

FLUPHENAZINE:

Class: Typical antipsychotic Agent

Indications: Management of manifestations of psychotic disorders and schizophrenia.

Available dosage form in the hospital: 25MG /ML INJ

Trade Names:

Dosage:

-Psychosis:

-Oral: Initial: 2.5-10 mg/day in divided doses at 6- to 8-hour intervals; Maintenance: 1-5 mg/day; **Note:** Some patients may require up to 40 mg/day for symptom control (long-term safety of higher doses not established)

-PORT guidelines: Acute therapy: 6-20 mg/day for up to 6 weeks; Maintenance: 6-12 mg/day (Buchanan, 2009)

-I.M. (hydrochloride): Initial: 1.25 mg as a single dose; depending on severity and duration, may need 2.5-10 mg/day in divided doses at 6- to 8-hour intervals (4 mg I.M. fluphenazine HCl is approximately equivalent to 10 mg oral fluphenazine HCl); use caution with doses >10 mg/day; once symptoms stabilized, transition to oral maintenance therapy

-Long-acting maintenance injections (decanoate):

-I.M., SubQ (decanoate): Initial: 12.5-25 mg every 2-4 weeks; response may last up to 6 weeks in some patients; titrate dose cautiously, if doses >50 mg are needed, increase in 12.5 mg increments (maximum dose: 100 mg)

-*Conversion from hydrochloride dosage forms to decanoate I.M.:* 12.5 mg of decanoate every 2-4 weeks is approximately equivalent to 10 mg of oral hydrochloride/day; **Note:** Clinically, an every-2-week interval is frequently utilized

-PORT guidelines: 6.25-25 mg every 2 weeks (Buchanan, 2009).

Geriatric

Oral: Initial: 1-2.5 mg daily; titrated gradually based on patient response.

Renal Impairment:

Use with caution; not dialyzable (0% to 5%).

Hepatic Impairment:

Use with caution

Common side effect:

Cardiovascular: Tachycardia, fluctuations in blood pressure, hyper-/hypotension, arrhythmia, edema

Central nervous system: Parkinsonian symptoms, akathisia, dystonias, tardive dyskinesia, dizziness, hyper-reflexia, headache, cerebral edema, drowsiness, lethargy, restlessness, excitement, bizarre dreams, EEG changes, depression, seizure, NMS, altered central temperature regulation

Dermatologic: Dermatitis, eczema, erythema, itching, photosensitivity, rash, seborrhea, skin pigmentation, urticaria

Endocrine & metabolic: Menstrual cycle changes, breast pain, amenorrhea, galactorrhea, gynecomastia, libido changes, prolactin increased, SIADH

Gastrointestinal: Weight gain, appetite loss, salivation, xerostomia, constipation, paralytic ileus, laryngeal edema

Genitourinary: Ejaculatory disturbances, impotence, polyuria, bladder paralysis, enuresis

Hematologic: Agranulocytosis, leukopenia, thrombocytopenia, nonthrombocytopenic purpura, eosinophilia, pancytopenia

Hepatic: Cholestatic jaundice, hepatotoxicity

Neuromuscular & skeletal: Trembling of fingers, SLE, facial hemispasm

Ocular: Pigmentary retinopathy, cornea and lens changes, blurred vision, glaucoma

Respiratory: Nasal congestion, asthma

Pregnancy Risk Factor

Jaundice or hyper-/hyporeflexia have been reported in newborn infants following maternal use of phenothiazines. 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.