weighing the patient weekly is important for monitoring weight loss or gain. To minimize the dry mouth that frequently accompanies administration of the SSRIs, the nurse provides good oral hygiene, frequent mouthwashes, and sugarless gum or hard candy.

MISCELLANEOUS ANTIDEPRESSANTS. An uncommon but potentially serious adverse reaction of trazodone is **priapism** (a persistent erection of the penis). If not treated within a few hours, priapism can result in impotence. The nurse instructs the patient to report any prolonged or inappropriate penile erection. Use of the drug is discontinued immediately and the primary care provider notified. Injection of α-adrenergic stimulants (eg, norepinephrine) may be helpful in treating priapism. In some cases, surgical intervention may be required. Venlafaxine may cause an increase in the blood pressure. A sustained increase in the blood pressure may indicate that the dosage of venlafaxine needs to be decreased.

Educating the Patient and Family

Noncompliance with drug therapy is a problem with some patients once they are discharged to the home setting. The nurse evaluates the patient's ability to assume responsibility for taking drugs at home (see Patient and Family Teaching Checklist: Promoting Patient Responsibility for Antidepressant Drug Therapy). The administration of antidepressant drugs becomes a family responsibility if the outpatient appears to be unable to manage his or her own drug therapy.

The nurse explains any adverse reactions that may occur with a specific antidepressant drug and encourages the patient or family member to contact the primary health care provider immediately if a serious drug reaction occurs.

The nurse includes the following points in a teaching plan for the patient or family member.

- Take the drug exactly as directed. Do not increase, decrease, or omit a dose or discontinue use of this drug unless directed to do so by the primary health care provider.
- Do not drive or perform other hazardous tasks if drowsiness occurs.
- Do not take any nonprescription drug unless use of a specific drug has been approved by the primary health care provider.
- Inform the primary health care provider, dentist, and other medical personnel of therapy with this drug.

Patient and Family Teaching Checklist

Promoting Patient Responsibility for Antidepressant Drug Therapy

The nurse:

- ✓ Explains the reason for drug therapy, including the type of antidepressant prescribed, drug name, dosage, and frequency of administration.
- ✓ Enlists the aid of family members to ensure compliance with therapy, including checking patient's oral cavity to be sure drug has been swallowed.
- ✓ Urges the patient to take the drug exactly as prescribed and not to increase or decrease dosage, omit doses, or discontinue use of the drug unless directed to do so by health care provider.
- ✓ Advises that full therapeutic effect may not occur for several weeks.
- ✓ Instructs in signs and symptoms of behavioral changes indicative of therapeutic effectiveness or increasing depression and suicidal tendencies.
- ✓ Reviews measures to reduce the risk for suicide.
- ✓ Instructs about possible adverse reactions with instructions to notify health care provider should any occur.
- ✓ Reinforces safety measures such as changing positions slowly and avoiding driving or hazardous tasks.
- ✓ Advises avoidance of alcohol and use of nonprescription drugs unless use is approved by health care provider.
- ✓ Encourages patient to inform other health care providers and medical personnel about drug therapy regimen.
- ✓ Instructs in measures to minimize dry mouth.
- ✓ Emphasizes importance of avoiding foods containing tyramine (if MAOIs are prescribed) and provides written list of foods to avoid.
- ✓ Reassures results of therapy will be monitored by periodic laboratory tests and follow-up visits with the health care provider.
- ✓ Assists with arrangements for follow-up visits.

- Do not drink alcoholic beverages unless approval is obtained from the primary health care provider.
- If dizziness occurs when changing position, rise slowly when getting out of bed or a chair. If dizziness is severe, always have help when changing positions.
- If dryness of the mouth occurs, relieve it by taking frequent sips of water, sucking on hard candy, or chewing gum (preferably sugarless).
- Keep all clinic appointments or appointments with the primary health care provider because close monitoring of therapy is essential.
- Do not take the antidepressants during pregnancy. Notify the primary health care provider if you are pregnant or wish to become pregnant.
- Report to the primary health care provider any unusual changes or physical effects.
- Avoid prolonged exposure to sunlight or sunlamps because an exaggerated reaction to the ultraviolet light may occur (photosensitivity), resulting in sunburn.
- Remember that a high incidence of sexual dysfunction is associated with clomipramine therapy.
- Remember that male patients taking trazodone who experience prolonged, inappropriate, and painful erections should stop taking the drug and notify the primary care provider.

EVALUATION

- The therapeutic effect is achieved.
- No evidence of injury is apparent.
- The patient is able to provide self-care.
- Adverse reactions are identified, reported to the primary health care provider, and managed successfully through appropriate nursing interventions.
- The patient verbalizes an understanding of treatment modalities and importance of continued follow-up care.
- The patient verbalizes the importance of complying with the prescribed therapeutic regimen.
- The patient and family demonstrate understanding of the drug regimen.

● Critical Thinking Exercises

1. *Mr. Hopkins has been severely depressed for several months. Two weeks ago the primary care provider prescribed amitriptyline 30 mg orally four times a day. His family is concerned because he is still depressed. They are requesting that the dosage be increased. Discuss what information you would give Mr. Hopkins and his family and what assessments you could make.*
2. *Ms. Jefferson has been taking phenelzine for depression. She reports having a "bad headache" at the back of her head. Determine what assessment would be most important to make. Explain what action, if any, you would take.*
3. *Mr. Jones is prescribed trazodone, and the nurse is preparing discharge instructions. What would be the most important points to cover at the teaching session.*

● Review Questions

1. When administering an antidepressant to a patient contemplating suicide, it is most important for the nurse to _____.
   - **A.** have the patient remain upright for at least 30 minutes after taking the antidepressant
   - **B.** assess the patient in 30 minutes for a therapeutic response to the drug
   - **C.** monitor the patient for an occipital headache
   - **D.** inspect the patient's oral cavity to be sure the drug was swallowed
2. Which of the following adverse reactions would the nurse expect to find in a patient taking amitriptyline?
   - **A.** constipation and abdominal cramps
   - **B.** bradycardia and double vision
   - **C.** sedation and dry mouth
   - **D.** polyuria and hypotension
3. The nurse instructs the patient taking a monoamine oxidase inhibitor not to eat foods containing _____.
   - **A.** glutamine
   - **B.** sugar
   - **C.** tyramine
   - **D.** large amounts of iron
4. Which of the following antidepressants would be most likely to cause the patient to have a seizure?
   - **A.** amitriptyline
   - **B.** bupropion
   - **C.** sertraline
   - **D.** venlafaxine

● Medication Dosage Problems

1. The primary care provider prescribes trazodone 150 mg PO. Available are 50-mg tablets. The nurse administers _____.
2. The primary care provider prescribes paroxetine 50 mg/d PO. The drug is available as oral suspension with a strength of 10 mg/5 mL. The nurse administers _____.