**Drug Therapy**

Student

Institution

Instructor Name

Course

Date

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**Question One**

Some of the treatment interventions/ pharmacotherapies approved by the Food and Drug Administration include Naltrexone, Disulfiram, and Acamprosate combined with Escitalopram.

1. Acamprosate integrated with Escitalopram – It is used to assist those who have discontinued consuming substantial quantities of alcoholic beverages. Besides, in conjunction with social support and counseling, this drug assists these people stop drinking alcohol once more. The drug's maximum absorption time is 6 hours, while its maximum elimination time is more than 30 hours. Also, Escitalopram is applied in treating depression and anxiety as well as aid in the restoration of serotonin’s equilibrium. It takes close to two weeks before one begins feeling its effects. Notably, Escitalopram needs to be taken cautiously by patients who are also under lithium, tricyclic antidepressants, and triptans.
2. Disulfiram – It functions to prevent the body from properly digesting and absorbing alcohol, which leads to a number of extremely unpleasant side effects including elevated blood pressure, body weakness, perspiration, headaches, nausea, skin flushing, and vomiting (Stokes & Abdijadid, 2017). Moreover, it prevents alcohol dehydrogenase from performing its function. It must be administered after the patient has completed the initiation phase of detox and withdrawal, attained a zero blood-alcohol level, and achieved at least a 12-hours alcohol abstinence. The body can take close to a fortnight to produce enough unbound enzymes to properly achieve alcohol metabolisms.
3. Naltrexone – It lessens alcohol as well as its rewarding qualities. It is a remedy for individuals who have succeeded in avoiding alcohol in an outpatient environment prior to starting treatment. Within an hour of dosage, oral naltrexone reaches its highest plasma levels (Aboujaoude & Salame, 2016). The primary cause of the characteristics of naltrexone is tp\o 6-B naltrexol, with a 13-hour eradication half-life. After the rapid development of therapeutic success with the drug, starting the oral dose. (50mg one time a day for fewer than or equivalent to 3 months, per Orem. IM - each month, 380 mg is administered into the gluteal muscle to maintain abstinence). Patients who use opioid medications and illegal narcotics need to administer naltrexone cautiously since it can have significant side effects like coma (Aboujaoude & Salame, 2016).

**Question Two**

They include;

1. Mental health disorders like depression
2. Being Female
3. Chronic physical conditions such as cognitive impairment, heart failure, and respiratory disorders).
4. Unfortunate life occurrences.

**Question Three**

1. Genes affecting the metabolism of Serotonin.
2. Toxicology mediated by glutamate
3. Psychosocial early trauma as well as impaired hypothalamus-pituitary-adrenal axis activity.
4. Reduced brain-derived neurotrophic factor concentrations

**Question Four**

Some of the symptoms needed for the occurrence of an episode include

* Suicidal attempt or thoughts
* Challenges in concentration, thinking, or decision-making.
* Having feelings of hopelessness.
* Being depressed for a considerable part of the day.
* Much less interest in activities or fun for the majority of the day.

**Question Five**

1. Amphetamines and Psychostimulants e.g., Vyvanse and Adderall
2. Dopamine agonists, for example, Selegiline, Bromocriptine, and Amantadine.
3. Selective Serotonin Reuptake Inhibitors. These comprise antidepressants like Lexapro (escitalopram), Citalopram, and Prozac (Tsai, 2017).

**References**

Aboujaoude, E., & Salame, W. O. (2016). Naltrexone: a pan-addiction treatment?. *CNS drugs*, *30*(8), 719-733. <https://doi.org/10.1007/s40263-016-0373-0>

Stokes, M., & Abdijadid, S. (2017). Disulfiram.

Tsai, S. (2017, March 1). *Medicines That Can Cause Insomnia*. nationaljewish.org. <https://www.nationaljewish.org/conditions/insomnia/causes/medicines-that-can-cause-insomnia>