

ANTI ANXIETY DRUGS:

- ① BZD - Diazepam, Lorazepam, clonazepam, Oxazepam.
- ② P Blocker - Propranolol.
- ③ Azapirones - Busipirone, breipirone. (Buge)pirone
- ④ Sedative Antihistamines: Hydroxyzine.

Busipirone: $\rightarrow$ used only in chronic t/t as it shows delayed Response

- Don't produce significant sedation or cognitive / functional impairment
- does not interact with BZD Receptor or modify MAOA
- Does not produce tolerance.
- Has no muscle Relaxant.

MAOA - Partial agonist of 5HT_{1A} Receptor.

t/t of Anxiety:

$\rightarrow$ BZD is given in small amounts in Acute Anxiety Attack

$\rightarrow$ Buipirone & SSRI act only ^{for} ~~after~~ chronic t/t. due to their delayed effect.

$\rightarrow$ BZD can be given for panic attack but for maintenance therapy $\rightarrow$ SSRI, venlafaxine is the DOC.

DRUGS FOR MANIA AND BIPOLAR

- Lithium carbonate
- Anticonvulsants - Sodium valproate
Carbamazepine
- Atypical Antipsychotics - Olanzapine
Lamotrigine
Risperidone
Aripiprazole.

Lithium Carbonate:

→ Monovalent cation classified as mood stabilizer.

Doc is bipolar disorder, acute mania and prophylaxis.

MOA:

It Inhibit the enzyme inositol monophosphatase.

↓
↓ supply of free inositol for

Regeneration of precursor for IP3 and DAG.

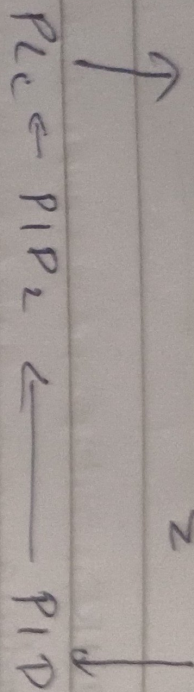
↓

There is needed for neurotransmitter signalling (GPCR)
and neuronal excitability.

Regd such as Lithium then will not work) hence

PK → oral, Not metabolised → urine, Narrow therapeutic index

Uses: $MP_3 \rightarrow MP \xrightarrow{Z} MP_2$ Lithium $\rightarrow$ Treatment



$\downarrow$ PI_1 $\rightarrow$ Response

Uses

- $\rightarrow$ Bipolar disorder - Acute mania And maintenance therapy.
- $\rightarrow$ Augmentation therapy
- $\rightarrow$ cluster headaches
- $\rightarrow$ SIADH.

ADR

- Tremor, nausea, vomiting, diarrhea.
- weight gain
- Polyuria, Polydipsia
- Renal toxicity.
- Toxicology - Ethical anomaly

Q11 $\rightarrow$ Lithium level: Thiazide, ACE

CIT - Renal issues, Pregnancy, dehydration.