TRIFLUOPERAZINE:

Class: Typical Antipsychotic Agent.

Indications: Treatment of schizophrenia; short-term treatment of generalized nonpsychotic anxiety

Management of psychotic disorders; behavioral symptoms associated with dementia behavior (elderly); psychosis/agitation related to Alzheimer's dementia

Available dosage form in the hospital: 5MG TAB

Dosage:

-Schizophrenia/psychoses: Oral:

-Outpatients: 1-2 mg twice daily

-Hospitalized or well supervised patient: Initial: 2-5 mg twice daily with optimum response in the 15-20 mg/day range; do not exceed 40 mg/day.

-Nonpsychotic anxiety: Oral: 1-2 mg twice daily; maximum: 6 mg/day; therapy for anxiety should not exceed 12 weeks; do not exceed 6 mg/day for longer than 12 weeks when treating anxiety; agitation, jitteriness, or insomnia may be confused with original neurotic or psychotic symptoms.

Geriatric

Schizophrenia/psychoses: Oral: Refer to adult dosing. Dose selection should start at the low end of the dosage range and titration must be gradual.

Behavioral symptoms associated with dementia behavior (unlabeled use): Oral: Initial: 0.5-1 mg 1-2 times/day; increase dose at 4- to 7-day intervals by 0.5-1 mg/day; increase dosing intervals (bid, tid, etc) as necessary to control response or side effects. Maximum daily dose: 40 mg. Gradual increases (titration) may prevent some side effects or decrease their severity.

Renal Impairment:

Not dialyzable (0% to 5%)

Common side effect:

Cardiovascular: Cardiac arrest, hypotension, orthostatic hypotension

Central nervous system: Dizziness; extrapyramidal symptoms (akathisia, dystonias, pseudoparkinsonism, tardive dyskinesia); headache, impairment of temperature regulation, lowering of seizure threshold, neuroleptic malignant syndrome (NMS)

Dermatologic: Discoloration of skin (blue-gray), increased sensitivity to sun, photosensitivity, rash

Endocrine & metabolic: Breast pain, galactorrhea, gynecomastia, hyperglycemia, hypoglycemia, lactation, libido (changes in), menstrual cycle (changes in)

Gastrointestinal: Constipation, nausea, stomach pain, vomiting, weight gain, xerostomia

Genitourinary: Difficulty in urination, ejaculatory disturbances, priapism, urinary retention

Hematologic: Agranulocytosis, aplastic anemia, eosinophilia, hemolytic anemia, leukopenia, pancytopenia, thrombocytopenic purpura

Hepatic: Cholestatic jaundice, hepatotoxicity

Neuromuscular & skeletal: Tremor

Ocular: Cornea and lens changes, pigmentary retinopathy

Respiratory: Nasal congestion

Pregnancy Risk Factor

Adverse events were not observed in animal reproduction studies, except when using doses that were also maternally toxic. 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.