

Psychotropic drugs/PGS (VPL)

This article is intended for postgraduate studies in General Practice Medicine The article is part of the prepared certification questions, a list of which can be found on the portal of General Practitioner Medicine .

Drugs Affecting

- **Vigilance :**
 - + Nootropics, Cognitive .
 - Psychostimulants .
 - - Hypnotic.
- **Affectivity:**
 - + Antidepressants .
 - Anxiolytics .
 - - Dysphoria .
 - - Thymoprophylaxis .
- **Thinking :**
 - + Antipsychotics .
 - - Hallucinogens .

Nootropics

Indications: **AS cerebri, st.p. TIA , senior vice president stroke , central nervous system damage due to intoxication or injury ...**

- Piracetam (Oikamid, Geratam,...) **1.6-4.8 g/day** .
- Vinpocetine (Cavinton,...) **5-10 mg 3 times a day** .
- Gingo - from the double-lobed ginko.

Cognitive

Indications: m. Alzheimer , indicated by a neurologist or a psychiatrist.

- Donezepil, Rivastigmine.

Hypnotics

- **Benzodiazepine** - easily addictive.
 - **Midazolam** (Dormicum).
- "From" hypnotics .
 - Zopiclone (Zopitin).
 - Zolpidem (Stilnox, Hypnogen...).
 - Zaleplon (Sonata).
- Melatonin (Circadin).

Antidepressants

Acute therapy 6-8 weeks, **continued** 4-9 months, **maintenance** .

Cave " **activation sy** ." = a sudden increase in the patient's energy due to a rapid increase in the activity of the serotonergic system, **risk of suicide!** - frequent checks at the beginning of treatment.

In patients with associated anxiety, start therapy with *half* doses .

In anxiety disorders, the effect of antidepressants begins later (in 2-4 weeks).

I. generation

Monoamine reuptake inhibitors.

Tricyclic antidepressants: **Imipramine, Amitriptyline, Dosulepin** ;

- today rather indicated for the treatment of chronic pain,
- do not stop suddenly
- increase the concn. serotonin and noradrenaline, but also affect other receptors (M, H, alpha).

II. generation

It disappeared, the pharmacy was classified elsewhere.

III. generation

- Medicines that increase the concentration of only one monoamine.

SSRI

- 1st choice for depression and anxiety disorders,
- there is no need to titrate the dose (except for anxiety),
- n.u.: serotonin syndrome , withdrawal syndrome (most pronounced with Paroxetine, least with Fluoxetine).
- **Fluoxetine** (Deprex), **Citalopram** (Citalec), **Escitalopram** (Cipralext), **Paroxetine** (Remood), **Sertraline** (Asentra, Zoloft), **Trazodone** (Tritico).

NARI, DARI

- they are not registered in the Czech Republic.

IV. generation

- Drugs that increase the concentration of 2 of the 3 monoamines.

SNRI

- do not have antihistamine and adrenergic effects,
- have fewer drug interactions than III. generation.

Cave sy. from suspension

- **Venlafaxine** (Agrofan).
- **Duloxetine** (Cymbala) is also very effective in diabetic neuropathy.
- **Bupropion** (Wellbutrin) indicated for tobacco dependence.

Others - **Mirtazapine** , **Tianeptine** (Coaxil).

Anxiolytics

The **first choice** for the treatment of anxiety disorders are **SSRIs and SNRIs** , but they have a longer onset of action, **the target dose is reached gradually**.

Benzodiazepines

Acute, rapid onset of effect, calms the agitated, suppresses physical symptoms of anxiety, bridging treatment, dop. administration period max. 4 weeks.

- **Contraindications: in alcoholics!**
- **Alprazolam** (Neuro), **Bromazepam**(Lexaurin), **Diazepam** (Apaurin), **Clonazepam** (Rivotril).

Other psychotropic drugs do not belong to the competence of the general practitioner.

Links

Related Articles

Sources

- SUCHOPÁR, Josef and Štěpánka VALENTOVÁ, et al. *Remedia compendium*. 4th edition. Prague: Panax, 2009. 1000 pp. ISBN 978-80-902806-4-9 .