

CareCertify LLC

Behavioral Health Series

BHS-007

Psychotropic Medications: Classes, Uses & Mechanisms

Participant Guide

Group: Group 2: Clinical Knowledge | Credit Hours: 1.5

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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Learning Objectives

Upon completing this course, you will be able to:

- Identify major classes of psychotropic medications and their primary uses
- Describe common side effects of antidepressants, antipsychotics, mood stabilizers, and anxiolytics
- Explain the importance of medication adherence for clients with behavioral health conditions
- Recognize warning signs of medication problems including side effects and toxicity
- Describe the home care worker's role in supporting medication adherence and safety
- Document and report observations about clients' responses to psychiatric medications

Section 1: Overview of Psychotropic Medications

Psychotropic medications affect mental processes, mood, behavior, or perception. They are prescribed to treat mental health conditions including depression, bipolar disorder, schizophrenia, anxiety, and PTSD. As a home care worker, you will not prescribe or independently administer these medications — but you will observe their effects, and your observations have direct clinical value.

Medications Are One Part of Treatment

Psychotropic medications work best as part of a comprehensive plan including therapy, support, lifestyle factors, and consistent care. Your role: observe, support adherence, and report concerns accurately.

Section 2: Antidepressants

SSRIs and SNRIs

SSRIs (Prozac, Zoloft, Lexapro) are the most commonly prescribed antidepressants. Generally well-tolerated. Common side effects: nausea (usually temporary), sexual dysfunction, sleep changes, weight changes. SNRIs (Effexor, Cymbalta) have similar profiles with additional norepinephrine effects.

Antidepressants Take Time

Antidepressants take 2-4 weeks to begin working and 6-8 weeks for full effect. Clients who stop early because they "don't feel better" are extremely common. Report early discontinuation immediately — especially if the client shows worsening depression or suicidal thoughts.

MAOIs — Dietary Restrictions

MAOIs (phenelzine, tranylcypromine) are rarely used but require strict dietary restrictions: no aged cheeses, cured meats, or certain wines. Combining MAOIs with tyramine-containing foods causes dangerous hypertensive crisis. Always know your clients' medication lists.

Section 3: Antipsychotics

Antipsychotics treat psychotic disorders and stabilize mood in bipolar disorder. First-generation (haloperidol, chlorpromazine) are effective against positive symptoms but cause movement-related side effects called extrapyramidal symptoms (EPS) — stiffness, tremors, restlessness.

Second-generation atypical antipsychotics (risperidone, olanzapine, quetiapine, aripiprazole) have fewer movement side effects but significant metabolic effects — weight gain, elevated blood sugar, increased diabetes risk.

TARDIVE DYSKINESIA

Tardive dyskinesia is a serious movement disorder from long-term antipsychotic use. Signs: involuntary repetitive movements of face, tongue, and lips. If you observe this, report to supervisor IMMEDIATELY.

Section 4: Mood Stabilizers and Anxiolytics

Mood Stabilizers

- Lithium: First-line for bipolar. Narrow therapeutic window — requires blood level monitoring. Toxicity signs: tremor, nausea, confusion — medical emergency.
- Valproate (Depakote): Requires liver function monitoring.
- Lamotrigine (Lamictal): Requires slow titration — too-rapid increase risks Stevens-Johnson Syndrome (serious skin reaction).

Anxiolytics (Anti-Anxiety)

Benzodiazepines (Xanax, Ativan, Valium, Klonopin) work short-term but carry significant risks: tolerance, dependence, sedation, fall risk, memory impairment, and dangerous interactions with opioids and alcohol.

Benzodiazepines in Older Adults

Among the highest-risk medications in older adults: increased fall risk, sedation, memory impairment, and potential for dependence. Always document and report new sedation, confusion, or falls in clients taking these medications.

Section 5: Medication Adherence and the Home Care Worker's Role

Non-adherence affects 40-50% of people with mental illness. Barriers: side effects, cost, feeling better and believing medication is no longer needed, insight problems in psychosis, substance use, complex regimens, and stigma.

✓ DO	X DON'T
Observe and document whether medications appear to be taken as prescribed	Administer medications outside your authorized scope of practice
Report missed doses or medication refusal to supervisor	Force or coerce medication administration
Maintain supportive, non-judgmental approach to medication concerns	Advise clients to stop or change their medications
Note and report new or worsening side effects	Independently decide a medication is unnecessary
Follow your agency's specific medication assistance protocols	Delay reporting medication-related concerns

SCENARIO

Your client stopped her antipsychotic two weeks ago because it made her feel "like a zombie." She hasn't told her doctor.

Response: Listen non-judgmentally. "I hear that the side effects were really hard. It's important your doctor knows — there may be other options." Document: duration of non-adherence and stated reason. Report immediately to supervisor. Do not try to convince her to restart independently — this requires clinical follow-up.

Section 6: Observing and Documenting Medication Effects

What to Document About Medications

Positive responses: improved mood, reduced anxiety, better sleep, improved engagement. Concerning responses: new sedation, confusion, falls, involuntary movements, unexpected mood changes, physical symptoms. Adherence: whether medications appear taken, missed doses, statements about stopping.

Be specific and objective. "Client stated she did not take her morning medications. She appeared more confused than usual and had difficulty following conversation." Not: "Client seems worse today." Specifics matter to the clinical team.

Quick Reference Summary

SSRIs	Most common antidepressants — take 2-4 weeks to begin, 6-8 weeks for full effect
Antipsychotics	Treat psychosis, stabilize mood — monitor for EPS (first gen) and metabolic effects (second gen)
Tardive Dyskinesia	Serious movement disorder from long-term antipsychotics — involuntary face/tongue movements
Lithium Toxicity	Tremor, nausea, confusion — narrow therapeutic window, requires blood monitoring
Benzodiazepines	Anti-anxiety — effective short-term but high risk for dependence, falls, CNS depression
Medication Adherence	Taking medications as prescribed — critical for BH outcomes, affected by many barriers
EPS	Extrapyramidal symptoms — movement side effects of first-gen antipsychotics
MAOIs	Dietary restrictions required — dangerous interaction with tyramine foods
Mood Stabilizers	Lithium, valproate, lamotrigine — used for bipolar disorder
Non-Adherence	40-50% of people with mental illness don't take medications as prescribed