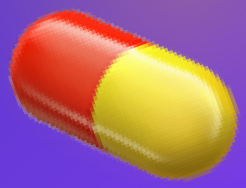
NCLEX HIGH-YIELD · MENTAL HEALTH PHARMACOLOGY

SSRIs

Selective Serotonin Reuptake Inhibitors

System: CNS / Mental Health | First-Line Antidepressants



1 Definition / Overview

- **First-line** treatment for depression, GAD, OCD, PTSD, panic disorder & social anxiety.
- Increase **serotonin (5-HT)** availability in the synapse → improved mood & emotional regulation.
- Preferred over TCAs & MAOIs due to **safer side-effect profile** and low overdose lethality.

2 Mechanism of Action

Low serotonin in synapse → SSRI blocks reuptake pump → More 5-HT stays in cleft → Binds post-synaptic receptors → Mood improves (4–6 wks)

⏱ **Therapeutic onset: 4–6 weeks.** Side effects appear first — patients often quit too soon. **Reinforce adherence.**

3 Side Effects — Early vs Late / Severe

Early (First 1–2 Weeks — usually subside)

- Nausea, GI upset, diarrhea
- Headache, dizziness
- Insomnia or drowsiness
- Anxiety / jitteriness / restlessness
- Dry mouth, sweating
- Sexual dysfunction (often persists)
- Weight changes

Late / Severe — RED FLAGS

- BLACK BOX ↑ Suicidal ideation (kids, teens, young adults <25) — **first 4 weeks**
- LIFE-THREATENING Serotonin Syndrome
- Hyponatremia / SIADH (esp. elderly)
- ↑ Bleeding risk (esp. with NSAIDs / warfarin)
- QT prolongation (citalopram)
- Discontinuation syndrome if stopped abruptly
- Seizures (high doses)

SEROTONIN SYNDROME — Must Recognize!

Mental status changes (confusion, agitation) + autonomic instability (↑HR, ↑BP, hyperthermia, sweating, diarrhea) + neuromuscular hyperactivity (hyperreflexia, tremor, clonus, rigidity).

MNEMONIC: "SHIVERS" — Shivering · Hyperreflexia · Increased temp · Vitals unstable · Encephalopathy · Restlessness · Sweating

4 Priority Nursing Interventions (ABCs → Safety → Teaching)

🩺 ASSESS

- **Suicide risk** — **highest priority**, esp. first 4 wks
- Baseline mood, sleep, appetite
- Serotonin syndrome signs
- Sodium levels in elderly
- Current meds (MAOIs, triptans, tramadol, St. John's Wort)

💊 ADMINISTER

- Take in **AM** (can cause insomnia)
- With **food** to reduce GI upset
- **Never** combine with MAOI → **WAIT 2 wks** (5 wks for fluoxetine)
- Use limited-quantity Rx in high-risk patients

📋 MONITOR & TEACH

- Mood/behavior shifts — sudden "lift" may signal suicide plan (energy returns before mood)
- Effect takes **4–6 weeks**
- **Do NOT stop abruptly** — taper
- Avoid alcohol & CNS depressants
- Report fever, rigidity, confusion

5 Common SSRIs — Know These by Name

📖 **Memory Hook:** *"Friendly Sailors Prefer Calm Easy Fishing"* — Fluoxetine · Sertraline · Paroxetine · Citalopram · Escitalopram · Fluvoxamine

Fluoxetine (Prozac)	✨ **Longest half-life** → least discontinuation syndrome · activating (give AM) · **5-week washout before MAOI** · approved for pediatrics.
Sertraline (Zoloft)	Most commonly prescribed · take with food · preferred in pregnancy/lactation · watch for GI side effects.
Paroxetine (Paxil)	Most **sedating** · **worst discontinuation syndrome** (short half-life) · anticholinergic effects · **Pregnancy Category D — avoid!**
Citalopram (Celexa)	⚡ **QT prolongation** → max 40 mg/day (20 mg in elderly) · baseline ECG if cardiac history.
Escitalopram (Lexapro)	Cleaner version of citalopram · fewer drug interactions · well-tolerated.
Fluvoxamine (Luvox)	Primarily used for **OCD** · many CYP450 drug interactions.

🚫 **Do NOT mix with:** MAOIs, TCAs, SNRIs, triptans, tramadol, linezolid, St. John's Wort, lithium

🩸 **Bleeding risk with:** NSAIDs, warfarin, aspirin, anticoagulants

6 NCLEX Test Traps

⏱ **"Works immediately"**
FALSE — 4–6 weeks for full effect.

😊 **Sudden improvement**
Energy returns *before* mood → ↑ suicide risk!

🛑 **Stopping abruptly**
Never — causes discontinuation syndrome. Must taper.

☠️ **SSRI + MAOI**
Serotonin syndrome — fatal. Always washout.

🌿 **St. John's Wort**
Herbal — patients hide this. ALWAYS ask.

🧠 **Serotonin Sx vs NMS**
SS = hyperreflexia; NMS = rigidity + antipsychotics.

🤰 **Paroxetine in pregnancy**
Category D — cardiac defects. Avoid.

👶 **Pediatric patients**
Black box warning — monitor closely.

7 Patient Education

- 📅 Take **daily, same time**, even if feeling better.
- ⏰ Full benefit in **4–6 weeks** — don't give up early.
- 🚫 **Never** stop suddenly — taper with provider.
- 🍷 Avoid alcohol & illicit drugs.
- 🌿 Disclose **all** OTCs/herbals (esp. St. John's Wort, cold meds, triptans).
- ☎️ Call provider for: suicidal thoughts, fever + confusion, rash, bleeding, rapid mood change.
- ❤️ Sexual side effects are common — discuss with provider (don't stop on own).
- 🤰 Inform provider if pregnant / planning pregnancy.

8 Memory Boosters & Mnemonics

SHIVERS — Serotonin Syndrome

S — Shivering
H — Hyperreflexia
I — Increased temperature
V — Vital signs unstable
E — Encephalopathy (confusion)
R — Restlessness
S — Sweating & tremor

SSRI — Side Effects Recall

S — Serotonin syndrome
S — Stimulation (insomnia, anxiety)
R — Reproductive (sexual dysfunction)
I — Intestinal (nausea, diarrhea)

+ Hyponatremia · Headache · Hemorrhage risk

🔑 Quick Pattern Recognition

- SSRI + anything serotonergic = **SS risk**
- SSRI + NSAID = **bleeding**
- Citalopram = **heart (QT)**
- Paroxetine = **pregnancy problem (P–P)**
- Prozac = **Prolonged** half-life

⭐ Golden NCLEX Rule

If the patient is starting an SSRI **or** showing sudden improvement → **SUICIDE ASSESSMENT IS YOUR PRIORITY ACTION.** Energy returns *before* mood — patients finally have energy to act on plans.

✨ Study smart: know the **drug names**, the **4–6 week onset**, the **black box warning**, and **serotonin syndrome**. Those four concepts cover ~80% of SSRI NCLEX questions.