

Medications	
Paroxetine	
Sertraline	
Citalopram	
Escitaloptam	
Fluixetine	
Fluvoxamine	
Purpose	
SSRIs selectively block reuptake of the monoamine neurotransmitter serotonin in the synaptic space, thereby intensifying the effects of serotonin. Considered the first line treatment for depression.	
Paroxetine selectively inhibits serotonin reuptake, allowing more serotonin to stay at the junction of the neurons	
It doesn't block the reuptake of dopamine or norepinephrine.	
The medication has a long effective half-life. A time frame of up to 4 weeks is necessary to produce therapeutic medication levels.	
Therapeutic Uses	
Paroxetine	Generalized anxiety disorder (GAD). Panic disorder: decreasing both the frequency and intensity of panic attacks and also prevent anticipatory anxiety about attacks. Obsessive Compulsive Disorder (OCD): reduces manifestations by increasing serotonin. Social Anxiety disorder. Trauma and stressor related disorders. Dissociative disorders. Depressive disorders. Adjustment disorders.
Sertraline	Indicated for panic disorder, OCD, anxiety disorder, and PTSD.
Escita- lopram	Indicated for GAD and OCD

Therapeutic Uses (cont)	
Fluvox- amine	Used for OCD and social anxiety disorder.
Complications	
Early Adverse Effects	Client Education
First few days/weeks: Nausea, diaphoresis, tremors, fatigue, drowsiness	Report adverse effects to the provider, Take medication as prescribed. These effects should soon subside
Later Adverse Effects	
After 5 to 6 weeks of therapy. Insomnia, headache, and sexual dysfunction (impotence, delayed, or absent orgasm, delayed or absent ejaculation, decreased sexual interest)	Report problems with sexual function (managed with dose reduction, medication holiday, changing medication)
Weight Changes	
Occurrence of weight loss early in therapy that can be followed by weight gain with long term treatment	Monitor client's weight. Follow a well balanced diet and exercise regularly.
GI Bleeding	
Use caution in clients who have a history of GI bleed or ulcers and in cleitns taking other medications that affect blood coagulation	Report indications of bleeding (dark stool, coffee-ground emesis)
Hyponatremia	

Complications (cont)	
More likely in older adult clients taking diuretics	Obtain baseline blood sodium levels, monitor levels periodically throughout treatment
Serotonin Syndrome	
Agitation, confusion, disorientation, difficulty concentrating, anxiety, hallucinations, Myoclonus (spastic, jerky muscle contractions), hyperreflexia, incoordination, tremors, fever, diaphoresis, hostility, delirium, seizures, tachycardia, labile blood pressure, nausea, vomiting, diarrhea, abdominal pain, coma leading to apnea, and death in severe cases.	Serotonin syndrome usually begins true to 72 hours after initiation of treatment. This resolves when the medication is discontinued. Watch for and advise clients to withhold the medication and report any of these manifesta-tions, which could indicate a little problem.
Bruxism	
Grinding and clenching of teeth usually during sleep	Report to the provider, who may switch the client to another class of medica-tion. Treat with low dose Buspirone. Use mouth guard during sleep
Withdrawal Syndrome	



Complications (cont)

Nausea, sensory disturbances, anxiety, tremors, malaise, unease	Minimized by tapering dose slowly. Do not discontinue use of abruptly but slowly taper medication before stopping especially with long-term use.
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Postural Hypotension

when your blood pressure drops when you go from lying down to sitting up, or from sitting to standing	Monitor for hypotension and advise client to change positions slowly
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Suicidal Ideations	Monitor and report manifestations of depression and thoughts of suicide
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Contraindications/ Precautions

Paroxetine is a pregnancy risk category D medication.

Paroxetine Tina is contraindicated in clients taking MAOIs or a TCA.

Clients taking paroxetine and should avoid alcohol.

Use Paroxetine cautiously in clients who have liver and renal dysfunction, seizure disorders, or a history of GI bleeding.

Interactions

Use of St. Johns worts, MAOI antidepressants, or TCA's can cause serotonin syndrome	Educate the client about this combination. Avoid concurrent use
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Antiplatelet medications and anticoagulants can increase risk for bleeding	Monitor for bleeding. Avoid concurrent use.
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Nursing Administration

Administer with food

Client Education

It can take up to 4 weeks to achieve therapeutic effects.

Taking the medication at the same time daily promotes therapeutic levels.

Taking the medication in the morning can prevent sleep disturbances.