

Pharmacologic Category: Second Generation (Atypical) Antipsychotic

Dosage and Administration

	Initial Dose	Recommended Dose	Maximum Dose
Schizophrenia - Adults	10-15 mg/day	10-15 mg/ day	30 mg/day
Schizophrenia – Adolescents	2 mg/day	10 mg/day	30 mg/day
Bipolar Mania – Adults : monotherapy	15 mg/day	15 mg/day	30 mg/day
Bipolar Mania – Adults : adjunct to lithium or valproate	10-15 mg/day	15 mg/day	30 mg/day
Bipolar Mania – Pediatrics: monotherapy or as an adjunct to lithium or valproate	2 mg/day	10 mg/day	30 mg/day
Major Depressive Disorder – Adults– adjunct to antidepressants	2-5 mg/day	5-10 mg/day	15 mg/day
Irritability Associated with Autistic Disorder - Pediatrics	2 mg/day	5-10 mg/day	15 mg/day

Oral formulations: Administer once daily without regard to meals. Maximum daily dose 30 mg
 • Known CYP2D6 poor metabolizers: Half of the usual dose

Dosage Forms and Strengths

• Tablets: 5 mg, 10 mg, 15 mg.

Contraindications

• Known hypersensitivity to ARIPIPRAZOLE

Warnings and Precautions

• Cerebrovascular Adverse Reactions in Elderly Patients with Dementia Related Psychosis: Increased incidence of cerebrovascular adverse reactions (e.g., stroke, transient ischemic attack, including fatalities) • Neuroleptic Malignant Syndrome: Manage with immediate discontinuation and close monitoring • Tardive Dyskinesia: Discontinue if clinically appropriate • Metabolic Changes: Atypical antipsychotic drugs have been associated with metabolic changes that include hyperglycemia/diabetes mellitus, dyslipidemia, and body weight gain •Hyperglycemia/Diabetes Mellitus: Monitor glucose regularly in patients with and at risk for diabetes •Dyslipidemia: Undesirable alterations in lipid levels have been observed in patients treated with atypical antipsychotics • Weight Gain: Weight gain has been observed with atypical antipsychotic use. Monitor weight • Orthostatic Hypotension: Monitor heart rate and blood pressure and warn patients with known cardiovascular or cerebrovascular disease, and risk of dehydration or syncope • Leukopenia, Neutropenia, and Agranulocytosis: have been reported with antipsychotics including ARIPIPRAZOLE. Patients with a history of a clinically significant low white blood cell count (WBC) or a drug-induced leukopenia/neutropenia should have their complete blood count (CBC) monitored frequently during the first few months of therapy and discontinuation of ARIPIPRAZOLE should be considered at the first sign of a clinically significant decline in WBC in the absence of other causative factors • Seizures/Convulsions: Use cautiously in patients with a history of seizures or with conditions that lower the seizure threshold • Potential for Cognitive and Motor Impairment: Use caution when operating machinery • Suicide: The possibility of a suicide attempt is inherent in schizophrenia and bipolar disorder. Closely supervise high-risk patients.

Adverse Reactions

Commonly observed adverse reactions (incidence ≥5% and at least twice that for placebo) were: akathisia ,sedation, restlessness, tremor, extrapyramidal disorder, fatigue, nausea, blurred vision, salivary hypersecretion, and dizziness.

Drug Interactions

Dosage adjustment due to drug interactions: Factors Dosage Adjustments for ARIPIPRAZOLE Known CYP2D6 Poor Metabolizers, Administer half of usual dose. Known CYP2D6 Poor Metabolizers and strong CYP3A4 inhibitors, Administer a quarter of usual dose. Strong CYP2D6 or CYP3A4 inhibitors, Administer half of usual dose. Strong CYP2D6 and CYP3A4 inhibitors, Administer a quarter of usual dose. Strong CYP3A4 inducers, Double usual dose over 1 to 2 weeks.

Use in Specific Populations

• Pregnancy: May cause extrapyramidal and/or withdrawal symptoms in neonates with third trimester exposure • Nursing Mothers: Discontinue drug or nursing, taking into consideration importance of drug to the mother⁴

References:

- 1- Aripiprazole. In: Micromedex, Ann Arbor (MI): Truven Health Analytics; cited Jan 21st 2019. Available from: www.micromedexsolutions.com. Subscription required to view.
- 2- Psychotropic Expert, G. (2008). Therapeutic Guidelines: Psychotropic, Therapeutic Guidelines Limited.
- 3- Azekawa, Takaharu & Ohashi, Shizuko & Itami, Akira. (2011). Comparative study of treatment continuation using second-generation antipsychotics in patients with schizophrenia or schizoaffective disorder. Neuropsychiatric disease and treatment. 7. 691-5. 10.2147/NDT.S26672.
- 4- Aripiprazole: Drug information. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on Januray 21st, 2019.)



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No. 58, 8th St., Kooye Nasr (Gisha St.), Tehran IR Iran, Postal Code: 1446863914,
 Telefax: +98 (21) 41637000

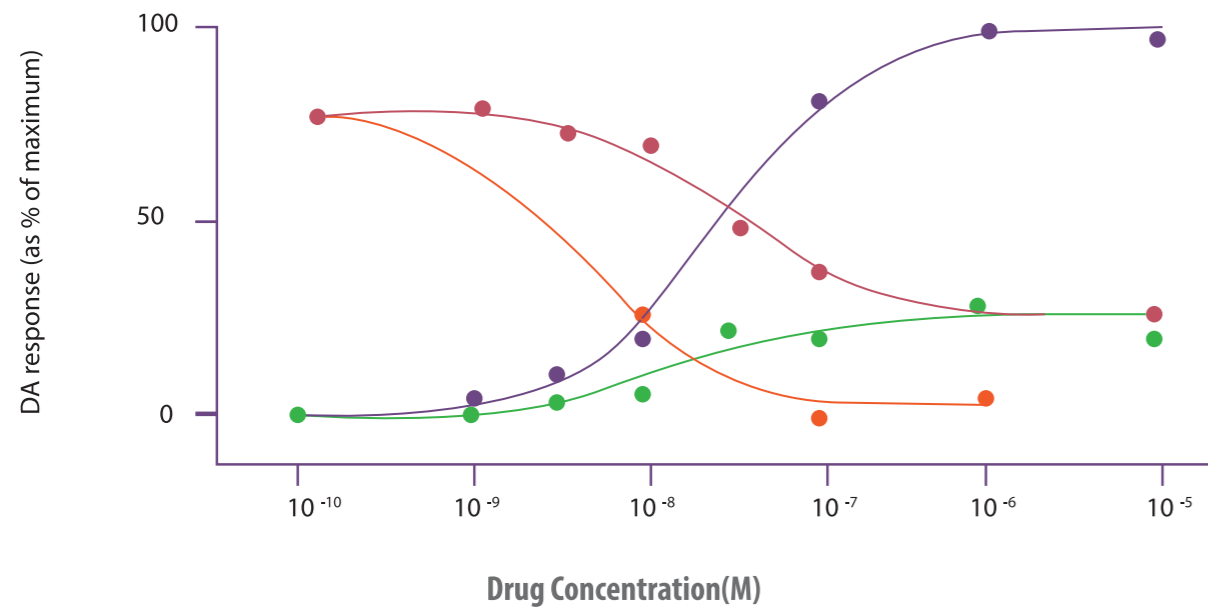
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LIVE A LIFE OF BALANCE



▶ Aripiprazole: A Unique Mechanism of Action



100 nM Dopamine+Aripiprazole ——— Dopamine ———
 100 nM Dopamine+Haloperidol ——— Aripiprazole ———

As a partial agonist of the D2 and 5HT1A and an antagonist of 5HT2A and α receptors, Aripiprazole has better tolerability compared with both first and second generation antipsychotics with minimal effect on:

Weight

Lipid Profile

Glucose Tolerability

Hyperprolactinemia

QT_c Prolongation

Therefore it can be used to improve hyperprolactinemia in patients who cannot be switched from a more potent agent¹

▶ Aripiprazole: A Unique Mechanism of Action

	Extrapyramidal	Sedation	Weight gain	Hyperglycemia	Anticholinergic	Orthostatic hypotension
Atypical antipsychotics						
Risperidone	●●	●● Initially	●●	●●	●	●● Initially
Quetiapine	●*	●●●	●●	●●●	●●	●●
Olanzapine	●	●●●	●●●	●●●	●●●	●
Clozapine	●	●●●	●●●	●●●	●●●	●●
Amisulpride	●●*	●	●	●	●	●
Aripiprazole	●	●	●	●	●	●
Ziprasidone	●	●●	●	●	●	●●

Typical antipsychotics

Haloperidol	●●●	●	●●	●●	●	●
Chlorpromazine	●●	●●●	●●●	●●●	●●●	●●●

Approximate frequency of adverse effects: ● (<2%) = negligible or absent; ● (>2%) = infrequent; ●● (>10%) = moderately frequent; ●●● (>30%) = frequent.

* Rarely a problem at usual therapeutic doses.²

▶ Aripiprazole: Improved Patient Compliance

Aripiprazole special features helps to achieve a better adherence to therapy compared with other antipsychotics³.

- ▶ Once daily dosing due to long half-life (75hr)
- ▶ Effective as monotherapy for psychosis and bipolar disorder
- ▶ No dose adjustment needed for renal and hepatic insufficiency
- ▶ Minimal potential for adverse reactions