NGN NCLEX 2026 · MENTAL HEALTH PHARMACOLOGY · VISUAL STUDY LIBRARY

Antidepressants

SSRIs · SNRIs · TCAs · MAOIs · Atypicals — mechanism, side effects, contraindications, nursing care & client teaching

SYSTEM: PSYCH / PHARM | NCJMM ALIGNED | HIGH-YIELD NCLEX | BLACK BOX WARNING TOPIC | TIER 1 PRIORITY

SOURCE TRANSPARENCY

This topic was **not present in the uploaded personal notes**. Content compiled from standard NCLEX references: **Saunders Comprehensive Review for the NCLEX-RN (2026)**, **ATI RN Pharmacology Made Easy (Mood & Mind Module)**, **Lippincott Illustrated Reviews: Pharmacology**, **FDA prescribing information & black box warnings**, and **APA Practice Guidelines for Major Depressive Disorder**. Verify dosages with current institutional protocols.

1 Definition & Overview

WHAT THEY ARE · WHY THEY MATTER

- **Antidepressants** are medications that correct neurotransmitter imbalance (serotonin, norepinephrine, dopamine) to treat **major depressive disorder (MDD)**, anxiety disorders, OCD, PTSD, panic, neuropathic pain, and chronic pain syndromes.
- Therapeutic effect is **delayed 2–6 weeks**; mood lifts *before* energy returns — this is the highest-risk window for suicide.
- Treatment continues for a minimum of **6–12 months** after symptom remission to prevent relapse; never stop abruptly (discontinuation syndrome).

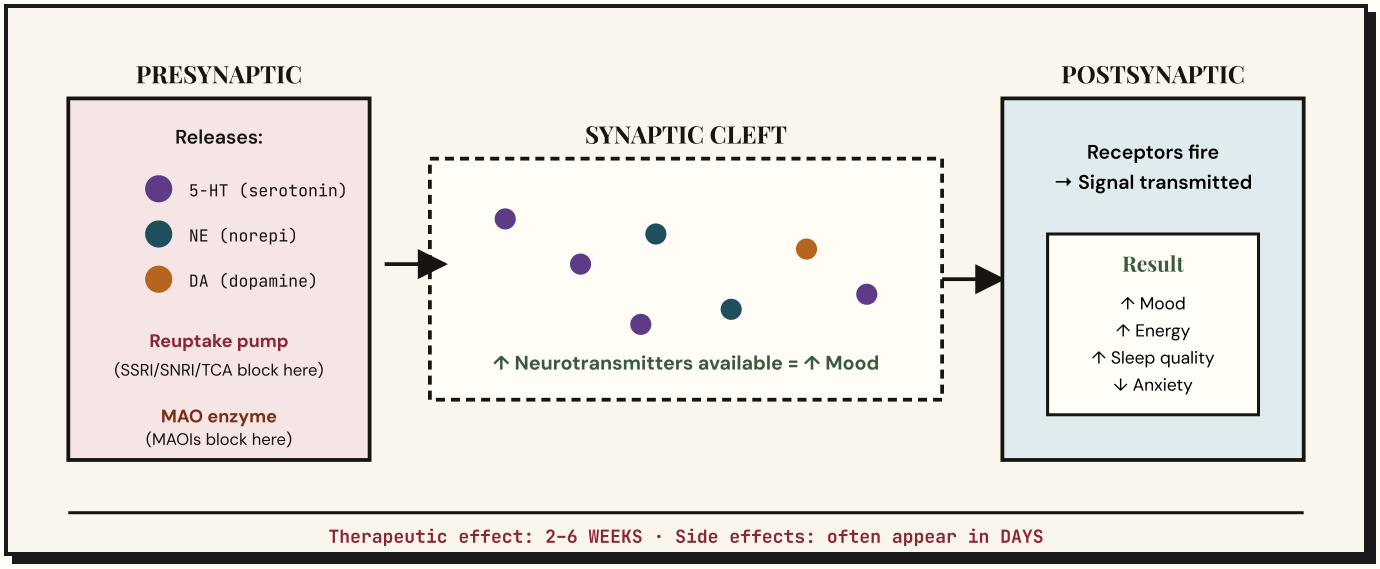
⚠ FDA BLACK BOX WARNING

Increased suicidal ideation in children, adolescents, and young adults **≤ 24 years** during the first 1–2 months of therapy and after dose changes. Monitor closely for behavioral worsening, agitation, and suicidal statements.

2 Pathophysiology — Simplified

THE MONOAMINE HYPOTHESIS

Depression is linked to **low levels of monoamine neurotransmitters** — serotonin (5-HT), norepinephrine (NE), and dopamine (DA) — in the synaptic cleft. Antidepressants increase neurotransmitter availability by **blocking reuptake** or **inhibiting breakdown**.



KEY CONCEPT

Side effects appear FIRST (days); therapeutic mood lift comes **LATER (weeks)**. Clients often quit before the drug works — teach them this upfront.

3 Signs, Symptoms & Red Flags

DEPRESSION CUES + DRUG-EMERGENCY SYNDROMES

Depression Cues (S-I-G-E-C-A-P-S)

- **S**leep disturbance (insomnia or hypersomnia)
- **I**nterest loss (anhedonia)
- **G**uilt or worthlessness
- **E**nergy decreased (fatigue)
- **C**oncentration impaired
- **A**ppetite change (↑ or ↓)
- **P**sychomotor agitation or retardation
- **S**uicidal ideation 🚨

Suicide Risk Window 🚨

- **Highest risk:** first 1–2 weeks of therapy
- Energy returns *before* mood improves — client now has the energy to act on suicidal thoughts
- Ask **directly** about plan, means, intent — asking does NOT plant the idea
- Initiate suicide precautions (1:1 supervision, remove means) per agency policy
- Limited drug quantities at dispense; pill counts on home meds

🚨 RED FLAG — SEROTONIN SYNDROME

Cause: Too much serotonin (SSRI + SNRI, SSRI + MAOI, SSRI + St. John's Wort, SSRI + tramadol/triptans/linezolid).

Onset: Within hours of dose change or new agent.
HARMED mnemonic: **H**yperthermia · **A**utonomic instability (↑BP, ↑HR, diaphoresis) · **R**igidity / hyperreflexia / clonus · **M**yoclonus · **E**ncephalopathy (confusion, agitation) · **D**iaphoresis & diarrhea.
Action: STOP the drug · supportive care · cyproheptadine (serotonin antagonist) per HCP.

🚨 RED FLAG — HYPERTENSIVE CRISIS (MAOI + TYRAMINE)

Cause: Eating tyramine-rich foods while on an MAOI.
Tyramine foods to AVOID: Aged cheeses, cured/smoked meats (salami, pepperoni), pickled/fermented foods, soy sauce, sauerkraut, draft beer, red wine, fava beans, overripe bananas, avocado.
Signs: Severe occipital headache, ↑↑BP, neck stiffness, palpitations, diaphoresis, nausea/vomiting, photophobia.
Action: Immediate BP-lowering (phentolamine IV per HCP); hold MAOI; NEVER give meperidine, SSRIs, or sympathomimetics.

⚠ DISCONTINUATION SYNDROME (ESP. PAROXETINE, VENLAFAXINE)

Abrupt stop → **FINISH**: **F**lu-like symptoms · **I**nsomnia · **N**ausea · **I**mbalance (dizziness) · **S**ensory disturbance ("brain zaps") · **H**yperarousal. **Always taper**.

4 Priority Nursing Interventions

ABC · SAFETY · NCLEX PRIORITIZATION

Safety First (Always)

- **Assess suicide risk** at every visit — direct questions, lethality of plan, means access
- Initiate suicide precautions: **1:1 observation**, remove sharps/cords/belts, check mouth for cheeked pills
- Limit dispensed quantity (no 90-day supplies until stable)
- Monitor especially during **first 1–2 months** & after dose change

Therapy Monitoring

- **Set realistic expectations:** mood lift in 2–6 weeks; side effects in days
- Baseline VS, weight, sexual function, sleep, mood scale (PHQ-9)
- Liver enzymes for TCAs and Duloxetine
- EKG for TCAs (QT prolongation risk)
- Pregnancy screen — Paroxetine = Category D (cardiac defects)

Symptom Management

- Dry mouth → sugar-free gum, ice chips, frequent sips
- Constipation → fluids ≥ 2 L/day, fiber, ambulation
- Orthostatic hypotension → rise slowly, dangle legs
- Nausea → take with food (SSRIs/SNRIs OK with meals)

- Insomnia → dose in **morning**; sedation → dose at **bedtime**

Emergency Recognition

- **Serotonin syndrome** → hyperthermia, clonus, agitation → STOP DRUG, notify HCP
- **Hypertensive crisis** (MAOI) → severe HA, ↑↑BP → emergency BP control
- **TCA overdose** = cardiotoxic → wide QRS → sodium bicarbonate
- **Suicidal statements** → never leave alone; remove means
- **Discontinuation syndrome** → resume drug, taper slowly

NCLEX PRIORITY ORDER

1. Airway/breathing → **2.** Safety (suicide) → **3.** Acute drug reactions (serotonin syndrome, HTN crisis) → **4.** Adherence and education → **5.** Side effect comfort.

5

Pharmacology — Drug Classes

MOA · SIDE EFFECTS · CONTRAINDICATIONS · NURSING CARE · TEACHING

SSRIs — Selective Serotonin Reuptake Inhibitors

FIRST-LINE FOR MDD · SAFEST IN OVERDOSE

CLASS 1

MECHANISM

Block **serotonin** reuptake at presynaptic neuron → ↑ 5-HT in synaptic cleft.

SIDE EFFECTS

Sexual dysfunction, GI upset/nausea, headache, insomnia or sedation, weight gain, ↓ Na (SIADH risk in elderly).

CONTRAINDICATIONS

MAOI use (within 14 days), pregnancy (Paroxetine = Cat D), bipolar (can trigger mania), bleeding disorders.

NURSING CARE

Monitor mood & suicide risk, sodium in elderly, bleeding (SSRI + NSAID = GI bleed), serotonin syndrome signs.

COMMON DRUGS (GENERIC / BRAND)

Fluoxetine (Prozac) · Sertraline (Zoloft) · Paroxetine (Paxil) · Citalopram (Celexa) · Escitalopram (Lexapro) · Fluvoxamine (Luvox)

CLIENT TEACHING

Take in **morning** (most cause insomnia). Effect in 2–6 weeks — don't stop. Avoid alcohol & St. John's Wort. Report rash, fever, agitation, muscle stiffness *immediately*. Use barrier birth control (Paxil). Sexual side effects often improve in 4–6 weeks; if not, ask HCP about switching to bupropion.

SNRIs — Serotonin-Norepinephrine Reuptake Inhibitors

MDD WITH FATIGUE, ANXIETY, NEUROPATHIC PAIN, FIBROMYALGIA

CLASS 2

MECHANISM

Block reuptake of **serotonin AND norepinephrine** → ↑ both in synapse.

SIDE EFFECTS

↑ BP (dose-dependent), nausea, dry mouth, sweating, insomnia, sexual dysfunction, discontinuation syndrome (esp. venlafaxine).

CONTRAINDICATIONS

Uncontrolled HTN, narrow-angle glaucoma, MAOI use, heavy alcohol use (duloxetine = hepatotoxicity).

NURSING CARE

Check **BP at baseline & ongoing**, LFTs for duloxetine, taper to discontinue.

COMMON DRUGS (GENERIC / BRAND)

Venlafaxine (Effexor) · Desvenlafaxine (Pristiq) · Duloxetine (Cymbalta) · Levomilnacipran (Fetzima)

HIGH-YIELD

Duloxetine also treats diabetic neuropathy, fibromyalgia, and chronic musculoskeletal pain — common NCLEX dual-indication. **Venlafaxine** has the worst discontinuation syndrome of any antidepressant.

TCAs — Tricyclic Antidepressants

OLDER CLASS · CARDIOTOXIC IN OVERDOSE · USED FOR NEUROPATHIC PAIN & CHRONIC MIGRAINE

CLASS 3

MECHANISM

Block reuptake of **5-HT and NE**; also block muscarinic, histamine, & alpha-1 receptors → anticholinergic load.

SIDE EFFECTS

Anticholinergic: dry mouth, blurred vision, constipation, urinary retention. Orthostatic hypotension, sedation, weight gain, **QT prolongation**.

CONTRAINDICATIONS

Recent MI, conduction defects/QT prolongation, narrow-angle glaucoma, BPH, seizure disorder, suicide risk (lethal in overdose).

NURSING CARE

Baseline EKG · monitor for arrhythmias, urinary retention, falls. Dispense in small amounts (overdose = death).

COMMON DRUGS (GENERIC / BRAND)

Amitriptyline (Elavil) · Nortriptyline (Pamelor) · Imipramine (Tofranil) · Desipramine (Norpramin) · Doxepin (Sinequan) · Clomipramine (Anafranil)

TCA OVERDOSE

"3 C's of TCA toxicity": Cardiac arrhythmias · Convulsions · Coma. Watch for wide QRS > 100 ms. Antidote = **sodium bicarbonate IV**. Highly lethal — as few as 10 days' supply can kill. Limit prescriptions in depressed/suicidal clients.

CLIENT TEACHING

Take at **bedtime** (sedation). Effect in 2–4 weeks. Rise slowly (orthostatic). Sugar-free gum for dry mouth. Avoid alcohol & OTC anticholinergics (Benadryl). Report chest pain, palpitations, fainting *immediately*.

MAOIs — Monoamine Oxidase Inhibitors

LAST-LINE · TREATMENT-RESISTANT DEPRESSION · ATYPICAL DEPRESSION

CLASS 4

MECHANISM

Inhibit **monoamine oxidase enzyme** → prevents breakdown of 5-HT, NE, DA, & tyramine.

SIDE EFFECTS

Orthostatic hypotension (early), insomnia, dry mouth, weight gain, sexual dysfunction, **hypertensive crisis** with tyramine.

CONTRAINDICATIONS

SSRIs/SNRIs/TCAs (washout 2 weeks; 5 weeks for fluoxetine), sympathomimetics, meperidine, tramadol, St. John's Wort, pheochromocytoma, CHF, severe liver disease.

NURSING CARE

Strict **tyramine-free diet**, medication reconciliation (so many interactions!), monitor BP, MedicAlert ID.

COMMON DRUGS (GENERIC / BRAND)

Phenelzine (Nardil) · Tranylcypromine (Parnate) · Isocarboxazid (Marplan) · Selegiline transdermal (Emsam — 6 mg patch avoids dietary restrictions)

AVOID THESE FOODS (TYRAMINE)

Aged cheeses · Cured/smoked meats (salami, pepperoni, hot dogs) · Pickled or fermented foods · Soy sauce, miso · Sauerkraut, kimchi · Draft beer, red wine, vermouth · Fava beans, snow pea pods · Overripe bananas, avocado · Yeast extracts (Marmite). Effect can last **2 weeks after stopping** MAOI.

DRUG INTERACTIONS THAT CAN KILL

NEVER combine MAOIs with: SSRIs/SNRIs (serotonin syndrome) · Meperidine/Demerol (severe reaction) · Decongestants/pseudoephedrine · Sympathomimetics · Stimulants · Tramadol · Triptans · Linezolid · St. John's Wort.

Atypical Antidepressants

BUPROPION · MIRTAZAPINE · TRAZODONE — USED WHEN SSRIS DON'T WORK OR SIDE EFFECTS INTOLERABLE

CLASS 5

Bupropion

(Wellbutrin / Zyban)

MOA: ↑ NE & DA (no serotonin).
Uses: Depression, seasonal affective disorder, **smoking cessation**.
SE: Insomnia, dry mouth, weight LOSS, **↓ seizure threshold**.
CI: Seizure d/o, eating disorders (anorexia/bulimia), alcohol withdrawal.
Pearl: No sexual side effects — add-on or switch when SSRIs cause sexual dysfunction.

Mirtazapine

(Remeron)

MOA: α2 antagonist → ↑ NE & 5-HT release.
Uses: Depression with insomnia or poor appetite.
SE: **Sedation & weight GAIN** (huge appetite increase), dry mouth.
CI: MAOI use, hepatic impairment.
Pearl: Give at **bedtime**. Lower doses = MORE sedation (paradoxical).

Trazodone

(Desyrel)

MOA: 5-HT antagonist + weak reuptake inhibitor.
Uses: Insomnia (off-label common), depression at higher doses.
SE: Sedation, orthostatic hypotension, **priapism** (4+ hr erection — emergency).
CI: Recent MI, MAOI use.
Pearl: Teach men to report any erection > 1 hour — risk of permanent erectile damage.

OTHER ATYPICALS WORTH KNOWING

Vilazodone (Viibryd) & **Vortioxetine (Trintellix)** — SSRI + 5-HT1A partial agonist; take with food; fewer sexual side effects. **Esketamine (Spravato)** intranasal — treatment-resistant depression; REMS program; monitor BP & sedation 2 hr after dose.

Quick Comparison Across Classes

CLASS	ONSET	CARDIOTOXIC?	ANTICHOLINERGIC?	SEXUAL SE?	WEIGHT	OD LETHALITY
SSRI	2–6 wk	No	Low	High	↑ (variable)	Low (safest)
SNRI	2–6 wk	↑ BP	Low	Moderate	Neutral	Low–Moderate
TCA	2–4 wk	**YES**	**HIGH**	Moderate	↑↑	**HIGH (deadly)**
MAOI	2–6 wk	Tyramine HTN	Low	High	↑	Moderate
Bupropion	2–4 wk	No	Low	**None**	↓	Seizures
Mirtazapine	1–4 wk	No	Mild	Low	↑↑↑	Low
Trazodone	1–3 wk	Ortho ↓BP	Mild	Priapism	↑	Low

6 NCLEX Test Traps

WHAT STUDENTS CONFUSE · WRONG VS RIGHT

WRONG

"The drug isn't working — they've only been on it 5 days." Encourage the client to **stop** taking it.

RIGHT

Educate that antidepressants take **2–6 weeks** for full mood effect. Encourage adherence. Never abruptly stop.

WRONG

Client asks about adding St. John's Wort to their SSRI for "extra help." Nurse says "that's fine, it's natural."

RIGHT

St. John's Wort + SSRI/SNRI/MAOI = **serotonin syndrome**. Tell the HCP. Same risk with tramadol, triptans, linezolid.

WRONG

Client just stopped an SSRI 3 days ago and now needs starting on phenelzine (MAOI). Begin immediately.

RIGHT

Wait **14-day washout** between SSRI/SNRI → MAOI. **Fluoxetine requires 5 weeks** due to long half-life.

WRONG

Client on amitriptyline reports dry mouth and constipation. Nurse adds Benadryl for sleep.

RIGHT

TCA + Benadryl = **anticholinergic overload** (urinary retention, confusion, ileus). Suggest sugar-free gum & fiber instead.

WRONG

Client on a MAOI orders a pepperoni pizza with extra cheese and a draft beer. "Sounds good — enjoy."

RIGHT

Pepperoni, aged cheese, and draft beer are **tyramine-rich** → hypertensive crisis. Provide written food list at discharge.

WRONG

16-year-old started on fluoxetine 1 week ago; mom says he's "more himself." Nurse extends f/u to 6 weeks.

RIGHT

Black box warning: increased suicide risk in clients ≤24. Energy returns before mood normalizes. Close follow-up in **1–2 weeks**.

WRONG

Bupropion is prescribed for a client with a history of bulimia nervosa.

RIGHT

CONTRAINDICATED. Bupropion lowers seizure threshold; eating disorders compound the risk. Question the order.

WRONG

Client on trazodone calls about a 3-hour erection. Nurse tells him to "try a cold shower."

RIGHT

Priapism > 4 hours = emergency. Send to ED for urology evaluation — risk of permanent damage. Hold trazodone.

WRONG

Elderly client on SSRI for 3 months presents with confusion, headache, Na+ 128. Nurse attributes to UTI.

RIGHT

SSRIs cause **SIADH/hyponatremia**, especially in older adults. Check Na+ at baseline and periodically.

7 Patient & Family Education

ADHERENCE · SAFETY · LIFESTYLE

Adherence & Timing

- Take exactly as prescribed; **do not stop abruptly** — taper under HCP guidance
- **2–6 weeks for full effect** — be patient; side effects come first
- Stimulating SSRIs (fluoxetine) → **morning**; sedating TCAs/mirtazapine/trazodone → **bedtime**
- Don't skip doses or "double up"; missed dose > halfway to next = skip
- Carry MedicAlert ID if on MAOI

Safety & Red Flags to Report

- Worsening depression, new/worsening suicidal thoughts
- Severe headache, neck stiffness, chest pain (HTN crisis)
- Fever, rigid muscles, agitation (serotonin syndrome)
- Yellow skin/eyes (hepatotoxicity – duloxetine)
- Erection > 1 hr (trazodone)
- Easy bruising/bleeding (SSRI + NSAID)

Lifestyle & Diet

- **No alcohol** — adds CNS depression, hepatotoxicity
- **No St. John's Wort**, kava, valerian, 5-HTP without HCP approval

- MAOI clients: **tyramine-free diet** — written list provided; continue 2 weeks after stopping
- Avoid driving/operating machinery until sedation effect known
- Use barrier contraception with paroxetine (Cat D — fetal cardiac defects)
- Adequate hydration & sun protection (some cause photosensitivity)

Holistic Care

- Medication ≠ standalone treatment — combine with **therapy (CBT, IPT)**
- Encourage sleep hygiene, exercise (proven antidepressant effect), social engagement
- Develop a **safety plan**: crisis hotline (988 in US), trusted contact, ED if active SI
- Family teaching: warning signs, how to remove means (firearms, large pill supplies)
- Honest disclosure of all OTC meds/supplements at every visit

8 Memory Boosters & Mnemonics

QUICK RECALL · PATTERN RECOGNITION

H·A·R·M·E·D

Serotonin Syndrome signs:

- **H** Hyperthermia
- **A** Autonomic instability
- **R** Rigidity / hyperreflexia / clonus
- **M** Myoclonus
- **E** Encephalopathy (confusion)
- **D** Diaphoresis & Diarrhea

F·I·N·I·S·H

SSRI/SNRI Discontinuation Syndrome:

- **F** Flu-like symptoms
- **I** Insomnia
- **N** Nausea
- **I** Imbalance (dizziness)
- **S** Sensory disturbance ("brain zaps")
- **H** Hyperarousal

SIG · E · CAPS

Depression symptoms (DSM):

S leep · **I** nterest ↓ · **G** uilt

E nergy ↓

C oncentration · **A** ppetite · **P** sychomotor · **S** uicide

3 C's of TCA OD

Tricyclic overdose triad:

- **C** Cardiac arrhythmias (wide QRS)
- **C** Convulsions (seizures)
- **C** Coma

Antidote: Sodium bicarbonate IV.

"STAY AWAY" — MAOI Tyramine

Foods to avoid on MAOIs:

- **S** Smoked/cured meats (salami, pepperoni)
- **T** Tap beer & red wine
- **A** Aged cheese
- **Y** Yeast extracts (Marmite)

Also: pickled / fermented / soy sauce / fava beans / overripe fruit

"SSRI = SAFER START"

Why SSRIs are first-line:

- **S** Safer in overdose
- **A** Anticholinergic effects minimal
- **F** Few cardiac effects
- **E** Easier to tolerate
- **R** Renal/Hepatic OK in most

PATTERN RECOGNITION PEARLS

Drug name endings: Many SSRIs end in "*-pram/-line/-tine*" (citalo*pram*, escita*lopram*, ser*tra*line, fluoxe*tine*, parox*etine*). TCAs often end in "*-iptyline*" or "*-ipramine*" (amitri*ptyline*, im*ipramine*). MAOIs end in "*-zid*" or are named uniquely (phenel*zine*, tranyl*cypromine*, isocarbox*azid*).

9

NCJMM Clinical Judgment Scenario

SIX-STEP NEXT GEN NCLEX FRAMEWORK

SCENARIO: *A 22-year-old client is admitted to the inpatient psychiatry unit with major depressive disorder. The provider prescribes fluoxetine 20 mg PO daily. The client takes the first dose at 0800. At 1400, the nurse is called to the room. The client reports a "racing heart, sweating, and feeling shaky." On assessment: T 38.9°C (102°F), HR 128, BP 168/96, RR 22, SpO_2 97%. The client is agitated, restless, with visible muscle twitching and 3+ clonus in both lower extremities. The family mentions they brought St. John's Wort capsules the client has been taking "for the last 2 weeks to help with mood."*

STEP 1 · RECOGNIZE CUES

What stands out?

Vital signs: Hyperthermia (38.9°C), tachycardia (128), hypertension (168/96), tachypnea. **Neuro:** Agitation, restlessness, muscle twitching, clonus. **History:** New fluoxetine + 2 weeks of St. John's Wort (serotonergic herb). **Timing:** Symptoms 6 hours after first dose.

STEP 2 · ANALYZE CUES

What pattern do these cues form?

The combination of **hyperthermia, autonomic instability (↑BP, ↑HR, diaphoresis), neuromuscular hyperactivity (clonus, twitching), and altered mental status (agitation)** — appearing within hours of a serotonergic agent — fits the classic **HARMED** presentation of **serotonin syndrome**. St. John's Wort adds a second serotonergic source, compounding the effect.

STEP 3 · PRIORITIZE HYPOTHESES

What is most likely and most dangerous?

Most likely & most urgent: Serotonin Syndrome — a life-threatening drug toxicity that can progress to seizures, rhabdomyolysis, DIC, and death within hours if untreated. Differential considerations (thyroid storm, NMS, anticholinergic toxicity, infection) are lower probability given the medication timeline and absence of confirming cues.

STEP 4 · GENERATE SOLUTIONS

What actions should be considered?

(1) STOP all serotonergic agents (fluoxetine + St. John's Wort) immediately. **(2)** Notify the HCP / Rapid Response. **(3)** Cooling measures (cool compresses, antipyretics ineffective for this — only removal of the offending drugs and possible cyproheptadine). **(4)** IV fluids for hydration & BP support. **(5)** Continuous cardiac & neuro monitoring. **(6)** Benzodiazepines per HCP for agitation/clonus. **(7)** Anticipate **cyproheptadine** (serotonin antagonist).

STEP 5 · TAKE ACTIONS

What is the nurse's first action?

FIRST: Hold the fluoxetine and remove all serotonergic agents from the bedside. Then call the Rapid Response Team, place client on continuous monitoring, obtain IV access, and prepare for cyproheptadine and supportive care. Document accurately and remain with the client. Notify family to bring in *all* home meds & supplements for reconciliation.

STEP 6 · EVALUATE OUTCOMES

What indicates improvement?

Within hours: **Temperature trending down** toward normal; **HR < 100**; **BP returning toward baseline**; **clonus & rigidity resolving**; **mental status clearing**. Plan for safe restart of antidepressant therapy: choose non-serotonergic option (e.g., bupropion) or wait full washout before retrying. Reinforce teaching on supplement interactions before discharge.

NCJMM TAKE-AWAY

Serotonin syndrome is a classic NGN test scenario because it requires **cue recognition** (HARMED cluster), **pattern analysis** (multiple serotonergic agents on board), **prioritization** (stop the drug FIRST), and **evaluation** (trending vitals down). Watch for cases where the second agent is hidden — supplements, tramadol, triptans, or a recently discontinued MAOI.