

Antipsychotic medications

- Used to treat psychotic disorders.
- All are efficacious in treating positive symptoms
- There are two types:
 - Conventional (Traditional)**
 - Classified according to potency.
 - Work by blocking dopamine receptors
 - Atypical**
 - Newer
 - Work by blocking both dopamine and serotonin receptors
 - And many other receptors as well

Atypical Antipsychotics

- Rarely cause EPS, TD, or NMS.
- Because of fewer side effects, they are **FIRST-LINE**.
- Beware of metabolic syndrome.
- Examples:
 - Clozapine (Clozaril)
 - Risperidone (Risperdal)
 - Quetiapine (Seroquel)
 - Olanzapine (Zyprexa)
 - Ziprasidone (Geodon)
 - Aripiprazole (Abilify)(even newer—supposed even fewer SE's)

Olanzapine (Zyprexa)

Uses	<ul style="list-style-type: none"> Schizophrenia Bipolar mania
Dosing	<ul style="list-style-type: none"> Start at 5-10mg/day. Increase 5mg each week. Max dose 20 mg/day
Serious Adverse Effects	<ul style="list-style-type: none"> NMS EPS

Risperidone (Risperdal)

Uses	Dosing	Serious Adverse Effects
Schizophrenia	Start 1-2 mg/day	NMS
Bipolar mania	Increase 0.5-1mg every 3-7 days	EPS
	Max of 16 mg/day	Hyperprolactinemia

Quetiapine (Seroquel)

Uses	Dosing	Serious Adverse Effects
Schizophrenia	Start 25-50 mg/day	NMS
Bipolar Mania	Increase 100mg/day	EPS
Bipolar Depression	Max 600 mg/day	Hypotension
		Sedation

Ziprasidone (Geodon)

Uses	Dosing	Serious Adverse Effects
Schizophrenia	Start 20mg BID	NMS
Bipolar Mania	Max 80mg BID	QT prolongation
	ALWAYS GIVE WITH FOOD!	EPS

Aripiprazole (Abilify)

Uses

- Schizophrenia
- Bipolar Mania

Dosing

- Start 10-15 mg/day
- Increase dose every 2 weeks
- Max 30mg/day

Adverse Effects

- NMS
- EPS
- Akathisia

Metabolic Syndrome (Syndrome X)

Common Conditions

- Weight gain
- Hypertriglyceridemia
- Increased Insulin
- Increased Glucose
- Increased LDL

What to monitor

- Fasting glucose levels
- Abdominal girth
- Fasting lipid panel

Treatment

- Medical follow-up
- Place pt on safest medication
- Encourage weight loss

Clozapine (Clozaril)

Uses:	Dosing:	Adverse Effects:	Special Monitoring:
<ul style="list-style-type: none"> • Most commonly used when patient have treatment-resistant Schizophrenia. • Is NOT first-line due to side effect profile. 	<ul style="list-style-type: none"> • Start 12.5mg PO Qday. • Increase 25-50mg/day. • Max dose: 900 mg/day 	<ul style="list-style-type: none"> • Agranulocytosis • Seizures • NMS • Leukopenia • Sialorrhea • EPS 	<ul style="list-style-type: none"> • CBC at baseline then every week • After 6 months, may do CBC Q2weeks

Atypical Antipsychotics and Metabolic Syndrome

Most	Least
<ul style="list-style-type: none"> • Clozapine • Olanzapine 	<ul style="list-style-type: none"> • Ziprasidone • Aripiprazole

Extrapyramidal Side Effects

Treatment:

- Reduce the dose of antipsychotic.
- Propranolol
- Amantadine
- Benadryl
- Benzotropine (Cogentin)

Tardive Dyskinesia

- **Writhing (Choreoathetoid) movements of mouth and tongue.**
 - May also occur in other parts of the body.
- **Typically occurs in patients that have been on medications for more than 6 months.**
- **May be due to an overall increase in the number of dopamine receptors.**
- **Is more common in elderly patients.**
- **There is NO EFFECTIVE TREATMENT!**
 - Discontinue antipsychotic.
- **50% of cases will spontaneously remit.**
- **50% of cases will be PERMANENT!**

Other Side Effects

Anticholinergic	Increased heart rate Blurred vision Dry mouth Constipation Urinary retention Decreased sweating
Antihistaminic	Sedation
Anticholinergic	Constipation, urinary retention, dry mouth, blurred vision, decreased sweating
Anticholinergic	Dry mouth Tachycardia Urinary retention Blurred vision Constipation
Cardiotoxic	Heart block Prolonged QTc
Neuroleptic	Lower seizure threshold

Neuroleptic Malignant Syndrome

F ever (most common symptom)
A utonomic Instability (tachycardia, labile hypertension, diaphoresis)
L eukocytosis
T remor
E levated CK (may lead to rhabdomyolysis)
R igidity (Lead Pipe Rigidity)

- ### Neuroleptic Malignant Syndrome
- MOST COMMON among young males who have recently begun antipsychotic treatment.
 - MAY OCCUR AT ANY POINT IN TREATMENT!!!
 - Is LIFE-THREATENING! (20% mortality)
 - Treatment:
 - Discontinue medication IMMEDIATELY!
 - Supportive medical care.
 - It is NOT an allergy and does not prevent the patient from taking this medication in the future.