

ANTIPSYCHOTIC MEDICATIONS ("Typicals" Page 1)
Used for Psychosis, Schizophrenia, Bipolar Disorder, Severe Impulsive Aggression, Tourette's, Paranoia
 Updated 12/05

Medication Brand/Generic	Form	Dose Schedule	Usual Dose Range	Most Common Side Effects for Group	Pros for Group	Cautions for Group
"High Potency" examples: Haldol (Haloperidol) Prolixin (Fluphenazine) Stelazine (Trifluoperazine) Navane (Thiothixene)	tablets liquid injection depot injection	1-3 times daily once every two to four weeks	 one-half mg to 100 mg a day or more depending on age, size, diagnosis, severity, and acuity	Side effects are less likely at low to moderate doses and if occur are most commonly sedation or mild treatable pyramidal effects. Less common are sun sensitivity, heat intolerance, prolactin elevation, possible sexual side effects, or rarely negative effects on liver, blood count, or cataracts.	Antipsychotics are often the best treatments for the conditions above. They are often very or dramatically effective. Haldol and Prolixin come in depot injection forms which help more for noncompliant patients. All "typicals" are available in cheaper generic forms. Many convenient to give options are available. Generally, no blood tests are needed. Thorazine and Mellaril were two of the first antipsychotics made available. Several "...zine" antipsychotics are great for nausea and vomiting. Moban is the least likely of all typical and atypical antipsychotics to cause weight gain. Generally, the most powerful tic suppressing medicine is Pimozide.	Extrapyramidal side effects (EPS) are usually reversible or go away when the medicine is stopped. Tardive dyskinesia (TD) is irreversible about one third of the time (see Medical Memo, Spring, 1999 issue). The uncommon but potentially dangerous neuroleptic malignant syndrome (NMS) is also an EPS effect. "Atypicals" (page 2) are often preferred nowadays because they have far less EPS effects. These TD and NMS possibilities make antipsychotics "big guns" and therefore used in severe situations or when other milder options are inadequate. Mellaril and Pimozide, especially at higher doses, may affect heart rhythm. Therefore, an EKG may be helpful in some situations. Prolactin increase may show up as breast swelling or discharge and may affect sexual function. Although Arizona sun and heat effects may be worsened by this medicine group, sun screen and heat exhaustion awareness steps are generally sufficient.
"Medium Potency" examples: Trilafon (Perphenazine) Serentil (Mesoridazine)	tablets liquid injection	once to three times daily	2 to 64 mg/day for Trilafon or 50 to 400 mg/day or more for Serentil.	High potency options cause more EPS and less sedation or orthostatic hypotension than low potency choices, and vice versa. Medium potency options are in between in these effects.		
"Low Potency" examples: Thorazine (Chlorpromazine) Mellaril (Thioridazine) Compazine (Prochlorperazine)	capsules liquid injection suppository tablets as above	once to three times daily Same or as needed for vomiting.	10 to 1000mg/day or more for Thorazine 10 to 400-800mg/day for Mellaril 5 to 15 mg/day for child up to 40 mg/day for adults	Sedation, orthostatic hypotension (dizzy with change from lying or sitting to standing). Extrapyramidal symptoms (EPS) are possible side effects due to the dopamine blocking in the brain which also leads to the benefits of antipsychotics. EPS may include acute dystonic reactions (scary but not dangerous), false Parkinsonian symptoms, akathisia (restlessness) as reversible and treatable late or early side effects. Anticholinergics, antihistamines, amantadine or B blockers often reverse these effects.		
Moban (Molindane)	tablets 5mg 10mg 25mg 50mg 100 mg liquid	once to three times a day	5 to 300mg/day			
Orap (Pimozide)	tablets 1 mg 2mg	once to twice a day	one-half to 10mg/day			

Simultaneous use of alcohol or cigarettes and especially street drugs should be avoided. All medications should be avoided, if possible, in pregnancy.
This chart is intended to be a summary guide, not a full and complete list.