

❖❖ Antipsychotics Cheat Sheet: Your Reality Management Squad!

❖❖ Meet Your Psychosis-Fighting Dream

Team! Quick reference for choosing the perfect reality stabilizer!

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❖❖ SGAs: The Modern Miracle

Workers "We're the new generation with fewer side

effects!"

❖❖ Risperidone (Risperdal): "The Balanced Performer"

❖❖ Superpower: Good efficacy for positive and negative symptoms **⚠️ Watch out for:** EPS at higher doses, prolactin elevation **❖❖ Best for:** First-episode psychosis, adolescents

❖❖ Pro tip: Keep doses ≤ 6 mg to minimize EPS **(McGorry et al., 2011)**

❖❖ Olanzapine (Zyprexa): "The Appetite Awakener" **(Pope, 2024)**

❖❖ Superpower: Excellent efficacy, rapid onset **⚠️ Watch out for:** Significant weight gain, diabetes risk **❖❖ Best for:** Acute agitation, treatment-resistant cases **❖❖ Pro tip:** Monitor metabolics closely - #1 for weight gain!

❖❖ Quetiapine (Seroquel): "The Sleepy Specialist" **(Drugs.com, 2019)**

❖❖ **Superpower:** Very sedating, mood stabilizing properties **⚠ Watch out for:** Sedation, orthostatic hypotension

❖❖ **Best for:** Bipolar disorder, insomnia, elderly

❖❖ **Pro tip:** Low doses for sleep, higher for psychosis

⚡ Aripiprazole (Abilify): "The Energizer"

❖❖ **Superpower:** Partial D2 agonist, low metabolic risk

⚠ Watch out for: Akathisia, can be activating **(Basu & Brar, 2006)**

❖❖ **Best for:** Metabolic concerns, augmentation

❖❖ **Pro tip:** Start low - akathisia is dose-related

Lurasidone (Latuda): "The Food-Dependent Fighter"

❖❖ **Superpower:** Good for bipolar depression, minimal weight

gain **⚠ Watch out for:** Must take with 350+ calories **(Preskorn et al., 2013)**

❖❖ **Best for:** Bipolar depression, weight-conscious

patients **❖❖ Pro tip:** Take with substantial meal or won't absorb!

❖❖ Clozapine (Clozaril): "The King of Antipsychotics" **(Cleveland Clinic, 2024)**

❖❖ **Superpower:** Best efficacy for treatment-resistant

schizophrenia **⚠ Watch out for:** Agranulocytosis, seizures,

myocarditis **❖❖ Best for:** Treatment-resistant schizophrenia only

❖❖ **Pro tip:** REMS program required - weekly then biweekly labs

❖❖ FGAs: The Classic Veterans

"We're the originals - effective but with more side effects!"

❖❖ Haloperidol (Haldol): "The High-Potency Heavyweight"

❖❖ **Superpower:** Potent D2 blockade, rapid onset **(Rahman & Marwaha, 2023)**

⚠ **Watch out for:** High EPS risk, QTc prolongation (IV)

❖❖ **Best for:** Acute agitation, delirium

❖❖ **Pro tip:** Use lowest effective dose, avoid IV if possible

❖❖ Fluphenazine (Prolixin): "The Long-Acting Legend"

❖❖ **Superpower:** Available as long-acting injection

⚠ **Watch out for:** High EPS risk, tardive dyskinesia

❖❖ **Best for:** Medication adherence issues

❖❖ **Pro tip:** Depot formulation lasts 2-4 weeks **(Abbas et al., 2017)**

❖❖ Chlorpromazine (Thorazine): "The Sedating Pioneer" **(Mann & Marwaha, 2023)**

❖❖ **Superpower:** First antipsychotic, very sedating

⚠ **Watch out for:** Anticholinergic effects, hypotension
❖❖ **Best for:** Severe agitation (historical use)

❖❖ **Pro tip:** Rarely used today due to side effect profile

❖❖ Side Effect Risk Rankings!

⚡ **EPS Risk (Highest to Lowest):**

❖❖ HIGH RISK:

- Haloperidol, Fluphenazine (FGAs)
- Risperidone (high doses)

❖❖ MODERATE RISK:

- Aripiprazole
- Risperidone (low doses)

❖❖ LOW RISK:

- Quetiapine, Clozapine
- Olanzapine

Metabolic Risk (Highest to Lowest):

❖❖ HIGH RISK:

- Olanzapine (worst!)
- Clozapine

❖❖ MODERATE RISK:

- Risperidone
- Quetiapine

❖❖ LOW RISK:

- Aripiprazole
- Lurasidone

❖❖ QTc Prolongation Risk:

❖❖ HIGH CAUTION:

- Ziprasidone
- Haloperidol (IV)
- Thioridazine (avoid!)

⚠ MODERATE CAUTION:

- Quetiapine (high doses)
- Risperidone

MINIMAL RISK:

- Aripiprazole
- Olanzapine

❖❖ Quick Selection Guide!

❖❖ First-Episode Psychosis: Risperidone,

Aripiprazole ❖❖ Acute Agitation: Olanzapine,

Haloperidol ❖❖ Sleep Issues: Quetiapine (low dose)

Weight Concerns: Aripiprazole, Lurasidone ◆◆

Bipolar Depression: Lurasidone, Quetiapine ◆◆

Elderly Patients: Risperidone (low dose), Quetiapine

◆◆ Treatment-Resistant: Clozapine (only option!) ◆◆

Adherence Issues: Long-acting injectables

◆◆ Essential Monitoring Checklist!

◆◆ Baseline Assessment:

◆◆ ANTIPSYCHOTIC BASELINE WORKUP ◆◆

METABOLIC SCREENING:

 Weight, BMI, waist circumference

◆◆ Fasting glucose or A1C

◆◆ Lipid panel (total, LDL, HDL, triglycerides) ◆◆ Blood pressure

CARDIAC SCREENING:

◆◆ EKG (especially **for** QTc drugs)

◆◆ Personal/family cardiac history

◆◆ Concomitant QTc-prolonging drugs

NEUROLOGICAL SCREENING:

◆◆ AIMS scale (baseline movement assessment) ◆◆

Cognitive assessment

◆◆ Tremor, rigidity evaluation

LABORATORY SCREENING:

◆◆ CBC with differential

◆◆ Comprehensive metabolic panel

◆◆ Liver function tests

◆◆ TSH, prolactin

◆◆ Ongoing Monitoring Schedule:

◆◆ ANTIPSYCHOTIC MONITORING TIMELINE ◆◆

FIRST 3 MONTHS (Monthly):

 Weight and BMI

◆◆ Blood pressure

- ❖❖ EPS/AIMS assessment
- ❖❖ Mental status evaluation

MONTHS 3-12 (Quarterly):

- ❖❖ Fasting glucose/A1C
- ❖❖ Lipid panel
- ⚖️ Weight and BMI
- ❖❖ AIMS scale

ANNUAL MONITORING:

- ❖❖ Complete metabolic panel
- ❖❖ Liver function tests
- ❖❖ EKG (if on QTc drugs)
- 眼科检查 (quetiapine)

❖❖ Special Clozapine Monitoring:

❖❖ CLOZAPINE REMS MONITORING ❖❖

ANC MONITORING SCHEDULE:

- ❖❖ Weekly x 6 months
- ❖❖ Biweekly x 6 months
- ❖❖ Monthly thereafter

ADDITIONAL MONITORING:

- ❖❖ Baseline EKG, echocardiogram
- ❖❖ Temperature monitoring
- ❖❖ Troponin if chest symptoms
- ❖❖ Seizure threshold assessment

❖❖ Red Flag Alert System!

⚡ EPS Emergency Signals:

❖❖ **Acute dystonia:** Muscle spasms, oculogyric

crisis ♀ **Parkinsonism:** Tremor, rigidity, bradykinesia

❖❖ **Akathisia:** Restlessness, inability to sit still

❖❖ **Tardive dyskinesia:** Late-onset involuntary movements

❖❖ Metabolic Crisis Signals:

⚖️ **Rapid weight gain:** >5% in 1 month

❖❖ **Glucose elevation:** New diabetes onset

❖❖ **Lipid abnormalities:** Significant increases

❖❖ **Hypertension:** New or worsening

❖❖ **Cardiac Emergency Signals:**

❖❖ **QTc >500ms:** High torsades risk

❖❖ **Chest pain:** Myocarditis (clozapine)

❖❖ **Palpitations:** Arrhythmia concern

❖❖ **Syncope:** Orthostatic hypotension

❖❖ **Hematologic Crisis (Clozapine):**

❖❖ **ANC <1500:** Mild neutropenia

❖❖ **ANC <1000:** Moderate neutropenia

❖❖ **ANC <500:** Severe neutropenia (STOP!)

❖❖ **Fever + low ANC:** Medical emergency!

❖❖ **Pro Tips for Antipsychotic Mastery!**

❖❖ **Starting Strategies:**

Start low, go slow (especially elderly)

Monitor closely first 3 months

Set realistic expectations (4-6 weeks for full

effect) Address side effects proactively

❖❖ **Switching Strategies:**

Cross-taper when possible

Consider washout for clozapine

Monitor for withdrawal symptoms

Adjust for half-life differences

❖❖ Patient Education:

"Takes 4-6 weeks to work fully"

"Weight gain is preventable with
diet/exercise" "Report movement problems
immediately" "Don't stop suddenly - call first"

❖❖ Special Situations:

Pregnancy: Avoid during first trimester if possible

Elderly: Start with 25-50% of adult dose

Renal/hepatic impairment: Dose adjustments needed

Drug interactions: Check CYP450 pathways

❖❖ The Bottom Line!

Antipsychotics are your reality management dream team - each with unique superpowers for different situations! The SGAs are generally safer and better tolerated, while FGAs are potent but have more side effects. Clozapine is the king for treatment resistant cases but requires intensive monitoring. Master their personalities, watch for their side effects, and you'll be able to help patients regain their grip on reality! ❖❖

Remember: Efficacy first, tolerability second, and monitoring always! ❖❖

References

Abbas, F., Rajab, T., Alsamarrai, O., Alhalabi, N., Zaher Addeen, S., Mheish, O., Aljojo, A., & Essali, A. (2017). Fluphenazine decanoate (timing of administration) for people with schizophrenia. *The Cochrane Database of Systematic Reviews*, 2017(10), CD012810. <https://doi.org/10.1002/14651858.CD012810>

Basu, R., & Brar, J. S. (2006). Dose-dependent rapid-onset akathisia with aripiprazole in patients with schizoaffective disorder. *Neuropsychiatric Disease and Treatment*, 2(2), 241–243. <https://doi.org/10.2147/nedt.2006.2.2.241>

Cleveland Clinic. (2024). *Clozapine (Clozарil) Tablets: Uses & Side Effects*. Cleveland Clinic. <https://my.clevelandclinic.org/health/drugs/19561-clozapine-tablets>

Drugs.com. (2019). *Seroquel*. Drugs.com; Drugs.com. <https://www.drugs.com/seroquel.html>

Mann, S. K., & Marwaha, R. (2023, May 16). *Chlorpromazine*. PubMed; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK553079/>

McGorry, P. D., Cocks, J., Power, P., Burnett, P., Harrigan, S., & Lambert, T. (2011). Very Low-Dose Risperidone in First-Episode Psychosis: A Safe and Effective Way to Initiate Treatment. *Schizophrenia Research and Treatment*, 2011, 1–10. <https://doi.org/10.1155/2011/631690>

Pope, C. (2024). *Olanzapine: Uses, Dosage, Side Effects, Warnings*. Drugs.com. <https://www.drugs.com/olanzapine.html>

Preskorn, S., Ereshesfsky, L., Chiu, Y.-Y., Poola, N., & Loebel, A. (2013). Effect of food on the pharmacokinetics of lurasidone: results of two randomized, open-label, crossover studies. *Human Psychopharmacology: Clinical and Experimental*, 28(5), 495–505. <https://doi.org/10.1002/hup.2338>

Rahman, S., & Marwaha, R. (2023). Haloperidol. In [www.ncbi.nlm.nih.gov](https://www.ncbi.nlm.nih.gov/books/NBK560892/). StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK560892/>