	Mood Stabilizers		
Nonbenzodiazepine hypnotics			
MOA	Act via the <b>BZ1 subtype</b> of the <b>GABA receptor</b> . Effects reversed by <b>flumazenil</b> . Sleep cycle less affected as compared w/ benzodiazepine hypnotics		
Use	Insomnia. Should be used short-term (weeks-months). SEs = sleep-walking.		
EX	Zolpidem, Zaleplon, esZopiclone. "All ZZZs put you to sleep."		
SE's	Ataxia, headaches, confusion. Short duration because of rapid metabolism by liver enzymes.  Unlike older sedative-hypnotics, cause only modest day-after psychomotor depression and few amnestic effects.		

Other Psych Drugs			
Stimulants			
MOA	†catecholamines in the synaptic cleft, especially <b>norepinephrine and dopamine</b>		
Use	ADHD, narcolepsy (modafinil), appetite control		
EX	Methylphenidate (Ritalin, Concerta), Dextroamphetamine (Adderall), methamphetamine, Atomexetine (Straterra), Modafinil (Provigil)		
SE's	Hypertension, Weight Loss, Insomnia, exacerbation of tics, ↓seizure threshold		
Notes	Straterra not technically a stimulant, in its own class.		
Acetylcholinerasterase Inhibitors			
MOA	Inhibits ACHE → ↑ACh in synaptic cleft		
Use	Mild-moderate dementias (neurocognitive disorders) → ex: Alzheimer's (Donepezil/Rivastigmine)		
EX	Donepezil (Aricept), Galantamine (Razadyne), Rivastigmine (Exelon)		
MNDA (Glutamate) Receptor Antagonist			
MOA	Antagonist at NMDA (glutamate) receptor		
Use	ADHD, narcolepsy (modafinil), appetite control		
EX	Memantine (Nemenda)		

	Meds That Cause Psych Symptoms
Psychosis	Sympathomimetics, analgesics, antibiotics (e.g., isoniazid, antimalarials), anticholinergics, anticonvulsants, antihistamines, corticosteroids, antiparkinsonian agents.
Agitation/ Confusion/ Delirium	Benzos, antipsychotics, anticholinergics, antihistamines, antidepressants, antiarrhythmics, antineoplastics, corticosteroids, nonsteroidal anti-inflammatories (NSAIDs), antiasthmatics, antibiotics, antihypertensives, antiparkinsonian agents, thyroid hormones