



BEHAVIORAL HEALTH GUIDELINE

BIPOLAR AND SCHIZOPHRENIA GUIDELINE

Guideline History

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These Guidelines are promulgated by Sentara Healthcare (SHC) as recommendations for the clinical Management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHC Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

Medications for the Treatment of Bipolar Disorder and Schizophrenia

MOOD STABILIZERS

Medication	Indication	Dosage	Side Effects
Divalproex (Depakote)			
	Bipolar I disorder- Manic	DR Initial 1750 mg orally daily in divided doses; increase as quickly as possible to clinical effect; usual trough plasma level 50 to 125 mcg/ml (347 to 693 mcmol/L); MAX 60 mg/kg/day ER Initial 125 mg/kg/day orally once daily increase as quickly as possible to clinical effect; usual trough plasma level 85 to 125 mcg/ml (589 to 867 mcmol/L); MAX 60 mg/kg/day	Common: Alopecia, Weight gain, Abdominal pain, Weakness, Diarrhea, Nausea/Vomiting, Tremor, Headache Serious: Hepatotoxicity, Teratogenicity, Pancreatitis, Thrombocytopenia (dose dependent)
Lamotrigine (Lamictal)			
	Bipolar I disorder, <i>monotherapy</i>	Initial 25mg/day orally for 2 weeks Titration 50mg/day for 2 weeks 100mg/day for 1 week Maintenance 200mg/day	Common: Rash, Abdominal pain, Diarrhea, Nausea/Vomiting, Dizziness, Headache, Somnolence, Blurred vision Serious: Stevens-Johnson syndrome/Toxic Epidermal Necrolysis, Liver failure, Aseptic meningitis, Neuroleptic malignant syndrome
	Bipolar I disorder, <i>in combination with valproic acid</i>	Initial 25mg/day orally every other day for 2 weeks Titration 25mg/day for 2 weeks 50mg/day for 1 week Maintenance 100mg/day	
	Bipolar I disorder, <i>in combination with carbamazepine or other enzyme inducing antiepileptic</i>	Initial 50mg/day orally for 2 weeks Titration 100mg/day for 2 weeks in divided doses 200mg/day for 1 week in divided doses 300mg/day for 1 week in divided doses Maintenance	

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		May increase up to the usual maintenance dose of 400mg/day in divided doses	
Carbamazepine ER (Equetro)			
	Bipolar I disorder, acute manic or mixed episodes	<p>Initial 200mg orally twice daily</p> <p>Titration May increase in increments of 200mg/day</p> <p>Max dose Doses in excess of 1600mg/day have not been studied</p>	<p>Common: Dizziness, Drowsiness, Ataxia, Nausea, Vomiting, Pruritus, Skin Rash, Constipation, Xerostomia</p> <p>Serious: Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis, Aplastic Anemia, Agranulocytosis</p>
Lithium			
	Bipolar I disorder, acute treatment of manic or mixed episodes <i>monotherapy</i>	<p>Immediate Release</p> <p>Initial 300mg orally 3 times daily</p> <p>Titration Add 300mg every 3 days to acute goal</p> <p>Extended Release 1800mg/day orally in 2-3 divided doses</p> <p>Target Serum Level 0.8-1.2meq/L</p>	<p>Common: Hyperparathyroidism, Weight gain, Dizziness/Fatigue, Leukocytosis, Increased thirst</p> <p>Serious: Bradycardia, Hypothyroidism, Erythema multiforme, Blurred vision, Nephrogenic diabetes insipidus</p>
	Bipolar I disorder, maintenance <i>monotherapy</i>	<p>Immediate-release tablet and capsule Initial 300mg orally 3 times daily; titrate by 300 mg every 3 days to maintenance goal, desired serum lithium level 0.8 to 1 mEq/L usually 300 to 600 mg 2 to 3 times daily.</p> <p>Extended-release tablet 900 to 1200 mg/day orally in 2 to 3 divided doses; desired serum lithium level 0.6 to 1.2 mEq/L</p>	

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FIRST GENERATION ANTIPSYCHOTICS

Medication	Indication	Dosage	Side Effects
Chlorpromazine (Thorazine)			
	Bipolar Disorder, Manic Episode (hospitalized)	<p>Oral preparation:</p> <p>Initial 25mg orally 3 times a day</p> <p>Titration Increase gradually until effective dose is reached (usually 400mg/day)</p> <p>Injectable preparation:</p> <p>Initial 25mg IM for control of severe symptoms May give 25-50mg in 1 hour as needed</p> <p>Titration Increase subsequent IM doses gradually over several days as needed 400mg IM every 4-6 hours until patient is controlled</p>	<p>Common:</p> <p>Orthostatic hypotension, Tachycardia, Ineffective thermoregulation (heat stroke or hypothermia), Constipation, Xerostomia, Akathisia, Dizziness, Parkinsonism, Somnolence, Tardive dyskinesia</p> <p>Serious</p> <p>QT prolongation, Agranulocytosis, Aplastic Anemia, Anaphylaxis, Dystonia, Neuroleptic Malignant Syndrome</p>
	Schizophrenia (hospitalized)	Same as above	
	Bipolar Disorder, Maintenance	<p>Initial 10mg orally 3-4 times daily OR 25mg orally 2-3 times daily</p> <p>Titration Increase gradually until symptom control Continue optimal dosage for 2 weeks Gradually reduce to lowest effective dose</p> <p>Typical dose 200mg-800mg/day is typical target range</p>	
	Schizophrenia, Maintenance	Same as above	

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Thioridazine (Mellaril)			
	Schizophrenia, refractory	Initial 50-100mg orally 3 times a day Titration increase gradually to a max of 800mg/day in 2-4 divided doses Maintenance reduce dose to determine minimum maintenance dose (range 200- 800mg/day) Max dose 800mg/day	Common: Orthostatic hypotension, Diminished sweating, Photosensitivity, Constipation, Xerostomia, Extrapyramidal disease, Somnolence, Blurred vision, Epithelial Keratopathy, Urinary Retention Serious: QT prolongation, Paralytic Ileus, Myelosuppression, Drug induced lupus, Ineffective thermoregulation
Loxapine (Adasuve)			
	Bipolar I Disorder – psychomotor agitation	Initial/ Maintenance 10mg via oral inhalation as single dose within a 24 hour period	Common: Altered taste sense, Sedation, Pharyngitis Serious: Bronchospasm, Cerebrovascular Accident/Transient Ischemic Attack, Death
	Schizophrenia – psychomotor agitation	Initial/ Maintenance 10mg via oral inhalation as single dose within a 24 hour period	
Perphenazine (Trilafon)			
	Schizophrenia (hospitalized)	Initial/ Maintenance 8-16mg orally 2-4 times daily Max dose 64mg/day	Common Orthostatic hypotension, Diminished sweating, Constipation, Xerostomia, Extrapyramidal disease, Somnolence, Tardive Dyskinesia, Blurred Vision, Urinary Retention, Epithelial Keratopathy, Retinitis Pigmentosa, Nasal congestion Serious: QT prolongation, Drug induced Lupus

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Fluphenazine Hydrochloride (Prolixin)			
	Schizophrenia	<p>Oral preparation:</p> <p>Initial 2.5-10mg/day in divided doses every 6-8 hours and may increase to clinical effect and tolerance usually achieved at less than 20mg/day; 40mg/day may be necessary in severe cases, however safety of prolonged use is not established.</p> <p>Maintenance 1 to 5mg orally once daily after acute symptom control that is generally achieved with higher doses. Oral dose is generally 2 to 3 times the parenteral dose.</p> <p>Injection: (Acute agitation) 2 - 5mg IM Depending on the severity of symptoms, daily dosage may range from 2.5 to 10 mg IM given in divided doses every six to eight hours. Exceed 10mg/day with caution. Switch to oral therapy when feasible. IM dose is generally about one-third to one-half the oral dose.</p>	<p>Common: Hypotension, Extrapyramidal disease, Tardive dyskinesia, Nasal Congestion</p> <p>Serious: Agranulocytosis, Leukopenia, Neutropenia, Thrombocytopenia, Drug induced Lupus, Dystonia, Neuroleptic malignant syndrome</p>
Fluphenazine Decanoate (Long Acting Injectable)			
	Schizophrenia, chronic	<p>Initial 12.5-25mg IM or SQ with the dose being repeated or increased as needed and tolerated; generally a single injection may control symptoms up to 4 to 6 weeks.</p> <p>Titration: Dosage should not exceed 100mg. If doses greater than 50mg are deemed necessary, the next dose and succeeding doses should be increased cautiously in increments of 12.5mg</p>	<p>Common: Hypotension, Extrapyramidal Disease, Tardive dyskinesia</p> <p>Serious: QT prolongation, Paralytic ileus, Agranulocytosis, Leukopenia, Thrombocytopenia, Liver Damage, Drug induced Lupus, Neuroleptic Malignant Syndrome</p>
Haloperidol Lactate (Haldol)			
	Schizophrenia	<p>Initial/ Maintenance 0.5-5mg orally 2-3 times a day</p> <p>Injection (acute agitation) 2 to 5 mg IM; may repeat every 4 to 8 hours depending on patient response; increase to every 1 hour if needed; MAX 20mg/day</p>	<p>Common: Hypotension, Constipation, Xerostomia, Extrapyramidal Disease, Somnolence, Blurred Vision</p> <p>Serious: QT prolongation (particularly in IV form), Paralytic ileus, Priapism, Agranulocytosis, Dystonia, Neuroleptic Malignant Syndrome</p>

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<i>Haloperidol Decanoate (Long Acting Injectable)</i>			
	Schizophrenia, chronic	<p>Patients stabilized on oral doses up to 10mg/day 10-15 times previous daily oral dose IM monthly Initial doses >100mg should be administered in 2 separate doses</p> <p>Patients stabilized on oral doses >10mg/day 20 times previous daily oral dose IM for the first month, then 10-15 times previous oral dose IM monthly</p> <p>Max dose Doses >450mg monthly have limited clinical experience</p>	<p>Common: Extrapyramidal disease</p> <p>Serious: QT prolongation, Agranulocytosis, Leukopenia, Anaphylaxis, Neuroleptic Malignant Syndrome, Seizure, Pulmonary Embolism</p>
<i>Thiothixene (Navane)</i>			
	Schizophrenia	<p>Initial 2 mg orally 3 times daily (milder conditions) or 5mg orally twice daily (severe conditions) with gradual titration to optimal clinical effect.</p> <p>Typical dosage 20-30mg/day</p> <p>Max dose 60mg/day</p>	<p>Common: Orthostatic hypotension, Diminished sweating, Photosensitivity, Constipation, Xerostomia, Extrapyramidal Disease, Somnolence, Blurred vision, Epithelial keratopathy, Retinitis Pigmentosa, Urinary retention</p> <p>Serious: QT prolongation, Paralytic Ileus, Agranulocytosis, Thrombocytopenia, Cholestatic jaundice, Drug induced lupus</p>

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SECOND GENERATION ANTIPSYCHOTICS

Aripiprazole (Abilify)			
	Bipolar I disorder- Acute treatment of manic or mixed episodes; in combination with lithium or valproate; Adjunct Acute treatment of manic or mixed episodes; monotherapy	Initial 10-15mg orally once a day; target dose 15 mg once a day; may increase to MAX 30 mg/day Initial and target dose, 15 mg orally once a day; may increase to MAX dose of 30 mg/day	Common: Weight gain, Constipation, Nausea/Vomiting, Extrapyramidal disease, Headache, Insomnia, Sedation, Blurred vision, Anxiety Serious: QT prolongation, Myocardial Infarction, DKA, Pancreatitis, Agranulocytosis, Leukopenia, CVA/TIA, Suicidal behavior, Angioedema
	Schizophrenia	Initial 10-15mg orally once daily Titration May increase after 2 weeks at each dose strength	
Aripiprazole Lauroxil (Abilify Maintena)			
	Bipolar I disorder- maintenance monotherapy	Initial/ Maintenance 400mg IM once monthly continue oral aripiprazole after initial injection for 14 consecutive days	Common: Weight gain, Constipation, Nausea/Vomiting, Extrapyramidal disease, Headache, Insomnia, Sedation, Blurred vision, Anxiety Serious: QT prolongation, Myocardial Infarction, DKA, Pancreatitis, Agranulocytosis, Leukopenia, CVA/TIA, Suicidal behavior, Angioedema
	Schizophrenia	Same as above	
Asenapine (Saphris)			
	Bipolar I disorder – <i>adjunct</i>	Initial 5mg sublingually twice daily with either lithium or valproate Titration May increase to 10mg twice daily Max dose Safety of doses >10mg twice daily is not established	Common: Oral Hypoesthesia, Myalgias, Extrapyramidal disease, Dizziness Serious: QT prolongation, Hyperglycemia, Hypercholesterolemia, Hypertriglyceridemia, Weight gain, Agranulocytosis, Hypersensitivity, Somnolence, Suicidal thoughts
	Bipolar I disorder <i>monotherapy</i>	Initial/ Maintenance 5-10mg sublingually twice daily	
	Schizophrenia	Initial/ Maintenance	

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		5 mg sublingually twice daily Titration after 1 week may increase to 10mg twice daily	
Brexpiprazole (Rexulti)			
	Schizophrenia	Initial 1mg orally once daily on days 1-4 Titration 2mg orally once daily on days 5-7 Typical dosage Target dosage of 4mg orally once daily beginning on day 8 based on response and tolerability Max dose 4mg	Common: Hyperglycemia, Hypertriglyceridemia, Weight gain, Extrapyramidal disease, Headache Serious: CVA/TIA, Orthostatic hypotension, Syncope, DKA, Agranulocytosis, Seizure, Increased suicidal thoughts, Neuroleptic Malignant Syndrome
Cariprazine (Vraylar)			
	Bipolar I disorder, Acute mixed or manic episodes	Initial 1.5mg orally once daily on day 1 Titration Increase to 3mg once daily on day 2 Further adjust dose in 1.5 or 3mg increments as needed Max dose 6mg/day	Common: Indigestion, Vomiting, Extrapyramidal disease, Somnolence Serious: Ischemic stroke, Orthostatic hypotension, Diabetes Mellitus, Hyperglycemia, Dyslipidemia, Esophageal dysmotility, Leukopenia, Seizure, Increased Risk of Suicide
	Bipolar I disorder, Maintenance	Maintenance Continue 3 to 6 mg orally once daily	
	Schizophrenia	Initial 1.5mg orally once daily on day 1 Titration Increase to 3mg once daily on day 2 Further adjust dose in 1.5 or 3mg increments as needed Maintenance 1.5 to 6mg daily Max dose 6mg/day	

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<i>Clozapine (Clozaril)</i>			
	Schizophrenia, Treatment Resistant or with Recurrent Suicidal Behavior	<p>Initial 12.5mg orally 1-2 times daily</p> <p>Titration Increase in increments of 25 to 50mg per day as tolerated</p> <p>Target maintenance dose 300-450mg/day in 2-3 divided doses by the end of 2 weeks</p> <p>Rapid titration in hospitalized patients Day 1-50mg followed by 50-100mg as needed every 6 hours up to a max of 150 additional mg Continue with daily increases in increments of 50-100mg per day thereafter as tolerated.</p> <p>Max dose 900mg/day</p>	<p>Common: Hypotension, Syncope, Tachycardia, Sweating, Weight gain, Constipation, Excess salivation, Nausea, Fever</p> <p>Serious: Cardiomyopathy, QT prolongation, Diabetes Mellitus, Hepatotoxicity, Neuroleptic Malignant Syndrome</p> <p>Life Threatening: Agranulocytosis</p> <ul style="list-style-type: none"> – prior to initiation, baseline absolute neutrophil count should be at least 1500/mcL or 1000/mcL for patients with documented ethnic neutropenia – CBC with differential and ANC weekly for the first 6 months, then once every two weeks for the next 6 months, then once a month
<i>Iloperidone (Fanapt)</i>			
	Schizophrenia	<p>Initial 1 mg orally twice daily</p> <p>Titration Slow increase not to exceed increase of 2mg twice daily or 4mg/day</p> <p>Target maintenance dose 6-12mg twice daily</p> <p>Max dose 12mg twice daily</p>	<p>Common: Orthostatic hypotension, Tachycardia, Weight gain, Hyperprolactinemia, Xerostomia, Dizziness, Somnolence, Congestion</p> <p>Serious: Hyperglycemia, CVA/TIA, Neuroleptic malignant syndrome</p>
<i>Lurasidone (Latuda)</i>			
	Bipolar disorder, depressed phase <i>in combination with lithium or valproate</i>	<p>Initial 20mg orally once daily with food (350 cal)</p> <p>Max dose 120mg daily</p>	<p>Common: Dyslipidemia, Hyperglycemia, Weight gain, Diarrhea, Nausea/Vomiting, Extrapyramidal disease, Somnolence</p> <p>Serious: Orthostatic hypotension, Agranulocytosis, CVA/TIA, Suicidal thoughts, Increased creatinine, Neuroleptic Malignant Syndrome</p>
	Schizophrenia	<p>Initial 40mg orally once daily with food (350 cal)</p> <p>Max dose 160mg daily</p>	

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Quetiapine (Seroquel)			
	Bipolar disorder, depressed phase <i>Monotherapy in acute management</i>	<p>Initial 50mg orally once daily on day 1</p> <p>Titration 100 mg once daily on day 2; 200mg once daily on day 3; 300mg once daily on day 4, all doses given at bedtime</p> <p>Max dose 300mg/day</p>	<p>Common: Orthostatic hypotension, Hypercholesterolemia, Hypertriglyceridemia, Weight Gain, Abdominal pain, Constipation, Xerostomia, Increased LFTs, Weakness, Dizziness, Extrapyramidal disease, Headache, Somnolence</p> <p>Serious: QT prolongation, Syncope, DKA, Pancreatitis, Agranulocytosis, Seizure, Suicidal thoughts, Neuroleptic Malignant Syndrome</p>
	Bipolar disorder, maintenance <i>in combination with lithium or divalproex</i>	<p>Initial/ maintenance 400 to 800mg per day orally divided twice daily, generally continuation of stabilization dose</p> <p>Max dose 800mg/day</p>	
	Bipolar Mania- Adults <i>Monotherapy <u>or</u> as an adjunct to lithium or divalproex</i>	<p>Initial day 1: 100mg orally divided twice daily</p> <p>Titration day 2: 200mg divided twice daily day 3: 300mg divided twice daily day 4: 400mg divided twice daily; with further dose adjustments in increments of not more than 200mg/day</p> <p>Max dose 800mg/day by day 6</p>	
	Schizophrenia	<p>Initial day 1: 25mg orally twice daily</p> <p>Titration increase total daily dosage by 25 to 50mg divided into 2 to 3 doses on days 2 and 3 to achieve a target dose of 300 to 400mg by day 4 further dose adjustment should generally occur in increments of 20 to 50mg twice daily at intervals of no less than 2 days</p> <p>Max dose 750mg/day</p>	

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Quetiapine Extended Release (Seroquel)			
	Bipolar disorder, depressed phase <i>Monotherapy in acute management</i>	Initial 50mg orally once daily on day 1 Titration 100 mg once daily on day 2; 200mg once daily on day 3; 300mg once daily on day 4, with all doses at bedtime Max dose 300mg/day	Common: Orthostatic hypotension, Hypercholesterolemia, Hypertriglyceridemia, Weight Gain, Abdominal pain, Constipation, Xerostomia, Increased LFTs, Weakness, Dizziness, Extrapyramidal disease, Headache, Somnolence Serious: QT prolongation, Syncope, DKA, Pancreatitis, Agranulocytosis, Seizure, Suicidal thoughts, Neuroleptic Malignant Syndrome
	Bipolar disorder, maintenance <i>in combination with lithium or divalproex</i>	Initial/ maintenance 400 to 800mg per day orally divided twice daily, generally continuation of stabilization dose Max dose 800mg/day	
	Bipolar Mania- Adults <i>Monotherapy or as an adjunct to lithium or divalproex</i>	Initial day 1: 300mg orally in the evening Titration day 2: 600mg divided twice daily day 3: further dosage adjustment to usual daily dose (400-800mg) Max dose 800mg/day	
	Schizophrenia	Initial 300mg orally in the evening on day 1 Titration usual maintenance dose between 400 to 800mg once daily dose increases may occur at intervals of at least 1 day in increments of up to 300mg/day Max dose 800mg/day	
	Schizophrenia, Maintenance	400 to 800mg per day orally once daily in the evening	
Paliperidone (Invega)			
	Bipolar I disorder, Acute manic and mixed episodes <i>(off label)</i>	Initial 6mg orally once daily Titration	Common: Tachycardia, Hyperprolactinemia, Weight gain, Constipation, Indigestion, Extrapyramidal Disease, Somnolence, Tremor

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		Adjust based on efficacy and tolerance with 3mg/day increments at intervals of more than 4 days Max dose 12mg/day	Serious: QT prolongation, Agranulocytosis, Dysphagia, Tardive dyskinesia
	Schizoaffective disorder	Same as above	
	Schizophrenia	Initial 6mg orally once daily Titration Adjust based on efficacy and tolerance with 3mg/day increments at intervals of more than 5 days Max dose 12mg/day	
Ziprasidone (Geodon)			
	Bipolar I disorder, Acute manic or mixed episodes, <i>monotherapy</i>	Initial 40mg twice daily with food on day 1 Titration 60 or 80mg twice daily with food on day 2 Adjust based on tolerance and efficacy within range of 40 to 80mg twice daily Max dose Up to 80mg twice a day	Common: Rash, Weight gain, Constipation, Nausea/Vomiting, Headache, Somnolence, Extrapyramidal disease, Dizziness Serious: Dysphagia, QT prolongation, Seizure, Neuroleptic malignant syndrome
	Bipolar I disorder, <i>adjunct with lithium or valproate</i>	Initial/ maintenance 40 to 80mg orally twice daily with food	
	Schizophrenia	Initial 20mg orally twice a day with food Titration May gradually increase dosage not less than every 2 days Max dose Up to 80mg twice a day Periodically reassess the need for maintenance treatment and use lowest effective dose; no additional benefit has been demonstrated for doses greater than 20mg twice daily	

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Risperidone (Risperdal)			
	Bipolar I disorder	<p>Initial 2-3mg orally once a day</p> <p>Maintenance Dosage adjustments should be made in increments of 1mg/day at intervals of at least 24 hours,</p> <p>Max dose Doses higher than 6mg/day have not been evaluated in clinical trials</p>	<p>Common: Rash, Hyperprolactinemia, Weight gain, Constipation, Diarrhea, Excess salivation, Nausea/Vomiting, Xerostomia, Extrapyramidal Disease, Sedation, Tremor, Anxiety</p> <p>Serious: QT prolongation, Syncope, DKA, Pancreatitis, Agranulocytosis, Thrombocytopenia, Seizure, Priapism</p>
	Schizophrenia	<p>Initial 2mg/day orally, administered in either one or two doses</p> <p>Titration Increase as tolerated in increments of 1 to 2 mg/day at intervals not less than 24 hours</p> <p>Typical dosage 4 to 8mg/day</p> <p>Max dose Doses higher than 16mg/day have not been evaluated in clinical trials</p>	<p>Common: Rash, Hyperprolactinemia, Weight gain, Constipation, Diarrhea, Excess salivation, Nausea/Vomiting, Xerostomia, Extrapyramidal Disease, Sedation, Tremor, Anxiety</p> <p>Serious: QT prolongation, Syncope, DKA, Pancreatitis, Agranulocytosis, Thrombocytopenia, Seizure, Priapism</p>

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Risperidone Long Acting Injectable <i>Establish tolerability to oral risperidone prior to initiation of treatment for all indications</i>			
	Bipolar I disorder	<p>Initial 25mg IM every 2 weeks, oral risperidone or another antipsychotic medication should be given with the initial injection, continued for 3 weeks, and then discontinued</p> <p>Titration Dose may be increased to 37.5mg or 50mg IM with adjustments made not more frequently than every 4 weeks; clinical effects of dose adjustment should not be expected earlier than 3 weeks after any dose change</p> <p>Max dose 50mg IM every 2 weeks</p>	<p>Common: Rash, Hyperprolactinemia, Weight gain, Constipation, Diarrhea, Excess salivation, Nausea/Vomiting, Xerostomia, Extrapyramidal Disease, Sedation, Tremor, Anxiety</p> <p>Serious: QT prolongation, Syncope, DKA, Pancreatitis, Agranulocytosis, Thrombocytopenia, Seizure, Priapism</p>
	Schizophrenia	<p>IM: same as above</p> <p>SQ: 90 or 120mg SQ in abdomen once a month, max 90 to 120mg/month; no loading dose or supplemental oral risperidone is advised</p>	

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Resources

DailyMed: <https://dailymed.nlm.nih.gov>

Micromedex: <https://www.micromedexsolutions.com>

Lexicomp: <https://online.lexi.com>

Resources

National Institute of Mental Health (NIMH) <https://nimh.nih.gov/health/index.shtml>

National Alliance on Mental Illness (NAMI) <https://nami.org/About-Mental-Illness>

Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov>

Depression and Bipolar Support Alliance <https://dbsalliance.org>

Mental Health America <https://mhanational.org>

SMI Adviser <https://www.smiadviser.org>

Additional Reference

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