

Schizophrenia

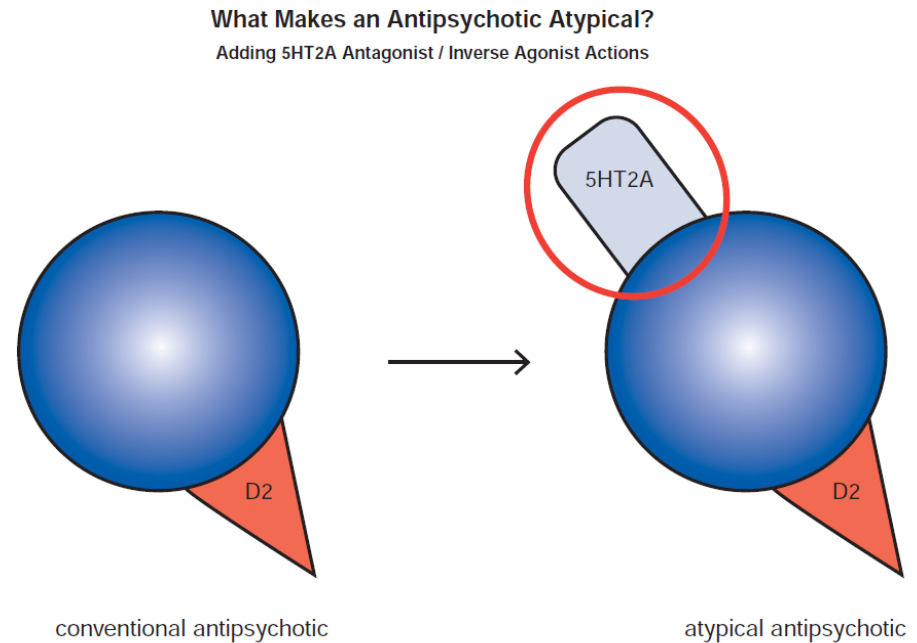
- Schizophrenia is a chronic illness that influences virtually all aspects of life of affected persons.
- Treatment planning has three goals:
 - 1) reduce or eliminate **symptoms**,
 - 2) maximize **quality of life** and adaptive **functioning**, and
 - 3) promote and maintain recovery from the debilitating effects of illness to the maximum extent possible.

Schizophrenia

Acute phase	<p><u>prevent harm, control disturbed behavior, reduce the severity of psychosis and associated symptoms (e.g., agitation, aggression, negative symptoms, affective symptoms)</u></p> <p><u>recommended dose</u> is that which is both effective and not likely to cause side effects , since the experience of unpleasant side effects may affect long-term adherence</p>
Stabilization phase	<p>has improved with a particular medication regimen, continuation of that regimen and monitoring are recommended for at least 6 months</p>
Stable phase	<p>Antipsychotic medications substantially reduce the risk of relapse in the stable phase of illness and are strongly recommended</p>

Antipsychotics

- ① Haloperidol
- ② Chlorpromazine
- ③ Pimozide
- ④ Fluphenazine
- ⑤ Flupenthixol
- ⑥ Quetiapine
- ⑦ Clozapine
- ⑧ Risperidone
- ⑨ Ziprasidone
- ⑩ Olanzapine
- ① Aripiprazole



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Stahl's Essential psychopharmacology 4th ed.

抗精神病藥極量表

名學	量大最日一
Chlorpromazine	400 mg
Haloperidol	100mg
Trifluoperazine	40mg
Amisulpride	1200mg
Aripiprazole	30mg
Clozapine	900mg
Olanzapine	30 mg
Olanzapine	30 mg
Paliperidone	12mg
Quetiapine	800mg
Risperidone	8 mg
Ziprasidone	160mg

劑量評估

Dose of oral risperidone (per day)	Dose of Risperdal Consta (IM)
>5mg	50mg
3-5 mg	37.5mg
=<3mg	25mg

Oral risperidone 2mg HS

➔ 個案日劑量: 6mg

抗精神病藥物副作用

- 錐體外路徑症候群(EPS)
 - 急性肌肉失張 (Acute dystonia)
 - 靜坐不能 (Akathisia)
 - 帕金森症後群 (Parkinsonism)
 - 遲發性運動失調 (Tardive dyskinesia)
- 中樞神經(鎮靜、頭痛、癲癇)、抗膽鹼、心臟血管、代謝改變、內分泌

抗精神病藥物副作用評估

(居家訪視)

- 僵硬
- 手抖
- 震顫
- 靜坐不能
- 頭痛
- 嗜睡/鎮靜
- 口乾
- 睡眠次數減少
- 便秘
- 姿勢性低血壓
- 口水多寡
- 吞嚥
- 跌倒
- 經期或男性女乳

Relative incidence of antipsychotic drug adverse effects

Medication	Sedation	EPS	Anticholinergic	Orthostasis	Seizures	Prolactin Elevation	Weight Gain
First-generation antipsychotics: Low Potency							
Chlorpromazine	++++	+++	+++	++++	+++	+++	++
Thioridazine	++++	++	++++	++++	++	+++	+++
First-generation antipsychotics: High Potency							
Trifluoperazine	++	++++	++	++	+++	+++	++
Fluphenazine	++	+++++	++	++	++	+++	++
Haloperidol	+	+++++	+	+	++	+++	++
Loxapine	+++	++++	++	+++	++	+++	+
Second-generation antipsychotics							
Clozapie	++++	+	++++	++++	++++ ^c	0	++++
Risperidone	+++	+ ^a	++	+++	++	0 to +++ ^c	++
Olanzapine	+++	+ ^b	+++	++	++	+ ^c	+++
Quetiapine	+++	+	++	++	++	0	++
Ziprasidone	++	+	++	++	++	0	+
Aripiprazole	++	+	++	++	++	0	+
Paliperidone	++	+	++	++	++	0 to +++ ^c	++
Lurasidone ^d	+	+	+/ ⁰	++	0 to +	+ ^c	+

^AVery low at dosages < 8 mg/d. ^BWith dosages < 20 mg/d. ^CDose related. ^DBased on clinical trial data. 0, no effect; +, very low; ++, low; +++, moderate; +++++, high; ++++++,very high; EPS, extrapyramidal side effects.

Reference: Koda- Kimble MA, Young LY, editors. Applied therapeutics: the clinical use of drugs. 10th ed. 2013

Adjunctive medications

- Benzodiazepines => catatonia , anxiety, agitation
 - until the antipsychotic has had time to be therapeutically effective .
- Antidepressants => comorbid major depression or obsessive-compulsive disorder
- Mood stabilizers => reducing the severity of recurrent hostility and aggression.
 - Careful attention must be paid to potential drug-drug interactions cytochrome P450 enzymes.

The selection of an antipsychotic medication

- frequently guided by the patient's previous experience with antipsychotics, including the degree of symptom response, past experience of side effects, and preferred route of medication administration.
- In choosing among these medications, the psychiatrist may consider the patient's past responses to treatment, the medication's side effect profile (including subjective responses, such as a dysphoric response to a medication), the patient's preferences for a particular medication based on past experience, the intended route of administration, the presence of comorbid medical conditions, and potential interactions with other prescribed medications [1].
- Finally, while most patients prefer oral medication, patients with recurrent relapses related to nonadherence are candidates for a long-acting injectable antipsychotic medication, as are patients who prefer this mode of administration

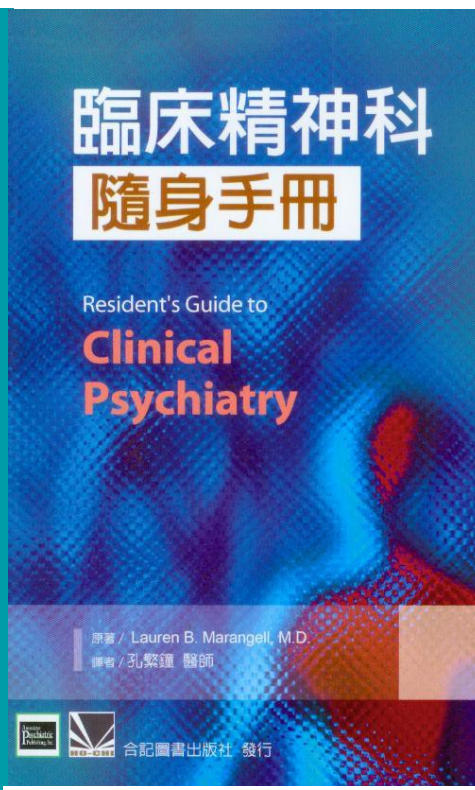
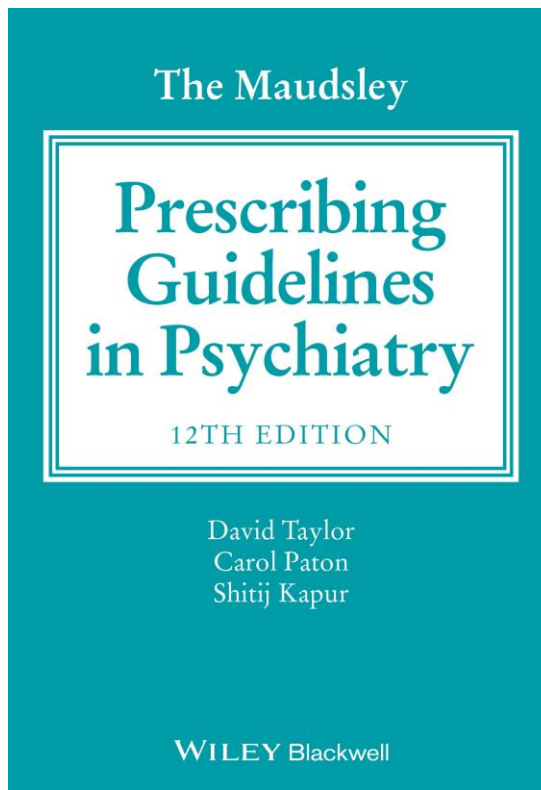
LAI Comparison

學名	Haloperidol decanoate	Flupentixol decanoate	Risperidone microsphere	Paliperidone palmitate (4wk)	Paliperidone palmitate (12wk)	Aripiprazole
商品名	Hadol	Fluanxol	Risperdal Consta	Invega Sustenna	Invega Trina	Aripiprazole Maintena
可用劑量	50mg/amp	20mg	12.5/25/37.5/50mg	39/78/117/156/234 mg	273/410/546/819 mg	300/400 mg
維持劑量(mg)	50-200	50-300	25-50	39-234	39-234	300-400 Q4wk
基劑	油性	油性	水性	水性	水性	水性
達Cmax時間	3-9 day	緩慢從注射部位釋出	28 day	13 dys	30-33 day	4 day (三角肌)
半衰期 (多次劑量)	21 day	21 day	3-6 day	25-49day	25-49 day	29.9-46.5 day
注射間隔時間	4 wk	2-4 wk	2 wk	4 wk	12 wks	4 wk
最大劑量	450 mg Q4w	250mg Q3wk	50mg Q2wk	234 Q4wk	819 mg Q12wk	400mg Q4wk
與口服併用	4 wk	1 wk	3 wk	need	need	2 week
口服轉換針劑	10~20 x daily oral dose	4 x daily oral dose Q2wk 8 x daily oral dose Q4wk	Initiate LAI at 25 mg Q2wl	12mg/d ->234 LAI 6mg/d ->117 LAI 3 mg/d->39-78 LAI	can't switch from oral tablet	Initiate LAI at 400mg

Antipsychotics affected by smoking status

Drug	Effect of smoking	Action to be taken on stopping smoking
Clozapine	Reduces plasma levels by up to 50% . Plasma level reduction may be greater in those receiving valproate	On stopping, reduce dose gradually (over a week) until around 75% of original dose reached (i.e. reduce by 25%).
Haloperidol	Reduces plasma levels by around 20%	Reduce dose by around 10%. Monitor carefully. Consider further dose reductions
Olanzapine	Reduces plasma levels by up to 50%	Take plasma level before stopping. On stopping, reduce dose by 25%. After one week, repeat plasma level. Consider further dose reductions

參考資料



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