Antipsychotic Medications Table

Week 3

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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 (ass NT)
Typical antipsychotics (conventional)			
Haloperidol (Haldol) P. 361	Indication: (bold for FDA-approved) **Manifestations of psychotic disorders (oral, immediate-release injection).** **Tics and vocal utterances in Tourette's syndrome (oral, immediate-release injections)** **Second-line treatment of severe behavior problems in children with combative, explosive, and hyperexcitability (oral).** **Second line short-term treatment of hyperactive children (oral).** **Treatment of schizophrenic patients who require prolonged parenteral antipsychotic therapy (depot intramuscular decanoate).** Bipolar disorder. Behavioral disturbances and dementias. Delirium (with lorazepam). Blocks dopamine 2 receptors, reducing positive symptoms of psychosis and possibly combative, explosive, and hyperactive behaviors. Blocks dopamine 2 in the nigrostriatal pathway, improving tics and other symptoms in Tourette's.	Decanoate half-life approx. 3 weeks. Oral dose half-life approx. 12-38 hours.	Acute blockade of dopa the striatum can cause Parkinsonism, dystonia, Chronic blockade of dop the striatum can cause t Blocking dopamine 2 re can cause elevations in Blocking dopamine 2 re the mesocortical and m pathways, especially at worsening of negative a symptoms (neuroleptic- syndrome). Blocking alpha 1 adrene cause dizziness, hypote The mechanism of weig possible increased incid dyslipidemia with conve is unknown.

Thioridazine (Mellaril) P. 791	Indications: (bold for FDA-approved) **Schizophrenic patients who fail to respond to treatment with other antipsychotic drugs.** Blocks dopamine 2 receptors, reducing positive symptoms of psychosis.	Half-life 24 hours (Feinberg, et al., 2023). Metabolized by CYP450 2D6	Acute blockade of dopa the striatum can cause Parkinsonism, dystonia, Chronic blockade of dop the striatum can cause t Blocking dopamine 2 re can cause elevations in Blocking dopamine 2 re the mesocortical and m pathways, especially at worsening of negative a symptoms (neuroleptic- syndrome). Blocking muscarinic cho cause dry mouth, blurre retention, constipation, Antihistaminic actions m and weight gain. Blocking A1 adrenergic dizziness, hypotension, The mechanism of weig possible increased incid dyslipidemia with conve is unknown. The mechanism of pote prolongation may be re channels.
Thiothixene (Navane) P. 797	Indications: (bold for FDA-approved) **Schizophrenia.** Other psychotic disorders. Bipolar disorder.	The initial elimination half-life is approximately 3.4 hours. Terminal	Acute blockade of dopa the striatum can cause Parkinsonism, dystonia,

	Blocks dopamine 2 receptors, reducing positive symptoms of psychosis.	elimination half-life is approximately 34 hours.	Chronic blockade of dop the striatum can cause t Blocking dopamine 2 rec can cause elevations in p Blocking dopamine 2 rec the mesocortical and me pathways, especially at l worsening of negative a symptoms (neuroleptic- syndrome). Blocking muscarinic cho cause dry mouth, blurre retention, constipation, Antihistaminic actions m and weight gain. Blocking alpha 1 adrene cause dizziness, hypoter The mechanism of weigh possible increased incid dyslipidemia with conve is unknown.
Fluphenazine (Prolixin) P. 327	Indications: (bold for FDA approved) **Psychotic Disorders.** Bipolar disorder. Blocks dopamine 2 receptors, reducing positive symptoms of psychosis. Commonly prescribed for bipolar disorder.	The mean half-life of the oral formulation is approximately 15 hours. Mean half-life of intramuscular formulation is approximately 6.8-9.6 days.	Acute blockade of dopar the striatum can cause d Parkinsonism, dystonia, Chronic blockade of dop the striatum can cause t By blocking dopamine 2 pituitary, it can cause el Blocking dopamine 2 rec the mesocortical and me pathways, especially at l worsening of negative a

			symptoms. (neuroleptic syndrome). Blocking muscarinic cho cause dry mouth, blurre retention, constipation, Antihistaminic actions m and weight gain. Blocking alpha 1 adrene cause dizziness, hypoter The mechanism of weigl possible increased incid dyslipidemia with conve is unknown.
Chlorpromazine (Thorazine) P. 153	Indications: (bold for FDA-approved) **Schizophrenia (oral).** **Severe behavioral problems associated with oppositional defiant disorder or other disruptive behavioral disorders, or attention deficit hyperactivity disorder (ADHD) in pediatric patients who show excessive motor activity with accompanying conduct disorders (oral, intramuscular for acute, severe agitation in hospitalized patients).** **Acute psychosis (intramuscular).** **Nausea, vomiting (oral, rectal, intramuscular, intravenous).** **Acute intermittent porphyria (oral, intramuscular).** **Tetanus (intramuscular, adjunct).** **Intractable hiccups (oral, intramuscular, intravenous).** Bipolar disorder. Restlessness and apprehension before surgery.	Half-life is approximately 8-33 hours.	Acute blockade of dopar the striatum can cause d Parkinsonism, dystonia, Chronic blockade of dop the striatum can cause t Blocking dopamine 2 rec the mesocortical and me pathways, especially at l worsening of negative a symptoms (neuroleptic- syndrome). Blocking muscarinic cho cause dry mouth, blurre retention, constipation, Antihistaminic actions m and weight gain. Blocking alpha 1 adrene cause dizziness, hypoter