Antipsychotic Medications Table

Week 3

CH

ABIGAIL AMPONG

THIS ASSIGNMENT SHOULD BE SUBMITTED TO THE WEEK 3 MEDICATION TABLE DROPBOX BY SUNDAY

Drug name	**Indication** Target symptoms: state if positive or negative effect Potency (if noted. receptor occupancy if noted) Neurotransmitter(s) affected	Half-life (T1/2), metabolism (CYP 450 enzyme)	**Notable side effects (associat**
Typical antipsychotics (conventional)			
Haloperidol	**Indication:** Schizophrenia, acute agitation **Target:** Positive symptoms **Potency:** High; stronger D_2 blockade at lower doses **Neurotransmitter:** Dopamine D_2 antagonist	T½: 12–38 hrs **CYP3A4, CYP2D6**	**EPS** (parkinsonism, dystonia, Nigrostriatal blockade **Tardive dyskinesia (TD)** from blockade) **Hyperprolactinemia** from Tul **Worsened negative/cognitive** Mesocortical/Mesolimbic (ex **Hypotension, dizziness, synco** adrenergic blockade Weight gain QT prolongation
Thioridazine	**Indication:** Schizophrenia **Target symptoms**: Positive symptoms. **Potency**: Low. **Neurotransmitters**: Dopamine D_2 antagonism; Anticholinergic, Antihistaminic, Alpha-1 adrenergic blockade	T½: 20-30 hours **CYP2D6**	QT prolongation from cardiac effects. Anticholinergic from M1 bloc constipation). Sedation/hypotension from H
Thiothixene	**Indication:** Schizophrenia, Bipolar disorder **Target symptoms**: Positive symptoms. **Potency**: High. **Neurotransmitters**: Strong D_2 antagonism	T½: 4-34 hrs Hepatic metabolism (not CYP-specific)	**Side effects**: EPS/Tardive dysl hyperprolactinemia, orthosta sedation. **Link to pathway**: EPS/TD and from D_2 blockade; hypotensic antagonism.

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