“Omnium animal triste est post coitum”
--Galen (2C C.E.)

Indications for Antipsychotics

Schizophrenia, acute mania

Hallucinations, delusions and related phenomena associated with other disorders (MDD, BPD, PTSD)

Adjunctive antimanic therapy

Tic disorders

? Withdrawal movement disorders

Risperidone, haloperidol, and placebo in the treatment of aggressive challenging behaviour in patients with intellectual disability: a randomised controlled trial

Peter Tyrer, Patricia C Oliver-Africano, Zed Ahmed, Nick Bousas, Sherva Cooray, Shoumitro Deb, Declan Murphy, Monica Hare, Michael Meade, Ben Reece, Kofi Kramo, Sabyasachi Bhaumik, David Harley, Adrienne Regan, David Thomas, Bharti Rao, Bernard North, Joseph Eliahoo, Shamshad Karatela, Anju Soni, Mike Crawford

Withdrawal/Tardive Dyskinesia Monitoring

Structured monitoring:
AIMS
MOSES

(Oral-buccal movements, tongue thrust/tremor, hand tremor, cogwheel rigidity, akathisia, stiffness)
Second Generation Antipsychotics

Clozapine (Clozaril): 100-600 mg/day; Biweekly CBC; EKG
Risperidone (Risperidal): 0.25-6.0 mg/day; EKG, PRL
Olanzapine (Zyprexa): 2.5-20.0 mg/day; EKG, Glucose, TSH
Quetiapine (Seroque): 25 to 800 mg/day; Cataracts
Ziprasidone (Geodon): 20-160 mg/day; EKG
Apiprize (Abilify): 5-30 mg/day

Side effects: Weight gain, akathisia and other acute movement disorders, tardive movement disorders

Antipsychotic Receptor Binding

Antipsychotic Receptor Binding 1

Comparative receptor binding profiles

clozapine
olanzapine

risperidone
haloperidol

Antipsychotic Receptor Binding 2

Appetite/Weight Mechanisms

SGA Monitoring (APA, AMA, ADA)

1. Initial personal and family h/o obesity, diabetes, dyslipidemia, hypertension, cardiovascular disease.

2. Baseline weight, height, BMI, waist circumference, BP, FBS, lipid profile, HbA1c.

3. Monitor @ 4, 8, 12 weeks, then q12 weeks (quarterly).

4. Switch drugs if weight gain > 5% of baseline or if 60 < Blood Glucose < 300

EKG Monitoring

1. Baseline EKG

2. EKG at final dose. Reduce dose or switch drugs if QTc > 450 msec or shows increase of > 5% of baseline.

3. Monitor q6 months if QTc < 400 msec, q12 months if > 400 msec.
Antipsychotic Bioequivalency

FGAs (at APA proposed minimum effective doses):
chlorpromazine (Thorazine) 200 mg = thioridazine (Mellaril) 200 mg = haloperidol (Haldol) 4 mg

SGAs (at APA proposed minimum effective doses):
(?) = risperidone (Risperidal) 4 mg
(?) = olanzapine (Zyprexa) 10 mg
(?) = quetiapine (Seroquel) 150 mg
(?) = ziprasidone (Geodon) 120 mg
(?) = aripiprazole (Abilify) 15 mg
(?) = clozapine (Clozaril) 100 mg (?)

CATIE Studies


Summary: Clozapine >> (risperidone, olanzapine) > (quetiapine, ziprasidone) in both effectiveness and tolerability.

Non-indications for Antipsychotics

There is no basis for the view that psychotic symptoms and unwanted behaviors share a common, antipsychotic-responsive mechanism.

There is no evidence for the efficacy of antipsychotics in the treatment of unwanted behaviors unconnected to psychosis, and for every other cause a better alternative exists.

Principle 1

The right to be free of unnecessary drugs is an abstract right.

Quality of life, the right to be free of health risks and other disabilities and consequences resulting from indiscriminate withdrawal from a drug deemed unnecessary, is a concrete and immediate right.

Principle 2

There is and can be no fixed doctrine regarding antipsychotic withdrawal.

Each patient’s situation must be evaluated individually and integrated with what we know about these drugs and their withdrawal.