

## ATYPICAL ANTIPSYCHOTICS - BETTER, BUT NOT PERFECT

- ▶ ATYPICAL ANTIPSYCHOTICS HAVE MANY ADVANTAGES OVER OLDER ANTIPSYCHOTICS
- ▶ THEY ARE A HETEROGENEOUS GROUP OF MEDICINES WITH DIFFERENT SIDE EFFECT PROFILES
- ▶ THEIR ADVERSE EFFECTS CALL FOR CAREFUL MONITORING AND MANAGEMENT
- ▶ METABOLIC SYNDROME IS BY FAR THE MOST IMPORTANT CLINICAL PROBLEM
- ▶ SOME SIDE EFFECTS ARE RARE BUT CAN BE POTENTIALLY SERIOUS

**Atypical antipsychotics have mostly replaced the older antipsychotics for treating schizophrenia, bipolar disorder, and other severe mental illness because of their many advantages.** They have a lower propensity for causing Parkinson-like disorders (which were common with the older antipsychotics, e.g. **haloperidol**)<sup>1</sup>, they are more effective when treating the negative symptoms of schizophrenia, and the newer medicines have better patient acceptability<sup>2</sup>.

**They are a heterogeneous group of medicines with different properties and side effect profiles.**

They include **risperidone** (Risperdal®), **olanzapine** (Zyprexa®), **quetiapine** (Quetapel®, Seroquel®), **amisulpride** (Solian®), **aripiprazole** (Abilify®) and **ziprasidone** (Zeldox®). **Clozapine** is also an atypical antipsychotic. This has been covered in a separate *SafeRx®* bulletin because of its specific adverse reaction profile and the higher risks associated with its use (visit [www.saferx.co.nz](http://www.saferx.co.nz)).

*However despite their advantages, the atypical antipsychotics are powerful medicines with adverse effects which require careful monitoring and management. For this reason they have been included in the SafeRx® series.*

### **METABOLIC SYNDROME (RAPID WEIGHT GAIN, RAISED PLASMA GLUCOSE AND ABNORMAL LIPID PROFILES)**

An increase in body weight (of several kilos) within 4-6 weeks of commencing therapy, along with **hyperglycaemia** and **type 2 diabetes** has been observed in some patients. The risk is greatest with **olanzapine**, but cases have also been reported with **risperidone** and **quetiapine**. The risk of metabolic syndrome is lower with **amisulpride**, **ziprasidone** and **aripiprazole**<sup>3,4</sup>.

### **POSTURAL HYPOTENSION AND HYPERTENSION**

Older persons have a high risk of falls with these agents because of postural hypotension. Take care especially when initiating or titrating-up **risperidone**, **olanzapine** and **quetiapine**. This can cause a significant alpha adrenergic blockade. There have also been cases of severe hypertension leading to collapse following risperidone use<sup>5</sup>.

### **OTHER CARDIOVASCULAR EFFECTS**

Although an increased risk of **stroke** has been associated with all antipsychotic medicines, elderly patients have an increased risk when 'atypicals' are used to treat behavioural symptoms associated with dementia<sup>6,7</sup>. **Prolongation of QT interval** has been observed with **ziprasidone** and to a lesser extent with **risperidone**<sup>8</sup>. **Tachycardia** has been observed with **risperidone**, **olanzapine**, **quetiapine** and to a lesser extent with **ziprasidone**<sup>8</sup>.

### **MOVEMENT DISORDERS**

High doses of **risperidone** (>6mg/day) and **amisulpride** (>300mg/day) are associated with **Parkinson-like** adverse effects, e.g. tremor, muscular rigidity, acute dystonia. **Risperidone**, **amisulpride** and **olanzapine** may cause **akathisia** (including agitation and restlessness)<sup>9</sup>.

### **NEUROLEPTIC MALIGNANT SYNDROME**

NMS has been observed with all antipsychotics, but it is more common with **risperidone**. It is usually seen in young male patients taking higher doses and is often associated with hot weather and exercise; symptoms include **muscular rigidity**, **pyrexia**, **confusion/disorientation**, **raised serum creatine kinase/C-reactive protein**. Patients with these symptoms require urgent assessment, cessation of antipsychotics, and supportive treatment<sup>9</sup>.

➡ continued

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### OTHER SIDE EFFECTS

**Hyperprolactinaemia** has been observed with **risperidone** and **amisulpride** with associated sexual dysfunction, gynaecomastia and osteoporosis in at-risk populations. There are case reports of **priapism** with **risperidone** and **olanzapine**<sup>10,11</sup>. Please remember that like the older antipsychotics, 'atypicals' are linked to rare cases of **raised hepatic enzymes** and **blood dyscrasias**<sup>12</sup>.

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