Adverse Drug Reactions Associated with Antipsychotics, Antidepressants, Mood Stabilizers, and Stimulants

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KEYWORDS

• Side effects • Adverse drug reactions • Psychotropic medications
• Movement disorders

KEY POINTS

- Side effects (SEs) and adverse drug reactions (ADRs) contribute to medication noncompliance, morbidity, and mortality.
- Many ADRs may be prevented and common SEs can be managed.
- Patient safety and medication compliance are essential components of psychiatric care; therefore, nursing interventions that prevent or resolve SEs/ADRs are important.

The advent of psychotropic medications in the 1950s greatly impacted the practice of psychiatry. Since then, efforts have been made to produce effective medications with few SEs or ADRs. Newer psychotropic medications have been developed, thus offering treatment options with more favorable SE profiles, but, despite these advancements, patients taking psychotropic medications still experience SEs or ADRs.

An ADR is defined as a response to a medication that is noxious, unintended, and may occur at normal therapeutic doses.[1,2] An SE is any undesirable secondary effect of a medication outside its intended therapeutic action.[3] ADRs can lead to morbidity and mortality and are currently ranked as the fourth leading cause of death in the United States following heart disease, cancer, and stroke.[4] Therefore, addressing psychotropic-related ADRs is an important component of improving patient safety and quality of life. In many cases ADRs can be prevented through appropriate

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monitoring and prescribing practices. Health care providers should always be vigilant in patients with increased risk of ADRs. Factors shown to increase the risk of ADRs include[5]

- Polypharmacy
- Multiple comorbidities
- Substance use disorders
- Renal or hepatic impairment
- Young or advanced age

Furthermore, ADRs and SEs are frequently implicated in nonadherence to psychotropic medications. A study of patients with schizophrenia found 86.19% of the population experienced at least 1 antipsychotic-related SE, and SEs were linked to significantly lower rates of medication adherence.[6] Adherence to pharmacotherapy is an important aspect of treatment; therefore, nursing interventions that identify, prevent, and manage SEs and ADRs are crucial in psychiatric practice. This article discusses ADRs and SEs as well as interventions associated with 4 psychotropic drug classes.

PSYCHOTROPIC MEDICATIONS

Psychotropic medications are generally classified based on target symptoms, mechanisms of action, and SE profile. The drug categories discussed in this article as well as the corresponding diseases states they typically treat are listed in **Table 1**. Conventional antidepressants, such as monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants (TCAs), are not discussed.

ANTIPSYCHOTIC OR NEUROLEPTIC AGENTS

Antipsychotic or neuroleptic agents are most commonly prescribed for psychosis but also may be prescribed for treatment refractory depression, bipolar depression, and mania. Antipsychotics have been used to treat behavioral symptoms of dementia but should be avoided due to a black box warning for increased risk of death when antipsychotics are used for this indication. There is variability between individual antipsychotic agents' SE profiles, but antipsychotics can be grouped into 2 classes, first-generation/conventional antipsychotics and second-generation/atypical antipsychotics (**Box 1** and **Table 2**). Common SEs among antipsychotics include sedation, weight gain, hypotension, sexual dysfunction, and anticholinergic effects.[7] See **Table 4** for more information on management. When choosing an antipsychotic agent, one goal is avoiding SEs; therefore, understanding SE profiles is important.

Table 1
Psychotropic drug classes

Drug Class	Disease State
Antipsychotic or neuroleptic agents	Psychotics disorders, schizophrenia, mania, substance-induced psychosis, or treatment-resistant depression
Antidepressants	Depression and anxiety
Mood stabilizers	Bipolar disorder and other mood disorders
Stimulants	Attention-deficit/hyperactivity disorder

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