

Anxiolytics	Mood Stabilizers	ADHD (cont)	Alzheimer's (cont)
Benzodiazepines Enhance effect of GABA. (GABA is low with anxiety) Alprazolam, also approved for tx of insomnia by FDA due to primary hypnotic effect. Diazepam, Lorazepam, Temazepam CNS depressants (<i>do not combine with other CNS depressants</i>), potential for addiction in 4-6 weeks, Ataxia 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) Can treat anxiety with antidepressants (SSRI's and SNRI's) due to neurotransmitters and circuit overlap between anxiety and depression. Ataxia secondary SE due to extra GABA, risk of fall and Fractures in geri population.	Lithium MOA not fully understood. influences electrical conductivity. Can result in adverse effects, toxicity. Complex interaction of Na^+ and K^+ can use fluid shifts. Therapeutic Range 0.6-1.2, 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 Psychostimulants block reuptake of NE and dopamine, increasing release into synapse, Methylphenidate, Dextroamphetamine SE: agitation, exacerbation of psychotic thought processes, HTN, growth suppression, potential abuse. Considerations Tx for children and increasingly adults. Non-stimulants	Atomoxetine NE reuptake inhibitor, SE: decreased appetite, wt loss, fatigue. Centrally acting α-2 adrenergic agonists monitor fatigue, traditionally used for HTN. ADHD includes symptoms of short attention span, impulsivity and overactivity. Alzheimer's Cholinesterase Inhibitors Slow rate of memory loss and improve memory. memory loss linked to loss/insufficient quantity of acetylcholine. Donepezil, Inactivate cholinesterase, less destruction means higher concentrations of acetylcholine there is. Glutamate 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. is a progressive loss of memory and other higher brain functions. Pharm slows the structural degeneration and/or maintaining normal brain function. No cure.