

Name: _____ Date: _____

3 Pharm Drugs

- | | |
|--|-----------------------------|
| 1. moderate agonist, opioid, antitussive, mild to moderate pain | A. Oxycodone |
| 2. Moderate opioid, moderate to severe pain | B. Pentazocine |
| 3. Moderate opioid, moderate to severe pain, usually combined with NSAID | C. Risperdone |
| 4. Antagonist Opioid, blocks all 3 opioid receptor, for opioid reversal overdose | D. SSRI |
| 5. Mixed receptor opioid, strong K and weak u, used for mild or moderate pain, high dependence and abused | E. Codeine |
| 6. TCAs, targets serotonin and NE receptors in the CNS, can bind to adrenergic, histaminergic, and cholinergic receptors. used for medically healthy patient, non-suicidal, and previous responders to TCA and can't take SSRI | F. Phenytoin |
| 7. SSRI, inhibit serotonin re uptake increasing their levels, initial treatment for depression | G. Chlorpromazine |
| 8. Paroxetine, Citalopram, Sertraline what are these? | H. Naloxone Narcan |
| 9. SNRI, first line agents for depression may be more useful in patients with anxiety | I. Amitriptyline Imipramine |
| 10. DNRI, first line agents for depression, insomnia | J. Hydrocodone |
| 11. bipolar disorder, decreases overactivity of NTs by decreasing signaling molecules, NSAIDS and tetracyclines and diuretics are interactions | K. Gabapentin |
| 12. Schizophrenia, non specifically inhibits dopamine D2 receptor, used in patients not responding to other drugs, typical agent, adverse EPS and NMS | L. Ethosuximide |
| 13. Atypical schizophrenia, block serotonin receptors and dopamine, 1st line drug for schizophrenia or refractory depression, bipolar | M. Lamotrigine |
| 14. Quetiapine, Olanzapine, Aripiprazole what are these? | N. Lithium |
| 15. AED, tonic clonic, partial seizures, alters Na and Ca channels, interacts with liver enzymes | O. Bupropin |

- | | |
|---|---------------------------|
| 16. AED, drug of choice in absence seizures, reduces the low threshold calcium current in neurons | P. Fluoxetine |
| 17. AED, tonic clonic and partial seizures, trigeminal neuralgia, alters conductance through sodium channels | Q. Antipsychotic atypical |
| 18. AED, absent and atypical seizures, migraine, bipolar, affects Na and Ca channels and increases GABA availability, may displace phenytoin | R. Carbamazepine |
| 19. AED, back up in partial seizures, chronic pain, and bipolar, binds to Ca channels to down regulate NTs, may increase phenytoin levels | S. Valproate |
| 20. AED, drug of choice in partial and atypical seizures, improves depression in people with epilepsy, suppresses sustained rapid firing of neurons through NA channels | T. Venlafaxine Duloxetine |