

Antipsychotic Information: from Medication Fact Book, Carlat Publishing

Prescriptive decisions are based on efficacy, side effects and cost.

Efficacy:

- Clozapine considered more effective than other antipsychotics
- Olanzapine considered next most effective
- No consensus on remaining antipsychotics

Side effects

- Weight gain: Clozapine>Olanzapine> Quetiapine>Risperidone
 - Of above, all have potential for significant weight gain.
 - Other antipsychotics are considered weight neutral in adults, but may not be in children.
- Sedation: Clozapine, Olanzapine and Quetiapine are thought to be most sedating
- Cardiac Issues
 - Ziprasidone can cause QTc elongation
 - Thioridazine, iloperidone and to lesser extent quetiapine can also cause QTc elongation
- EPS
 - First generation antipsychotics
 - Haloperidol and fluphenazine seem to be worse
 - Second generation antipsychotics
 - Risperidone has highest risk
- Akathisia
 - Aripiprazole and brexpiprazole are SGA most likely to cause akathisia

Cost

- Brand name only and up to \$1000/month
 - Asenapine, brexpiprazole, cariprazine, iloperidone, lurasidone
- SGA available as generics
 - Aripiprazole, clozapine, olanzapine, paliperidone, quetiapine, risperidone and ziprasidone

Atypical Antipsychotic Class Warnings

- Potential risk of weight gain, hyperglycemia, new-onset or worsening diabetes and hyperlipidemias
 - Clozapine and olanzapine appear to be worst
 - Quetiapine and risperidone less bad
 - APA and ADA consensus guidelines for monitoring
 - Personal and family history at baseline
 - Monitoring weight/BMI at baseline, every 4 weeks for first year, then quarterly
 - Measure waist circumference yearly

- Monitor BP, Glucose and Lipid Profile at baseline, in 12 weeks and yearly (except Lipids, after 12 weeks, monitor every 5 yrs)
- Black box warning - higher mortality rate in geriatric patients with dementia-related psychosis
- Adverse cerebrovascular events reported in patients 73-97 years of age

Long-acting Injectables (LAI)

- “Depot”
- Evidence is not supportive of greater adherence on long acting injectables
 - Clinician opinion tends to disagree with evidence
- Best to choose long acting version of medication that patient has already been on.
- Full therapeutic effect of LAIs can take longer than oral medications.
 - Consider oral overlap
- *Never* initiate a LAI on pt with history of neuroleptic malignant syndrome
- Dosing varies between every 2 weeks and every 6 mos, depending on medication.

Puzantian, T. & Carlat, D. (2016). *Medication Fact Book for Psychiatric Practice* (3rd ed.). Newburyport, MA: Carlat Publishing, LLC.