

Informed Consent for Medication

Medication Category: Cyclic Antidepressants [amitriptyline (Elavil Endep), amoxapine (Asendin), desipramine (Norpramin), doxepin (Adapin Sinequan), imipramine (Janimine, Tofranil), nortriptyline (Aventyl, Pamelor), maprotiline (Ludiomil), protriptyline (Vivactil), trimipramine (Surmontil)

prescribed medication (or equivalent): _____ Anticipated dose range: _____

About your medicine: Cyclic antidepressants are used in the treatment of depression to elevate mood, increase physical activity and mental alertness, improve appetite and sleep, and to restore interest or pleasure in most usual activities and pastimes. These drugs may also be used for other conditions such as panic attacks, bulimia and some chronic pain syndromes. It is thought that these medications work by adjusting the regulation of serotonin and norepinephrine in the brain. These are naturally occurring neurotransmitters that nerve cells use to communicate with each other. This medication usually takes several weeks to work.

Side Effects: Every drug is capable of producing side effects. Many people on cyclic antidepressants experience no, or minor side effects. The frequency and severity of side effects depend on many factors including dose, duration of therapy and individual susceptibility. Possible side effects include:

More Common: dry mouth, constipation, blurred vision, increased heart rate, weight gain, dizziness, drowsiness.

Less Common: difficulty urinating, increased sweating, increased blood pressure, tremor, skin rashes, menstrual irregularities, nightmares and other trouble sleeping, and nausea.

More serious, but less common side effects: confusion, decreased sexual ability, fainting, irregular heartbeat, hallucinations, or restlessness.

Precautions: May cause seizures or serious heart irregularities in some patients. These medications can also precipitate manic episodes in susceptible people.

These medications are extremely dangerous when taken in large quantities, as in an intentional overdose.

By my signature below, I give consent for the above-named medication to be administered and for a change of medication within this medication category. My signature also indicates that I have read and understand the reasons for the use of this medication, and its potential risks and benefits.

Client signature: _____ Date signed: _____

Witness signature: _____ Date signed: _____