Tricyclic Antidepressants Cheat Sheet

by adrianao via cheatography.com/168237/cs/35242/

Medications

Amitriptyline
Imipramine
Doxepin
Nortriptyline
Amozapine
Trimipramine
Desipramine
Clomipramine

Purpose

Is medication's block reuptake of norepinephrine and serotonin in the synaptic space, thereby intensifying the effects of these neurotransmitters.

It can take 10 to 14 days or longer before TCAs begin to work, and maximum effects might not be seen until 4 to 8 weeks.

Therapeutic Uses and Other Uses

Therapeutic Uses	Other Uses
Depression	Neuropathic pain
Depressive episodes of bipolar disorders	Fibromyalgia
	Anxiety disorders
	Obsessive Compulsive disorder
	Insomnia
	Attention deficit/ hyperactivity disorder
	Bipolar disorder

Complications

Compli-cation	Nursing Action and Education
Orthos-tatic Hypote-nsion	Monitor blood pressure and heart rate for clients in the hospital for orthostatic changes before administration and one hour after. If a significant decrease in blood pressure or increase in heart rate is noted, do not administer the medica-tion, and notify the provider. Be aware of the effects of postural hypertension (lightheadedness, dizziness). If these occur, advise the client to sit or lie down. Orthostatic hypotension is minimized by changing positions slowly. Avoid dehydr-ation, which increases the risk for hypotension.
Anticholi-nergic Effects: Dry mouth, blurred vision, photop-hobia, urinary hesitancy or retention, consti-pation, tachyc-ardia.	Minimize affects by chewing sugarless gum, sipping on water, wearing sunglasses went outdoors, eating foods high in fiber, participating in regular exercise, increasing fluid intake to at least 2 to 3 L a day from beverage and food sources, void just before taking medication. Notify the provider if effects persist
Sedation (Usually diminishes over time)	Avoid hazardous activities (driving) if sedation is excessive. Take medication at bedtime to minimize daytime sleepiness and to promote sleep.
Toxicity (resulting in cholinergic blockade and cardiac toxicity evidenced by dysrhy-thmias, mental confusion, and agitation, followed by seizures, coma, and possible death.)	Obtain baseline ECG, monitor vital signs frequently, monitor manife-stations of toxicity, notify the provider if manifestations of toxicity occur.
Decreased seizure threshold	Monitor clients who have seizure disorders
Excessive swetting	Be aware of adverse effects. Preform frequent linen changes

Contraindications/ Precautions

TCAs are pregnancy risk category C. These medications are not generally recomm-ended for use during breastfeeding or pregnancy.

Contraindicated in clients who have seizure disorders for recently experienced a myocardial infarction.

Use cautiously in clients who are elderly or who have coronary artery disease, diabetes, liver, kidney, or respiratory disorders, urinary retention or obstruction, angle closure glaucoma, benign prostate hyperplasia, and hyperthyroidism.

Clients at an increased risk for suicide should receive a one week supply of medication at a time due to the lethality of a toxic dose

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Interactions
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Concurrent use with MAOIs and St. John's Wort can lead to serotonin syndrome
Concurrent use with MAOIs can cause severe hypotension
Antihistamines and other anticholinergic agents have additive anticholinergic effects
Increased effects of epinephrine, dopamine occur because uptake to the nerve terminals is blocked by TCAs
Alcohol, benzodiazepines, opioids, and antihistamines can cause additive CNS depression when used concurrently

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