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# Psychotropic agents

Antianxiety – sedatives

Antidepressants – mood elevating agents

Antimanic – mood stabilizing agents

Antipsychotic / neuroleptic drugs

- Psychosis mental disorder
- Schizophrenia thinking disturbances
- Delusion symptoms of false belief
- Hallucination abnormal sensation

#### Psychotic illness

**Abnormal thinking** 

Disorganized / irrational behavior

Altered mood

Illogical / highly idiosyncratic communications

- Schizophrenia –
  Chronic thinking disorder
  Emotional withdrawal
  Delusion / auditory hallucinations
- Major psychosis melancholia
- Bipolar disorder manic depressive disorder

#### MAJOR DEPRESSION

#### Major depression -

- Mood depression / Severe anxiety
- Obsessive compulsive disorder
- Intense sadness / mental slowing
- Self deprecation
- Loss of concentration
- Variable agitation
- Altered eating pattern
- Insomnia / hypersomnia
- ↓ energy / libido
- Disruption Appenorma ក្រុម Gireadian rhythm
  Patel Pharmacology NHLMMC

# Psychotropic drugs

**Antipsychotic** 

**Antianxiety** 

**Antidepressants** 

**Antimanic** 

Psychotomimetic
Antipsychotic Agents - Dr. Kamlesh

Phenothiazine

Thioxanthenes

Butyrophenones

Miscellaneous

Phenothiazine –

chlorpromazine
Trifupromazine
Thioridazine
Trifluperazine
Fluphenazine

Butyrophenones – Haloperidol
 Trifluperidol
 Droperidol
 Penfluridol

Thioxanthenes –

Thiothixene Flupenthixol

Atypical neuroleptics –

Risperidone Olanzapine

Clozapine

Miscellaneous –

Pimozide

Loxapine

Reserpine

#### Mechanism of action

#### Block -

- Dopamine receptor
- Histamine receptor
- α adrenergic receptor
- Muscarinic receptor

- Rapid, incomplete absorption
- First pass metabolism
- Highly protein bound & lipid soluble
- Longer duration of action
- Near complete metabolism
- Brain concentration high

CNS - Normal person

Loss of interest

Lack of initiative

Neuroleptic syndrome

- In a psychotic
  - ↓ Irrational behavior
  - **↓** Agitation
  - **↓** Aggressiveness
  - **↓** Hyperactivity

Performance – not altered

Extrapyramidal symptoms –

Seizure threshold – reduced

Antiemetic effect – potent

ANS
α - blocking effect
Anticholinergic

Local anesthetic effect – CPZ

CVS – Hypotension, reflex tachycardia

Skeletal muscle - ↓ spasticity

- Endocrine
  - ↓ Prolactin release –
  - **↓ACTH release –**during stress response
  - **↓ GH hormone**
  - **↓** ADH release **↓** urine output
- Tolerance sedative & hypotensive
- No physical dependence
- Withdrawal

#### Antipsychotic drugs – ADR

- CNS lethargy, drowsiness, confusion
- Appetite \(\frac{1}{2}\), wt gain,
- ↑ seizure
- ANS α blocking effect anticholinergic action
- Pigmentation of skin

#### Antipsychotic drugs – ADR

Endocrine – Hyperprolactinemia, ↓ gonadotropins

Extrapyramidal symptoms –
Acute muscular dystonias
Malignant neuroleptic syndrome
Parkinsonism
Akathisia
Tardive dyskinesia

### Therapeutic uses

- Psychosis –
   schizophrenia, mania
   organic brain syndrome
- Anxiety
- As antiemetic
- ✓ Hypnotic, anesthetic
- ✓ Intractable hiccough, tetanus

# Comparison of drugs

- Triflupromazine more potent
- Thioredizone low potency
- Haloperidol –

potent antipsychotic few autonomic effect, less epileptinogenic effect

Droperidol – short acting

# Atypical Antipsychotic drugs

Clozapine

Selective D4 action

5 – HT, H1,  $\alpha$  blockade

Only weak D2 blocking effect

↓ Positive & Negative symptoms

Reserve drug

Less EPS, Hypersalivation

**Agranulocytosis – monitoring** 

Seizure, wt gain

#### Atypical Antipsychotic drugs

#### Olanzapine – potent

- D4, 5 HT, α, muscarinic, H1 blocker
- Weak D2 action less EPS
- Dry mouth, constipation

#### Risperidone

- D2, 5-HT2 , α, H1 blocker
- Postural hypotension, agitation
- Less epileptogenic

- Pimozide –
  D2, adrenergic, cholinergic blocker
  long duration of action
  Arrhythmia
- Loxapine
- Penfluridol
- Trifluperidol