Name: Generic/TRADE (& receptor activity)	GROUP	Clinical Equivalency (mg)	SIDE EFFECTS (%) Anticholinergic	Sedation	Hypotension	EPS	ANTI-EMETIC	Pregnancy category	DOSE: INITIAL; MAX; {elderly}	USUAL DOSE RANGE	$ Canada /Month
Chlorpromazine LARGACTIL (10x▼,25ς,50ς,100ς mg tab; 5,20,40mg/ml soln; 50mg/2ml amp); (100mg supp x▼)	Aliphatic Phenothiazine	**100**	>30 Cholestatic jaundice <1%, Weight gain ~3-5kg, Seizures <1%	>30	>30	>10	++++	C	25mg 1200mg	50mg po bid 100mg po bid	21 30
Methotrimeprazine NOZINAN (2,5,25,50mg tab; 5mg/ml,40mg/ml liquid); (25mg/ml amp x⊗)	Aliphatic Phenothiazine	70	>30	>**30**	>30	>10	+	C	5mg 1000mg	25mg po bid 50mg po bid	15 19
Pericyazine NEULEPTIL (5,10,20mg cap; 10mg/ml liquid)	Piperidine Phenothiazine	15	>30	>30	>10	>2	++++	U	5mg; (max 60mg)	10mg po bid	25
Pipotiazine PIPORTIL (DEPOT 25mg/ml, 100mg/2ml **Amp**)	Piperidine Phenothiazine	20mg IM q4week	>10 Less akathisia & dystonic reactions than other DEPOT medications	>10	>2	10-30	+	U	25-250mg **IM** q4w	25mg IM q10d 50-75mg IM q2-4w	50 50
Thioridazine MELLARIL (10,25,50,100mg tab; 30mg/ml liquid)	Piperidine Phenothiazine	100	>30 ECG changes -↑ QT interval (sertindole >thioridazine >ziprasidone), T wave △'s, priapism, retrograde ejaculation	>30	>30	>2	+	C	25mg 800mg→Retinal pigmentosa	50mg po bid 100mg po bid	16 25
Fluphenazine MODECATE, MODITEN (DEPOT with preservative 125mg/5ml Vial, 100mg/1ml Amp; 1, 2, 5mg tab)	Piperazine	5 15mg IM q4week	>2	>2	>2	>30	+	C	1-40mg PO 12.5-75mg**IM/SC**q2w	2mg po bid 25-50mg IMq**2-4w**	22 15
Perphenazine TRILAFON (2,4,8,16mg tab); (5mg/ml amp x⊗)	Piperazine	8	>2	>10	>2	>30	++++	C	2mg 64mg	4mg po bid 8mg po bid	10 11
Trifluoperazine STELAZINE (1,2,5,10, 20x▼ mg tab; 10mg/ml soln)	Piperazine	6	>2	>2	>10	>30	++++	C	2mg 40mg	2mg po bid 5mg po bid	17 20
Flupenthixol FLUANXOL (DEPOT 200mg/10ml, 200mg/2ml Vial; 0.5,3mg tab)	Thioxanthene	10 24mg IM q4week	>10	>2	>2	>30	++	C	2-12mg po 10-80mg **IM** q2-3w	3mg po bid 20-40mg Imq2-3w	43 20
Zuclopenthixol CLOPIXOL (10,25mg tabs), ☎ ✆ Accuphase (50mg/ml, 100mg/2ml amp x) DEPOT 2000mg/10ml Vial)	Thioxanthene	50 120mg IM q4week	>10	>30	>2	>30 (LESS with DEPOT)	++	C	20-100mg po 50-400mg **IM** q2w	10mg po bid 25mg po bid 100-200mgIMq2-3w	33 71 35
Clozapine CLOZARIL (25ς, 100ς mg tab) ☎▼ D1-5,5HT1&2,α1,α2,H1,M1-5	Dibenzodiazepine	50	>30 SE: Dizzy,drowsy,constipation N/V,fever,↑ HR, ↓ BP, ↑ **salivation**, **seizures**(up to 5%-dose related),agranulocytosis(1%)→**CBC q week, weight ↑↑↑**,ECG △'s, cardiomyopathy;↑ ALT ≤ 37%, **diabetes**, ↑ lipids, akathisia >10%. DIs: ↓ clozapine level: **carbamazepine**(&↑ neutropenia risk) & smoking; **Fluvoxamine** & **erythromycin** ↑ levels of clozapine; **benzodiazepines** -rare respiratory arrest. ↔ **prolactin** effect	>30	>30	**>2**	+	U	6.25-25mg (↑25-50mg/d) 900mg	100mg po tid 200mg po bid FDA: ↓ suicide risk in schizophrenics	394 516
Haloperidol HALDOL (0.5ς,1ς,2ς,5ς,10ς mg tab; 2mg/ml soln; DEPOT with preservative 250mg/5ml, 500mg/5ml Vial, 100mg/1ml Amp x⊗; 5mg/ml amp) D2>D1	Butyrophenone	**2 - 6** 40mg IM q4week	>2 ↑ ALT ≤ 16%, Weight gain ≤ 1 kg	**>2**	>2	>30 (LESS with DEPOT)	+++	C	1-100mg PO 25-300mg **IM** q4w {0.25-2mg/d}	2mg po bid 5mg po bid 50-100mgIMq2-4w	15 18 20
Loxapine LOXAPAC (5ς,10ς,25ς,50ς mg tab); (25mg/ml soln x▼; 50mg/ml amp x⊗)	Dibenzoxapine	15	>10 Weight gain minimal	>30	>10	10-30	+	C	5mg 250mg	5mg po bid 25mg po bid	18 35
Olanzapine ZYPREXA ☎▼ (2.5,5,7.5,10,15mg tab) (ZYDIS 5,10,15⊗mg tab) 10mg IM x⊗; D1-4, 5HT2,α1,H1,M1-3&5	Thienobenzodiazepine	2.5 - **5**	>10 SE:somnolence, dry mouth, dizzy, headache, asthenia, constipation, blurred vision, urinary incontinence, dyspepsia, ↑ ALT ≤ 6%, **diabetes**, **weight ↑↑**, **akathisia** >10%, postural hypotension, seizures 0.9%, ?↑ stroke/death, ↑ triglycerides, ↑ cholesterol, ↔ ↑ **prolactin** effect	>30	>2	**>2**	+	C	2.5-5mg {1.25-10mg/d} 20-30mg	10mg po od 15-20mg po od √ BPAD: acute Tx of manic & mixed episodes	247 357-466
Pimozide ORAP (2,4mg tab)	Diphenylbutyl piperidine	2	>2 QTc prolongation with doses > 8mg/day	>10	>2	>10	+	C	2mg 8-20mg	2mg po bid 4mg po bid	24 37
Quetiapine SEROQUEL (25,100,150,200,300mg tab) D1-2, 5HT1&2,α1,H1	Dibenzothiazepine	60 - **75**	>2 SE: **somnolence**, dizzy, drowsy, constipation, dry mouth, **lens changes** in beagles-annual slit lamp exam, ↓ BP, **weight ↑**, seizures ≤0.8%, dyspepsia, headache, urinary incontinence, diabetes, ↑ALT≤ 9%, akathisia>**2**%, ↑ triglyceride 17%, ↑ cholesterol 11%, hypothyroidism0.4%, **low EPS** effect, ↔ **prolactin** effect	>**10**-30	>10	>2	+	C	12.5mg 800mg {12.5-150mg/d} √ BPAD: acute Tx of manic & mixed episodes	200mg po tid ac 600mg po hs 300mg po bid-tid ac	285 277 277-400
Risperidone 🫘 RISPERDAL (0.25,0.5ς,1,2ς,3ς,4ς mg tab; M-TAB ⊗ melts 0.5,1,2 mg tab; 1mg/ml soln) D1-4, 5HT1&2,α1,α2,H1 -little M1	Benzisoxazole	**2**	>2 SE: sedation, headache, dry mouth, constipation, blurred vision, urinary incontinence, insomnia, agitation, asthenia, **↓BP**, akathisia >10%, ↓ appetite, TTP, seizures ≤0.3%, photosensitive, ?↑ stroke, **weight ↑**. Oral liquid **not** mix with cola or tea. **↑ EPS at doses > 2-4mg/day** & ↑ **prolactin** effect	>2-10	>10-30	>10	+	C	0.25-1mg 6-10mg {0.25-2mg/d}	1mg po bid 2mg bid-M-Tab cheaper √ BPAD: acute Tx of manic & mixed episodes	76-84 144-160

General: Onset 7days; a good trial is 4-6 weeks. 25% of pts. respond poorly to Tx, yet 30% of these respond to clozapine. Positive S/Sx: hallucinations, delusions, thought disorders; Negative S/Sx: social withdrawal, isolation & apathy. 🫘=↓ dose for renal dysfx ς=scored

Neuroleptic Malignant Syndrome-upto 1%, often within 30day;esp. younger males,high potency depot; mortality of 10%,S/SX: >39°C,muscle rigidity,delirium,autonomic instability(ie.↑↓ BP),↑CPK,↑HR,arrhythmias,tremors,seizures & coma.TX: D/C neuroleptic,cooling blanket,hydrate,dantrolene,bromocriptine &benzodiazepines.

Tardive dyskinesia-after months to yrs of neuroleptic use,↑ in elderly.S/Sx: fly catching/protruding motions of tongue, tics of the face, chewing motions or excessive blinking.TX: D/C/↓ neuroleptic,tetrabenazine,Vitamin E 400-1600iu/d.

Depot Medications- after 3-6 months many accumulate;thereby, requiring ↓ dose,onset of action for most are 2-3 days(Peak 4-7day),except **Clopixol Accuphase** with onset: 2-4hr,duration: 2-3days and max. sedation at 8hr.

Pregnancy- Consider the risk versus benefit! -use lowest possible dose, high potency agent preferred (ie. haloperidol FDA Category C), if possible try to D/C before delivery. Avoid if possible especially during first trimester.

Level ↓ by: antacid,cholestyramine,**carbamazepine**,phenobarbital,phenytoin,rifampin&**smoking**. **Level ↑ by:** amitripyline,amiodarone,cimetidine,ciprofloxacin,diltiazem,erythromycin,fluoxetine,fluvoxamine,grapefruit juice,isoniazid,ketoconazole,nefazodone, paroxetine,propranolol,quinidine&ritonavir.

EPS Acute dystonia-spasm of face,neck&back-like seizure(Onset 1-5day esp. young male,Tx: **benztropine**) Akathisia-motor restless-not verbal,pacing,fidgety(Onset 5-60day, esp. old female;Tx:↓dose or △ low potency,lorazepam,**propranolol,**diphenhydramine)

Parkinsonism-rigid,bradykinesia,shuffling gait,tremor (Onset 5-30 day esp. old female;Tx: **benztropine**, amantadine) Rabbit Syndrome-rapid chewing movements (Onset after months esp. old females; Tx: **benztropine**). ☎ =**EDS** x = Non-formulary Sask

Not in Canada: **Aripiprazole** ABILIFY (10,15,20,30mg tabs) 10-15mg od. Max 30mg od; minimal weight gain, ↑ anxiety; DI: fluoxetine, erythromycin & carbamazepine. **Ziprasidone** GEODON (20,40,60,80mg caps) 20-80mg bid with meals; ↑ QT interval, EPS ~5%,minimal weight gain.

ANTIPSYCHOTICS: Frequently asked Questions.

1. What is the difference in WEIGHT GAIN among the different antipsychotics?[1]

Estimated weight change at 10 weeks:[1,2] **using a Fixed effects Model:**

	kg
loxapine	minimal
haloperidol	0.48
risperidone	2.0
chlorpromazine	2.1
quetiapine	~2.5
thioridazine	3.49
olanzapine	3.51
clozapine	3.9

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The following statements from the CPS or specific studies state:

risperidone RISPERDAL	-can ↑ weight by 2 kg at 10 weeks, then 2.3kg after long term treatment -**18%** of patients & 9% of placebo patients increased >7% from baseline body weight
quetiapine SEROQUEL	-can ↑ weight by 2 kg at 4-8 weeks, 3.5kg at 18-26 week & 5.6kg at 1year -**25%** of patients & 4% of placebo patients increased >7% from baseline body weight
olanzapine ZYPREXA	-can ↑ weight by ~3.5kg at 10 weeks, then 5.4kg at 6-8months -**29%** of patients & 3% of placebo patients increased >7% from baseline body weight
clozapine CLOZARIL	-can ↑ weight by 4 kg at 10 weeks

2. What are the different EXTRAPYRAMIDAL SIDE EFFECTS (EPS) and COSTS?

Atypical agent	EPS effect	Prolactin levels	Younger patients (Dose & Cost/month)	Geriatric patients (Dose & Cost/month)
haloperidol	High	↑↑	5mg po bid $ 18	1mg po hs $ 10
risperidone RISPERDAL	Low+	↑	1mg po bid $ 84 2mg po bid $160	0.5mg po hs $ 35 1mg po hs $ 46
olanzapine ZYPREXA	Lower+	↑ ↔	10mg po od $247 15mg po od $357	2.5mg po od $ 67 5mg po od $128
quetiapine SEROQUEL	Even lower	↔	100mg po tid $149 200mg po bid $197	25mg po hs $ 25 50mg po hs $ 42
clozapine	Lowest*	↔	100mg po tid $394	100mg po hs $142

+ dose dependent *even some anti- tremor effect

3. Are there any SPECIAL SITUATIONS where one agent differs from the other agents?

Atypical agent	Liver Enzymes (↑ ALT 2-3x)	Seizure Risk	Neutro -penia	Special differences
risperidone RISPERDAL	Rare	≤ 0.3%	NO	Approved→behavioral disturbances in severe dementia & for acute treatment of mania; Liquid formulation available; Parkinson's motor function worse esp. if >2mg/d
olanzapine ZYPREXA	↑ ≤ 6%	≤ 0.9%	Rare	Approved for acute treatment of mania, ↑ weight, anticholinergic. Zydis wafer available.
quetiapine SEROQUEL	↑ ≤ 9%	≤ 0.8%	NO	Approved:acute mania.Better for **Parkinson's** psychosis ↑ cholesterol (11%) , ↑ triglycerides (17%), TSH changes (ie hypothroidism ~0.4%) Eye lens changes→ cataracts in beagle dogs
clozapine CLOZARIL	↑ ≤ 37%	≤ 5%+	YES 1%	Anti-tremor effects, Useful for Parkinson's induced psychosis but ADR's & weekly blood monitoring discourage its use
haloperidol	↑ ≤ 16%	<1%	NO	Available in **IV/IM & depot** formulations, Useful option for acute treatment of delirium

+ dose dependent

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3. Expert Consensus Guideline Series- Treatment of Schizophrenia 1999. J Clin Psychiatry 1999;60 (Suppl 11)
4. Switching Antipsychotics- Canadian Expert Consensus Panel July 2000
5 Canadian Clinical Practice Guidelines for the Treatment of Schizophrenia, Nov 1998, Vol 43, Supp 2
6. Lehman AF, et al. APA:Practice guideline for the treatment of patients with schizophrenia, 2nd Ed. Am J Psychiatry. 2004 Feb;161(2 Suppl):1-56.

4. What are the DEPOT MEDICATIONS mixed with?

MEDICATION		DEPOT SOLUTION
flupenthixol – FLUANXOL haloperidol – HALDOL LA (preserv.[benzyl alcohol])	fluphenazine–MODECATE (preserv.[benzyl alc.]) pipotiazine -PIPORTIL	**sesame oil**
zuclopenthixol - CLOPIXOL Depot		**coconut oil**

5. Selecting Medications for SPECIFIC COMPLICATING PROBLEMS [3,4,5,6]

	Recommended antipsychotic medication choices	Recommended adjunctive medication
Aggression/violence Agitation/excitement	haloperidol 2-5mg IM/1-2mg IV q1h prn Max 20mg/d lorazepam 1-4mg IV/IM/ q1h prn Max 8mg/d zuclopenthixol accuphase 50-150mg IM q2d prn Max total cumulative dose ≤ 400mg & ≤ 4 inj High potency CAP or AAP (ie. risperidone)	valproic acid Possibly lithium, carbamazepine, propranolol, BZ(if no hx of substance abuse)
Insomnia	AAP (quetiapine,olanzapine) or low potency CAP preferred ♦ **if** history of abuse consider trazodone, diphenhydramine, hydroxyzine & methotrimeprazine	Bz -short term use of temazepam/ lorazepam/oxazepam
Dysphoria	AAP strongly preferred over CAP	SSRI
Suicidal behavior	AAP strongly preferred over CAP	SSRI-if in the context of postpsychotic depression
Comorbid substance abuse	AAP preferred over CAP Depot meds may be helpful for non-compliance	
Cognitive problems	AAP strongly preferred over CAP	
Compulsive water drinking (psychogenic polydipsia)	AAP preferred over CAP clozapine (but not for initial treatment)	

6. Selecting Medications to Avoid SIDE EFFECTS [3,4,5,6]

	LEAST likely to cause	MOST likely to cause
Sedation	risperidone high potency CAP	Low potency CAP clozapine, quetiapine, olanzapine
Weight Gain	haloperidol, then risperidone (aripiprazole & ziprasidone seem less)	clozapine most, then olanzapine, then quetiapine
Extrapyramidal effects (EPS side effects)	clozapine, quetiapine, olanzapine, risperidone (Less EPS ↓ More EPS)	Mid & high potency CAP
Anticholinergic side effects & Cognitive side effects	risperidone quetiapine, high potency CAP	Low potency CAP clozapine
Sexual side effects	quetiapine,olanzapine,clozapine	CAP
Cardiovascular side effects	risperidone olanzapine, high potency CAP, quetiapine	Low potency CAP (eg. thioridazine) pimozide & ziprasidone
Tardive dyskinesia (TD)	clozapine, quetiapine, olanzapine, risperidone (Less TD ↓ More TD)	CAP
Recurrence of neuroleptic malignant syndrome	olanzapine, clozapine, quetiapine,risperidone (Less recurrence ? ↓ More)	CAP
Prolactin Elevation	cloz olanz & queti -apine; aripiprazole	Risperidone, CAP

AAP -atypical antipsychotics (clozapine, olanzapine, quetiapine & risperidone); **BZ** -benzodiazepines;
CAP -conventional antipsychotics (chlorpromazine,haloperidol,zuclopenthixol etc…);
Low potency CAP - chlorpromazine, methotrimeprazine, & thioridazine etc.;
Mid potency CAP - perphenazine; **High potency CAP** - flupenthixol, fluphenazine, haloperidol, loxapine, trifluoperazine etc.

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