Antipsychotics

Name

Institution

Date

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Introduction

Antipsychotic is a psychiatric drug that is availed through prescription and licensing to treat different mental health illness, such as schizophrenia or bipolar disorder (Seeman, 2015). Other antipsychotics also treat extreme anxiety, physical problems like nausea, agitation as well as dementia. The antipsychotic prescription occurs in many different ways. Usually, it is taken orally in form of tablet or liquid and at other times, as depot injections. It is difficult to tell how an individual will respond to a given kind of prescription. This paper will argue using three decisions on how to prescribe medication to this case study 'Puerto Rican woman with Comorbid addiction'.

Decision #1

Selected Decision

Prescribe Antabuse (Disulfiram) dosage of 250mg orally every morning.

Reason for Selection

Mrs. Perez was diagnosed with alcohol use disorder and of the many ways to treat this disorder; use of Cvek (2011)'s Antabuse (disulfiram) as the best approach. She had chronic alcoholism and Antabuse is appropriate for such a person. Disulfiram blocks that enzyme which metabolizes alcohol intake and generates negative side effects when mixed with alcohol in the body. As a result, the medication will tend to keep the individual from drinking alcohol. Some of the side effects of Antabuse include metallic taste in the mouth, redness, chest pains, fast pounding heartbeats, spinning sensation.

Expected Results

Antabuse is a highly effective antipsychotic therapy that should be able to reduce the symptoms (Fuller & Gordis, 2004) within the initial four weeks. The patient should have reduced "problems" with alcohol and able to maintain sobriety in terms of clear, coherent and goal oriented speech.

She should be of noteworthy mannerisms and gestures. The client should have reduced visual or auditory hallucinations as well as no delusional and paranoid thought processes. Her insight and judgment should remain intact and impairment of impulse control should be reduced.

Differences between Expected Results and Actual Results

Instead of noteworthy mannerisms, (Fuller & Gordis, 2004) present client reports with complaints to do with sedation, fatigue and "metallic taste" in her mouth. While the "metallic taste" was expected to be a significant side effect, she mentions that it "seems to be going away." There was also no change in her delusional processes but rather, she made a mention that a mere drink about 5 days from the start of the drug would kill her. Unexpectedly, Mrs. Perez continued to visit the casino though spends much less this time around and her cigarette smoking increased. Rightly so, she felt redness of face and her heart "pound right out of her chest."

Decision #2

Selected Decision

Continue with the current dose of Antabuse and begin Wellbutrin (bupropion) XL 1150 mg orally daily.

Reason for Selection

The side effects needed to be addressed through continued intake of Antabuse as it formed part of the healing process. Her feelings due to disulfiram were to stop. The client problem of smoking needed address and Wellbutrin was the most appropriate approach. While Antabuse addressed chronic alcoholism, Wellbutrin (Jefferson, Pradko & Muir, 2005) addressed smoking so that at the end of the day, Mrs. Perez was to feel much healthier. Even more, she was no longer to pay visit to the casino or the slot machines where she gets "hooked" to drink or smokes, respectively.

Expected Results

Wellbutrin would help eradicate the appetite for smoking and thus relieve symptoms of depression. Wellbutrin would also regulate mood so that it would take away Mrs. Perez "sad" mood. It would do so through alteration of dopamine and norepinephrine operations in the brain (Volkow et al., 2009). This drug was a good combination with Antabuse which first lowered alcohol intake and then it now came in to address the issue of increased smoking with the intent to stop it.

Differences between Expected Results and Actual Results

After the next weeks, the client reported a much better feeling and that the disulfiram side effects were "gone." But one difference was that she still smokes although it "dropped to only a couple of cigarettes a day." She still visited the casino but spend far less than in the past. Another difference is she did not complain this time and there was general improved on her "sad" self-reported mood.

Decision #3

Selected Decision

Maintain current doses of each medication and refer to counseling for her gambling.

Reason for Selection

Apart from alcoholic use disorder, Mrs. Perez also faces another termed as gambling disorder. Potenza (2014) claims, that the gambling disorder has strained relationship such as Mrs. Perez and her husband, because it caused her into financial disaster. She has already spent $50,000 retirement money on gambling debts. Because there are no FDA approved medications for the treatment, gambling disorder needs counseling by Gamblers Anonymous.

Expected Results

At this point, the PMHNP should maintain the current dose of each medication and refer the client to a counselor. According to Chen and colleagues (2011), there are no FDA approved medications

for the treatment of gambling addiction, and counseling is the mainstay of treatment for this particular disorder.

Differences between Expected Results and Actual Results

Nothing tells us at this point we should increase the bupropion. As expected, recall that it could take as long as 12 weeks for this medication to exert its full therapeutic effect. However, White (2001)'s cognitive behavioral principles can also be employed to help Mrs. Perez stop smoking, in addition to the bupropion. Although controversy exists in the literature regarding how long to maintain a client on disulfiram, eight weeks is probably too soon to consider discontinuation.

Conclusion

On the basis of the three decisions analyses on antipsychotics, possibilities of complications are deemed to increase. One such complication is the side effects revealed during medication and treatment process. Another revelation is there is difficulty in pointing out which drug to apply in antipsychotics. Moreover, these complications have close resemblance to other mental problems.

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