

ANTIPSYCHOTICS

chlorpromazine (Thorazine®), fluphenazine (Prolixin®), haloperidol (Haldol®), loxapine (Loxitane®), perphenazine (Trilafon®), thiothixene (Navane®), trifluoperazine (Stelazine®)

INDICATIONS

- 1) Disorders with psychotic symptoms (schizophrenia, schizoaffective disorder, manic disorders, depression with psychotic features, drug-induced psychosis, psychosis associated with other organic conditions)
- 2) Tourette's disorder (haloperidol only)
- 3) Personality disorders – schizotypal, paranoid and borderline
- 4) Acute and/or short term use for management of aggressive or violent behavior
- 5) Stereotypies

PRECAUTIONS TO CONSIDER

Contraindications

Absolute:

- 1) History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed or structurally related medication
- 2) Severe CNS depression

Relative:

- 1) Pregnancy/nursing mothers
- 2) History of drug-induced agranulocytosis or leukopenia
- 3) Breast cancer
- 4) History of neuroleptic malignant syndrome
- 5) Narrow angle glaucoma (for chlorpromazine)
- 6) Impaired hepatic function
- 7) Prostatic hypertrophy (for chlorpromazine)
- 8) Parkinson's disease
- 9) Severe cardiovascular diseases, including certain conduction disturbances

Precautions

Alcoholism (active), recent or current blood dyscrasias, angina, hypotension, congestive heart failure, arrhythmias, glaucoma, poorly controlled seizure disorder, urinary retention, patients at risk for paralytic ileus, severe tardive dyskinesia, dementia-related psychosis.

Pregnancy and Breast-Feeding

See relative contraindications. Most antipsychotics are FDA Pregnancy Category C.

ANTIPSYCHOTICS - (continued)

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PRECAUTIONS TO CONSIDER (continued)

Drug Interactions of Major Significance

- 1) Concomitant use of CNS depressants
- 2) Antithyroid agents
- 3) Concomitant use of agents that cause EPS (including droperidol, prochlorperazine, promethazine, metoclopramide, amoxapine, metyrosine, pimozide, reserpine)
- 4) Concomitant use of hypotension producing agents
- 5) Levodopa
- 6) Concomitant anticholinergic drugs (for chlorpromazine)
- 7) Strong inhibitors or inducers of Cytochrome P450
- 8) The following are the major metabolic pathways for the typical antipsychotics:
Chlorpromazine: major substrate CYP 2D6, major inhibitor CYP 2D6
Fluphenazine: major substrate CYP 2D6
Haloperidol: major substrate CYP 2D6 and 3A4, moderate inhibitor CYP2D6 and 3A4
Loxapine: unknown
Perphenazine: major substrate CYP 2D6
Thiothixene: major substrate CYP 1A2
Trifluoperazine: major substrate CYP 1A2

SEE TABLE A: Cytochrome P450 Drug Metabolism/Inhibition

Age-Specific Considerations

- 1) Conservative dosing and careful monitoring are advised in children and the elderly

Side Effects Which Require Medical Attention

- 1) Anticholinergic effects
- 2) Visual changes
- 3) Extrapyrimal side effects (dystonia, pseudo-Parkinsonism)
- 4) Akathisia
- 5) Tardive dyskinesia
- 6) Hypotension
- 7) Rashes, photosensitivity and altered pigmentation
- 8) Early symptoms of agranulocytosis effects (fever, sore throat, weakness)
- 9) Galactorrhea
- 10) Amenorrhea
- 11) Gynecomastia
- 12) Poikliohermia
- 13) Fluctuating vital signs
- 14) Altered consciousness
- 15) Signs and symptoms of neuroleptic malignant syndrome

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PATIENT MONITORING

Patient Monitoring Parameters

- 1) Pregnancy test – as clinically indicated
- 2) BMI and waist circumference measurements – when a new antipsychotic is initiated, at every visit (monthly for inpatients) for 6 months after the new antipsychotic is initiated, and quarterly when the antipsychotic dose is stable.
- 3) Fasting plasma glucose level or hemoglobin A_{1c} – before initiating a new antipsychotic, then yearly.

If a patient has significant risk factors for diabetes and for those that are gaining weight – before initiating a new antipsychotic, 4 months after starting an antipsychotic, and then yearly.

- 4) Lipid screening [total cholesterol, low- and high-density lipoprotein (LDL and HDL) cholesterol, and triglycerides] – Every 2 years or more often if lipid levels are in the normal range, every 6 months if the LDL level is > 130 mg/dl

If no lipid screening has been done within the last 2 years, then a lipid profile should be obtained within 30 days of initiation of the drug.

- 5) Sexual function inquiry – inquire for evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory disturbance yearly.

If a patient is receiving an antipsychotic known to be associated with prolactin elevation, then at each visit (quarterly for inpatients) for the first 12 months after starting an antipsychotic or until the medication dose is stable and then yearly.

- 6) Prolactin level – if there is evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory yearly.
- 7) EPS Evaluation (examination for rigidity, tremor, akathisia) – before initiation of any antipsychotic medication, then weekly for the first 2 weeks after initiating treatment with a new antipsychotic or until the dose has been stabilized and weekly for 2 weeks after a dose increase
- 8) Tardive dyskinesia evaluation – every 3 months and as clinically indicated
- 9) Vision questionnaire – ask whether the patient has experienced a change in vision and should specifically ask about distance vision and blurry vision – yearly
- 10) Ocular evaluations – yearly for patients older than age 40 years; every 2 years for younger patients.

Dosing

See DSHS/DADS Drug Formulary for dosage guidelines.

Exceptions to maximum dosage must be justified as per medication rule.