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## BENZTROPINE (Cogentin) Fact Sheet [G]

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**Bottom Line:**

Benztropine is an anticholinergic medication that is the go-to agent for treating and preventing antipsychotic-induced extrapyramidal symptoms (EPS).

**FDA Indications:**

**Drug-induced EPS; Parkinson's disease.**

**Off-Label Uses:**

Sialorrhea (excessive salivation); hyperhidrosis (excessive sweating).

**Dosage Forms:**

- **Tablets (G):** 0.5 mg, 1 mg, 2 mg.
- **Injectable (G):** 1 mg/mL.

**Dosage Guidance:**

- Start 1 mg BID, ↑ by 1–2 mg/day every three to seven days as needed; max 3 mg BID. May be taken once daily at bedtime.
- For acute dystonic reactions, use 1–2 mg IM ×1 and continue with oral, as above, to prevent recurrence.

**Monitoring:** No routine monitoring recommended unless clinical picture warrants.

**Cost:** \$

**Side Effects:**

- Most common: Dry mouth, blurred vision, constipation, urinary retention, sedation.
- Serious but rare: In those at risk (elderly patients), may cause confusion or delirium; may worsen angle-closure glaucoma.

**Mechanism, Pharmacokinetics, and Drug Interactions:**

- Anticholinergic, antihistaminergic.
- Metabolized primarily through liver via unknown CYP450;  $t_{1/2}$ : 12–24 hours.
- Minimal clinically significant drug interactions; avoid combining with other anticholinergic agents due to additive effects.

**Clinical Pearl:**

If starting a patient on a high-potency antipsychotic such as haloperidol or risperidone, some clinicians will start benztropine prophylactically to prevent EPS. If you do so, consider taper and withdrawal of benztropine after one or two weeks to see if it's really needed.

**Fun Fact:**

Veterinarians use benztropine to treat priapism in stallions.