

AMISULPRIDE:

Class: Atypical antipsychotic

Indications: schizophrenia

Available dosage form in the hospital: TAB (200MG, 100MG, 50MG)

Dosage:

Schizophrenia: Oral: **Note:** Use lowest effective dose based on individual clinical response. Doses >400 mg should be given in 2 divided doses.

-*Acute psychotic episodes:* 400-800 mg daily. For doses >400 mg, give in 2 divided doses. In certain cases, may increase dose up to a maximum total daily dose of 1200 mg.

-*Mixed (positive and negative) symptoms predominant:* 400-800 mg daily. For doses >400 mg, give in 2 divided doses. Adjust dose to maintain control of positive symptoms.

-*Negative symptoms predominant:* 50-300 mg once daily

Geriatric

-**Schizophrenia:** Refer to adult dosing. Consider initiating at the lower end of the dosage range due to risk of hypotension and sedation.

-**Psychotic episodes associated with schizophrenia: (unlabeled dose):** Oral: 100-400 mg once daily (Reidel, 2009)

Renal Impairment:

-Cl_{cr} 30-60 mL/minute: Use one-half of usual dose

-Cl_{cr} 10-29 mL/minute: Use one-third of usual dose

-Cl_{cr} <10 mL/minute: No dosage recommendation provided in manufacturer's labeling. Use extreme caution; AUC increased 10-fold with moderate impairment (limited data with severe impairment).

Hepatic Impairment:

No dosage adjustment necessary (minimal hepatic metabolism).

Common side effect:

weight gain, dizziness, postural hypotension (especially during initial dose titration) which may be associated with syncope or reflex tachycardia in some patients, extrapyramidal symptoms (usually mild and transient and which respond to dose reduction or to an antimuscarinic drug), and occasionally tardive dyskinesia on long-term administration (discontinue drug on appearance of early signs); venous thromboembolism has been reported. Hyperglycaemia and sometimes diabetes can occur; monitoring weight and plasma glucose

concentration may identify the development of hyperglycaemia. Neuroleptic malignant syndrome has been reported rarely, anxiety, agitation, drowsiness, gastro-intestinal disorders such as constipation, nausea, vomiting, and dry mouth; hyperprolactinaemia; occasionally bradycardia; rarely seizures

Pregnancy Risk Factor: avoid

Antipsychotic use during the third trimester of pregnancy has a risk for abnormal muscle movements (extrapyramidal symptoms [EPS]) and/or withdrawal symptoms in newborns following delivery. Symptoms in the newborn may include agitation, feeding disorder, hypertonia, hypotonia, respiratory distress, somnolence, and tremor; these effects may be self-limiting or require hospitalization. Has been shown to cause hyperprolactinemia which may interfere with reproductive function; effective contraception should be considered in women of reproductive potential.