



Prescribing Guidelines for Atypical Antipsychotics

- Second-generation antipsychotics (SGA) have serious metabolic effects that must be monitored. They include weight gain, hyperglycemia, increased risk of type 2 diabetes, hyperlipidemia, agranulocytosis, serum prolactin elevation, cardiovascular effects, and sudden death in the elderly with dementia-related psychosis.¹
- With the exception of clozapine and olanzapine, clinical trials do not show a dose-dependent relationship between SGA and metabolic complications.²
- SGAs have demonstrated similar efficacy to first-generation antipsychotics (FGA) with fewer extrapyramidal symptoms (EPS) compared to FGAs at therapeutic doses (note: at higher doses the incidence of EPS with risperidone approaches FGA).¹
- The use of more than one SGA concurrently is not recommended. This practice increases issues with non-compliance, drug interactions, side effects and cost effectiveness.^{3,4}
- The Texas Implementation of Medication Algorithms project does not recommend concurrent use of antipsychotics until stages 4 and 6 in its algorithm for schizophrenia. (Stage 4 is a combination with clozapine only).^{3,4}
- Secondary to the link between SGAs and metabolic adverse events, the American Diabetes Association, the American Psychiatric Association, the American Association of Clinical Endocrinologists, and the North American Association for the Study of Obesity recommend the following screening measures for monitoring patients using AAP's.^{5,6} Not only does this pertain to adults, but metabolic adverse events have recently been reported in children and adolescents who have been prescribed these medications.⁷

Measure	Baseline	4 weeks	8 weeks	12 weeks	Quarterly	Annually (or as clinically indicated)
Personal/Family History	X					X
Weight	X	X	X	X	X	X
Waist Circumference	X					X
Blood Pressure	X			X		X
Fasting Blood Glucose	X			X		X
Fasting Lipid Profile	X			X		X

- An adequate trial of at least four weeks at therapeutic doses (three months for clozapine) is needed to assess adequate response before considering a switch to another agent. Full effects may not be seen for 12 weeks, sometimes longer.^{3,8}
- Promoting adherence to treatment is critical. Behavioral techniques that have been successful include the use of reminders, self-monitoring tools, cues and reinforcements.⁹
- Cognitive and motivational approaches that have been effective include reviewing the benefits and drawbacks of drug treatment, exploring sources of ambivalence, confronting stigma, pointing out discrepancies between the patient's beliefs and actions, and focusing on adaptive behaviors.⁹
- The FDA has established black box warnings for the use of all antipsychotic medication, both first- and second-generation antipsychotics, due to increased mortality in elderly patients with dementia-related psychosis.
- The FDA has included Abilify®, Seroquel®, Seroquel XR®, Latuda®, and Rexulti® in its additional black box warning for increased risk of suicidal thinking and behavior in patients age 24 years and younger since these agents have indications to be used as adjunct therapy to antidepressants for the treatment of major depression and/or bipolar depression.¹⁰

These guidelines are not intended to replace a practitioner's clinical judgment. They are designed to provide information and to assist practitioners with decisions regarding care. The guidelines are not intended to define a standard of care or exclusive course of treatment. Health care practitioners using these guidelines are responsible for considering their patient's particular situation in evaluating the appropriateness of these guidelines.

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