

### First Generation (Conventional) Antipsychotics

<b>Mode of Action</b>	block dopamine receptors.
<b>Drugs</b>	Chlorpromazine, Haloperidol, Fluphenazine, Loxapine, Thioridazine
<b>Side effects</b>	Anticholinergic, sedation, ED, gynecomastia, galactorrhea. <b>substantial weight gain</b>
<b>Adverse Effect:</b>	Caused by block of dopamine. Must monitor for
Extrapyramidal Symptoms (EPS)	involuntary movements.
1) Acute Dystonia	S/S: facial grimacing, involuntary eye movement upward, muscle spasms of face, neck, tongue and back (trunk will arch forward), laryngeal spasms
2) Pseudoparkinsonism	S/S: stooped posture, shuffling gait, rigidity, bradykinesia, tremors at rest, pill rolling motion.
3) Akathisia	S/S: restless, trouble standing still, paces the floor, feet in constant motion, rocking back and forth.
4) Tardive Dyskinesia	S/S: protrusion/rolling of the tongue, sucking/s-macking of the lips, chewing motion, facial dyskinesia, involuntary movements of body/extremities.

If positive for EPS stop medication or add **benzotropine (Cogentin)**

Most effective on **Positive symptoms of schizophrenia** that include delusions (fix/false beliefs), hallucinations (visual/ auditory).

### Second Generation (unconventional) Antipsychotics

<b>Mode of Action</b>	Blocks dopamine and serotonin
<b>Clozapine</b>	<b>Considerations:</b> Relatively free of EPS, convulsions are possible.  <b>Fatal side effect:</b> suppress bone marrow and induces agranulocytosis (lack of WBC). Routine labs weekly for 6 months.
<b>Risperidone</b>	<b>Considerations:</b> Highest risk of EPS, sedation & orthostatic hypotension = fall risk. Weight gain, sedation, and sexual dysfunction may lead to non-adherence.
<b>Olanzapine</b>	SE: Sedation, weight gain, hyperglycemia (new onset type 2 DM) and higher risk of metabolic syndrome.
<b>Ziprasidone</b>	<b>C/D</b> in patients with <b>known hx of QT interval prolongation</b> , recent acute MI, uncompromised heart failure. <i>must be taken with food to enable absorption</i>
<b>Aripiprazole</b>	Dopamine modulator, can be agonist or antagonist. no weight gain or sedation.

**targets positive & negative symptoms** of schizophrenia.

often chosen as first line due to more favorable side effect profile *less EPS* but increased risk of metabolic syndrome (increased weight, hyperglycemia, and elevated triglycerides).

Risperidone & Olanzapine have injectable long term forms

