

SULPIRIDE:

Class: Antipsychotic Agent, Atypical; Antipsychotic Agent, Benzamide

Indications: schizophrenia

Available dosage form in the hospital: 200MG TAB

Dosage:

-Anxiety: Oral: 50-300 mg daily divided in 1-3 doses, for short-term use (eg, up to ~4 weeks).

-Depression: Oral: Initial: 50-150 mg divided in 1-3 doses. Gradually increase to usual target of 150-300 mg daily in 3 divided doses.

-Schizophrenia:

-I.M.: In regions where I.M. formulations are available, usual dosing recommendation for acute symptoms is 200-1000 mg daily administered in 2-4 divided doses for up to ~2 weeks, followed by transition to oral formulation if necessary.

-Oral:

-Positive symptoms predominant: Initial: 400 mg twice daily (morning and early evening). Titrate according to clinical response using lowest effective dose. Maximum recommended daily dose varies per country, ranging from 1600-2400 mg daily (consult specific product labeling). Daily doses >2400 mg have not been shown to increase effectiveness.

-Negative symptoms predominant: Initial: 400 mg twice daily. Following initial therapy and to increase alerting effect, may decrease downward to 200 mg twice daily (UK labeling). Other labels recommend a dosage of 200-600 mg daily.

-Mixed (positive and negative) symptoms: 400-600 mg twice daily (UK labeling)

-Vertigo: Oral: Initial: 50-150 mg divided in 1-3 doses. Gradually increase to usual target of 150-300 mg daily in 3 divided doses.

Geriatric

Consider initiating at the lower end of the dosage range due to risk of extrapyramidal symptoms, hypotension, and/or sedation. Refer to adult dosing.

Renal Impairment

Dosage reduction is recommended based on renal elimination (specific recommendations vary per country); the following dosage guidelines are recommended in German labeling:

- Cl_{cr} 30-60 mL/minute: 50% of usual daily dose
- Cl_{cr} 10-29 mL/minute: 30% of usual daily dose
- Cl_{cr} <10 mL/minute: 20% of usual daily dose

Hepatic Impairment

No dosage adjustment provided in manufacturer's labeling; however, sulpiride undergoes minimal metabolism.

Common side effect: **Note:** Frequencies of adverse reactions are not reported in labeling.

Cardiovascular: Orthostatic hypotension, prolonged Q-T interval on ECG, torsade de pointes, ventricular tachycardia

Central nervous system: Drowsiness, drug-induced extrapyramidal reaction, insomnia, neonatal withdrawal, neuroleptic malignant syndrome, sedation, seizure

Dermatologic: Maculopapular rash

Endocrine & Metabolic: Amenorrhea, galactorrhea, gynecomastia, hyperprolactinemia, weight gain

Gastrointestinal: Sialorrhea

Genitourinary: Breast hypertrophy, erectile dysfunction, mastalgia, orgasm disturbance

Hematologic & Oncologic: Agranulocytosis, leukopenia, neutropenia

Hepatic: Increased liver enzymes

Neuromuscular & Skeletal: Dyskinesia (including tardive dyskinesia), dystonia, hypertonia, hypokinesia, tremor

Adverse events observed with similar agents: Deep vein thrombosis, pulmonary embolism

Pregnancy Risk Factor: Has been shown to cause hyperprolactinemia which may interfere with reproductive function. 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. Limited exposures with sulpiride have not shown fetal malformation. Based on limited data, recommendations for use during pregnancy vary considerably between countries and extreme caution should be exercised.