ANTIPSYCHOTICS

Antipsychotic drugs = Neuroleptics= Major tranquilizers
 Drugs that are primarily used to treat schizophrenia

They can also be used for other psychotic states including manic states with psychotic symptoms such as grandiosity, paranoia and hallucinations

 These drugs decrease the intensity of hallucinations and delusions

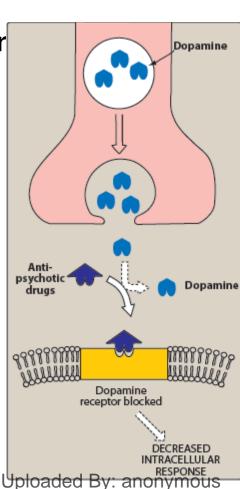
- Psychosis: a mental disorder caused by brain dysfunction
- Schizophrenia
 - Type of psychosis characterized by:
 - Delusions
 - Hallucinations (often in the form of voices)
 - Thinking or speech disturbances
 - Schizophrenia is a chronic disorder
 - It has a genetic component
 - Biochemical abnormalities include dysfunction of dopaminergic pathways
 - Associated with D2 type of dopamine receptor

Diagnostic Criteria for Schizophrenia

- □ At least two of the characteristic symptoms:
 - Delusions
 - Hallucinations
 - Disorganized thoughts and speech
 - Grossly disorganized behavior
 - Negative symptoms (blunted affect, anhedonia, apathy, social isolation, poor hygiene, poor memory, impaired attention and poor cognition)
- Deterioration in function

Duration at least 6 months

- Affect dopamine by blocking dopamine receptor
- First generation antipsychotics
 - Chlorpromazine
 - Haloperidol
 - Thioridazine
- Second generation antipsychotics
 - Aripiprazole
 - Olanzapine
 - Risperidone
 - Clozapine



First generation antipsychotics

- Classified into low potency and high potency based on their affinity to D2 dopamine receptors
- First generation antipsychotics are also called conventional,
 typical or traditional antipsychotics
- Competitive blockers of D2 receptors
- Associated with movement disorders, especially the ones with stronger binding to dopamine receptors like haloperidol, compared to the weaker binding drugs like chlorpromazine
- □ No drug is more effective than the other

Second generation antipsychotic drugs

- Also referred to as atypical antipsychotics
- Have fewer extrapyramidal symptoms (EPS)
 (Parkinson's like symptoms) than first generation drugs
- Block both dopamine and serotonin receptors
- Adverse effects include
 - Hyperglycemia
 - Hypercholesterolemia
 - Weight gain

 Antipsychotic activity of these agents are due to blockade at dopamine and serotonin receptors

Many of these drugs also block cholinergic,
 adrenergic and histaminergic receptors causing
 undesirable side effects

- Most of these drugs reduce positive symptoms
 (e.g. hallucinations) by blocking dopamine receptors
- The negative symptoms (e.g. apathy, poor cognition) are not responsive to first generation antipsychotics
- Many second generation like clozapine antipsychotics reduce negative symptoms
- Antipsychotic effects take several days to weeks to occur

 Some antipsychotic drugs (first generation) have antiemetic effects due to blocking of D2 receptors in the chemoreceptors trigger zone of the medulla

 Antipsychotic treatment should be continued for at least 5 years, or should be taken indefinitely

- Therapeutic uses
 - Treatment of schizophrenia
 - Prevention of moderate to severe nausea and vomiting
 - Tranquilizers to manage agitated behavior
 - Resperidone is approved for management of disruptive behavior and irritability secondary to autism

- Adverse effects
 - Extrapyramidal side effects (Parkinson's like symptoms) can be managed by administration of anticholinergic drug like benztropine
 - □ Tardive dyskinesia: abnormal involuntary repetitive body movements (first generation)
 - Antipsychotic malignant syndrome: Potentially fatal, muscle rigidity, fever and unstable blood pressure (treatment should be stopped)
 - Drowsiness due to CNS depression and antihistamine effects
 - Antimuscaranic side effects with antipsychotics that block cholinergic receptors (blurred vision, dry mouth, constipation)
 - Lowering of seizure threshold (should be used carefully in patients wit epilepsy)
 - Metabolic adverse effects: Hyperglycemia, Hypercholesterolemia, weight gain (Second generation)
 - Clozapine can cause agranulocytosis (severe leukopenia)