

FLUPENTHIXOL tab &inj:

Class: Typical antipsychotic.

Indications: Maintenance therapy of chronic schizophrenic patients.

Available dosage form in the hospital: TAB (0.5MG, 3MG), AMP (20MG/ML, 100MG /ML).

Trade Names:

Dosage:

-Psychotic symptoms:

-I.M. (depot):

-Initial:

- Patients naive to treatment with long-acting depot antipsychotics: Administer test dose of 5-20 mg (5 mg dose is recommended in elderly, frail, cachectic patients or patients with predisposition to extrapyramidal reactions). Closely monitor therapeutic response and for the appearance of extrapyramidal symptoms over the following 5-10 days. Oral antipsychotic drugs may be continued, but dosage should be reduced during this overlapping period and eventually discontinued.

- Patients with prior exposure and good tolerance of long-acting depot antipsychotics: 20-40 mg

-Maintenance: 20-40 mg may be given 4-10 days after initial injection (if well tolerated), followed by usual maintenance dose of 20-40 mg every 2-3 weeks. Dose is individualized and titrated in maximum increments of ≤ 20 mg (doses >80 mg are not usually necessary but have been used in some patients). Dose should be maintained at the lowest effective dose.

-Oral:

-Initial: 1 mg 3 times/day; dose must be individualized. May be increased by 1 mg every 2-3 days based on tolerance and control of symptoms. Usual maintenance dosage: 3-6 mg/day in divided doses (doses ≥ 12 mg/day have been used in some patients).

-Conversion from oral tablets to maintenance dosing with I.M. injection (decanoate): Note: When transitioning to the depot injection, continue oral therapy at decreasing dosages for the first week following the initial injection.

-If I.M administration every 2 weeks: Use decanoate dose equal to 4 times the total daily oral dose

-If I.M. administration every 4 weeks: Use decanoate dose equal to 8 times the total daily oral dose.

-Conversion from other antipsychotic depot formulations to I.M. flupentixol decanoate: Conversion ratios to calculate the equivalent dose:

- Flupentixol decanoate 40 mg = fluphenazine decanoate 25 mg
- Flupentixol decanoate 40 mg = zuclopenthixol decanoate 200 mg
- Flupentixol decanoate 40 mg = haloperidol decanoate 50 mg

Renal Impairment:

The manufacturer's product labeling recommendations are unclear. Use in renal insufficiency is contraindicated however the labeling also suggests that dosage adjustments are not required in renal impairment; flupentixol systemic exposure is not likely to be influenced by renal impairment as the drug undergoes extensive hepatic metabolism and is primarily excreted in the feces.

Hepatic Impairment:

There are no dosage adjustments provided in manufacturer's labeling; flupentixol undergoes extensive hepatic metabolism. Use caution.

Common side effect:

Cardiovascular: Palpitation

Central nervous system: Extrapyramidal effects (up to 30%; including akathisia, dystonia, pseudoparkinsonism, tardive dyskinesia), depression, dizziness, drowsiness, fainting, fatigue, headache, hypomania, insomnia, oculogyric crises, opisthotonos, psychomotor agitation, restlessness, seizure, somnolence

Dermatologic: Contact dermatitis, eczema, erythema, exfoliative dermatitis, pruritus, rash, seborrhea, urticaria

Endocrine & metabolic: Amenorrhea, galactorrhea, gynecomastia, hyperprolactinemia, impotence, libido decreased/increased

Gastrointestinal: Constipation, nausea, paralytic ileus, salivation increased, weight changes, xerostomia

Genitourinary: Micturition disorder

Hematologic: Eosinophilia

Hepatic: Alkaline phosphatase increased, ALT increased, AST increased, jaundice

Neuromuscular & skeletal: Hyperreflexia, hypertonia, tremor

Ocular: Blurred vision, lens opacity

Miscellaneous: Diaphoresis increased

Postmarketing and/or case reports: Abdominal pain, accommodation abnormal, amenorrhea, dyspepsia, dyspnea, erectile dysfunction, glucose tolerance impaired, granulocytopenia, hot flashes, hyperglycemia, muscle rigidity, myalgia, neuroleptic malignant syndrome (NMS), neutropenia, priapism, QT prolongation, thrombocytopenia, torsade de pointes, ventricular arrhythmias, ventricular fibrillation, ventricular tachycardia, vomiting, weakness

Additional adverse events associated with antipsychotics include agranulocytosis, arrhythmias, angioedema, asthma, cerebral edema, corneal deposits, CSF proteins altered, CVA, ECG changes, EEG changes, glaucoma, glycosuria, gynecomastia, hemolytic anemia, hepatotoxicity, hypoglycemia, hypo/hypertension, laryngeal edema, lenticular deposits, leukopenia, menstrual abnormalities, miosis, mydriasis, nonthrombocytopenic purpura, pancytopenia, peripheral edema, photosensitivity, pigmentary retinopathy, skin pigmentation, SLE, sudden death, syncope, tachycardia, VTE

Pregnancy Risk Factor

There are no adequate and well-controlled studies in pregnant women. Antipsychotic use during the third trimester of pregnancy has a risk for abnormal muscle movements (extrapyramidal symptoms [EPS]) and 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.