

Prozac essay



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Classification Fluoxetine is a legal prescribed medication (Fluoxetine, 2000). The brand name of this drug is Prozac (Fluoxetine, 2000). Fluoxetine belongs in a category of drugs called selective serotonin prescription (PDR, 2000). This is a synthetic drug (Fluoxetine, 2000). reuptake inhibitors (SSRIs) (PDR, 2000). Prozac is not a controlled substance but needs a Usage Prozac is used as an antidepressant, antiobsessional and antibulimic medication (Fluoxetine, 2000). Prozac is presumed to inhibit the reuptake of serotonin (Fluoxetine, 2000).

In patients with depression it relieves symptoms of the illness (Fluoxetine, 2000). For those with bulimia nervosa Prozac was shown to decrease binge eating and purging when compared to a placebo (Fluoxetine, 2000). In obsessive-compulsive disorder it significantly reduces the symptoms (Fluoxetine, 2000).

Usage: Epidemiology The use of Prozac is so wide spread that since its release over ten years ago thirty-five million have been prescribed world wide in over one hundred different countries (PDR, 2000). Over seventeen million patients have been prescribed Prozac in the United States alone (PDR, 2000). Prozac is the worlds most prescribed antidepressant (PDR, 2000).

Warnings Allergic reactions have been noted in some patients; these include: rash, fever, edema, and carpal tunnel syndrome (Fluoxetine, 2000). If these reactions persist and no other cause can be found treatment with Prozac should be discontinued (Fluoxetine, 2000). Precautions During the clinical trials anxiety and nervousness were reported by ten to fifteen percent of

patients (Fluoxetine, 2000). Persons already underweight and depressed showed significant weight loss when on Prozac (Fluoxetine, 2000).

Prozac should be used with caution in patients with convulsive disorders (Flouxinte, 2000). The possibility of suicide is greater in those patients who are depressed; therefore Prozac should be administered with supervision to these patients (Fluoxetine, 2000). This medication should be only given to patients with anorexia nervosa if the benefits outweigh the risks (Fluoxetine, 2000). Prozac became the world's most prescribed antidepressant herald of its "transformative powers" (Cash, Brown, 2000). Among side effects are appetite reduction and weight loss (Cash, Brown, 2000). In a study of college age women the knowledge of Prozac's weight loss properties increased the likelihood of a woman deciding to try the drug (Cash, Brown, 2000).

The women said they would choose Prozac regardless of the side effects if one of the main effects was weight loss (Cash, Brown, 2000). Women's perceived notions about being thin outweighed their concerns about the possible negative side effects of Prozac (Cash, Brown, 2000). Patients with diabetes may have altered glycemic rates while on this medication (Fluoxetine, 2000).

I have found conflicting reports on the use of Prozac and the pregnant woman. I will give them both consideration in this report.

The first is information that may be out dated. A study was conducted in 1993 to see the outcome of women using Prozac in their first trimester (Pastustak, 1993). The study followed 128 pregnant women who were given a dose of 25 mg per day of Prozac compared to women taking a placebo

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(Pastustak, 1993). The results of the study showed that malformations in the women who took Prozac were comparable with the women who were given a placebo (Pastustak, 1993).

The only effect on the expectant mothers that was higher in Prozac use was an increased risk of miscarriage (Pastustak, 1993). The conclusion of the researchers was that Prozac did not have an increased risk of major malformations (Pastustak, 1993). There have been no studies to date of the long term effects of using Prozac on the unborn child (Pastustak, 1993).

The most recent information is stated next. Pregnant women should not be prescribed Prozac unless absolutely necessary, because the effects on the unborn child have not been discovered (Fluoxetine, 2000).

Lactating women should also avoid Prozac, because the effects on a newborn child have not been tested thoroughly (Fluoxetine, 2000). Carl Elliott feels that Prozac changes a person's personality (Degrazia, 2000). Many people feel that they need Prozac because there are some minor complications in their lives (Degrazia, 2000). They feel that if they change or alter their personality that everything will be all right (Degrazia, 2000). E.

T. Juengst stated in his book *Enabling Human Traits: Ethical and Social Implications* (1998 pp. 29-47 Washington DC, Georgetown University Press) that many people want "Interventions designed to improve human form to sustain or restructure good health." (Degrazia, 2000).

Many enhancements are preformed to improve the human form or function which do not respond to genuine medical need (Degrazia, 2000).

In Peter Kramer's book *Listening To Prozac* (1993, New York, Viking Press) he calls Prozac "cosmetic psychopharmacology" (Degrazia, 2000). He describes patients on Prozac who are not really mentally ill who take the drug to become "better than well": more socially attractive, more energetic and more confident (Degrazia, 2000). One of his major concerns is that patients may continue to use Prozac as a way of avoiding dealing with issues that really plague them (Degrazia, 2000). Drug Interactions Patients who are on MAO inhibitors should not be prescribed Prozac (Fluoxetine, 2000). Reports of serious and sometimes fatal interactions have occurred when combined with MAO inhibitors (Fluoxetine, 2000) Some reactions that are encountered when a patient takes an MAO inhibitor and Prozac are: rigidity, mental status changes that are accompanied with extreme agitation continuing to delirium and even coma (Fluoxetine, 2000)

Patients should wait fourteen days after using an MAO inhibitor before administration of Prozac (Fluoxetine, 2000) After taking Prozac a patient must wait at least five weeks before using a MAO inhibitor (Fluoxetine, 2000) The reason for this is because the chemicals in Prozac have a very long half-life in the body (Fluoxetine, 2000).

The half-life of Fluoxetine after a single dose is two days (Fluoxetine, 2000). After thirty days the concentrations of Fluoxetine in the body are 91 to 302 ng/ml (Fluoxetine, 2000). For this reason physicians should observe the prescribed time guidelines for administration of Prozac (Fluoxetine, 2000).

When a patient is also taking lithium there may be an increased and a decreased effect of the lithium. (Fluoxetine, 2000). In some patients there is

an decreased effect of Librium and in others there is an increased effect (Fluoxetine, 2000).

Some cases of lithium toxicity have been documented (Fluoxetine, 2000).

The levels of lithium must be monitored when these drugs will be given in combination (Fluoxetine, 2000). Few patients who were taking Fluoxetine with tryptophan experienced adverse reactions (Fluoxetine, 2000). The half-life of diazepam can be lengthened when taken in combination the Prozac (Fluoxetine, 2000). Prozac is a drug that binds tightly with plasma proteins, so other drugs that do this must be monitored (Fluoxetine, 2000). Before elective surgery Fluoxetine should be discontinued because there are no studies to show possible reactions (Fluoxetine, 2000).

A drug interaction may occur in patients taking selegiline (McKeney, 1998). Adverse reactions include confusion, restlessness, sweating, shivering, tremors, diarrhea, and fever (McKeney, 1998). A person should avoid taking selegiline with Prozac (McKeney, 1998). They should not take Prozac until two weeks after stopping selegiline (McKeney, 1998). A person taking Fluoxetine should avoid alcohol (PDR, 2000).

Prozac users should also tell the doctor if they are taking any blood thinners, or medicines that can cause sleepiness (PDR, 2000).

Adverse Effects Some effects of Fluoxetine are: headache, nervousness, insomnia, drowsiness, fatigue, anxiety, tremor, dizziness, lightheadedness, and gastrointestinal complaints (Fluoxetine, 2000). Some other side effects include: changes in taste, having to go to the bathroom more often and

decreased interest in sex or loss of ability to have sex (PDR, 2000).

Behavioral side effects include: agitation, abnormal dreams, confusion, delusions, and hallucinations (Fluoxetine, 2000). There have been no studies conducted on whether Prozac causes physiological or physical dependence (PRD, 2000). There has been no research done on the potential for abuse, tolerance or physical dependence (PDR, 2000).

Overdose During clinical trials there were two deaths out of thirty-eight reports of overdose with Fluoxetine, eight were alone or in combination with alcohol (PDR, 2000). In one death the person took 1800mg of Fluoxetine and an unknown amount of maprotiline (PDR, 2000).

The second death involved three drugs, one of which was Fluoxetine (PRD, 2000). Another patient took over 3000mg and had two grand mal seizures and then recovered (PDR, 2000). After marketing the drug there have been sixteen reports of overdose (PDR, 2000).

There were no deaths in this group of patients (PDR, 2000). The overdose patients were all given activated charcoal (PDR, 2000). Since then the incidence of overdose has been rare (PDR, 2000). There are no specific antidotes for Fluoxetine overdose (PDR, 2000).

Dosage For depression the initial adult dose is 20mg once daily, for bulimia it is 60 mg, and for obsessive compulsive it is 20 to 60 mg a day (Fluoxetine, 2000). Fluoxetine is supplied in a 20 mg liquid form and in capsule form it is given in 10 to 20 mg (Fluoxetine, 2000).

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