

# RISPERIDONE (Risperdal) Fact Sheet [G]

## Bottom Line:

Tried and true, risperidone's moderate side effect profile has led to its wide use, and many clinicians consider it their antipsychotic of choice for first-episode psychotic disorders. Just be cautious when dosing higher than 4 mg daily, since akathisia and other side effects are more common. Hyperprolactinemia is fairly common, so be vigilant for symptoms such as lowered libido, amenorrhea, gynecomastia, and galactorrhea.

## FDA Indications:

**Schizophrenia** (adults and children  $\geq 13$  years); **bipolar disorder**, manic/mixed episodes (adults and children  $\geq 10$  years); **irritability symptoms of autism** (children  $\geq 5$  years).

## Off-Label Uses:

Bipolar depression; behavioral disturbances; impulse control disorders; Tourette's syndrome.

## Dosage Forms (see LAI fact sheet and table for long-acting injections):

- **Tablets (G):** 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg.
- **Oral solution (G):** 1 mg/mL.
- **Orally disintegrating tablets (Risperdal M-Tab, [G]):** 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg.
- **Long-acting IM injection: Risperdal Consta, Rykindo:** 12.5 mg, 25 mg, 37.5 mg, 50 mg (see LAI fact sheet and table).
- **Long-acting SQ injection: Perseris:** 90 mg, 120 mg; **Uzedy:** 50 mg, 75 mg, 100 mg, 125 mg, 150 mg, 200 mg, 250 mg (see LAI fact sheet and table).

## Dosage Guidance:

- Schizophrenia, bipolar (adults): Start 1 mg BID; may  $\uparrow$  by 1–2 mg/day at intervals  $\geq 24$  hours to a recommended dosage range of 4–6 mg/day; may be given as a single daily dose once maintenance dose achieved. Max approved dose is 16 mg/day, but daily dosages  $>6$  mg provide no additional benefit, only higher risk for EPS, which is dose dependent.
- Children, elderly, first-episode psychosis: Lower initial dosages (eg, 0.5–1 mg daily) and slower titration to initial target dose of 2 mg daily.
- Autism (children  $\geq 5$  years): If  $<15$  kg (33 lbs), use with caution. For 15–20 kg (33–44 lbs), start 0.25 mg/day;  $\uparrow$  to 0.5 mg/day after at least four days. If response insufficient, may  $\uparrow$  by 0.25 mg/day in at least two-week intervals; give QD or BID. For  $\geq 20$  kg (44 lbs), start 0.5 mg/day; may  $\uparrow$  to 1 mg/day after at least four days. If response insufficient, may  $\uparrow$  dose by 0.5 mg/day in at least two-week intervals; give QD or BID.
- Bipolar mania or schizophrenia (children): Start 0.5 mg QD;  $\uparrow$  in increments of 0.5–1 mg/day at intervals  $\geq 24$  hours to target dose of 2–3 mg/day; doses  $>3$  mg/day do not confer additional benefit and are associated with increased side effects.
- Dose timing: Usually well tolerated whether taken in the morning or night.
- Long-acting injection: See LAI fact sheet and table.

**Monitoring:** Fasting glucose, lipids; prolactin if symptoms.

**Cost:** \$; ODT: \$\$

## Side Effects:

- Most common: EPS, somnolence (particularly in children), anxiety, constipation, nausea, dyspepsia, dizziness, rhinitis, prolactin elevation, weight gain.
- Serious but rare: Orthostatic hypotension may occur, particularly at higher doses or with rapid titration. Hyperprolactinemia with clinical symptoms (sexual side effects, galactorrhea, amenorrhea).
- Pregnancy/breastfeeding: Considered relatively safe.

## Mechanism, Pharmacokinetics, and Drug Interactions:

- Dopamine D2 and serotonin 5-HT2A receptor antagonist.
- Metabolized primarily by CYP2D6;  $t_{1/2}$ : 20 hours.
- CYP2D6 inhibitors (eg, fluoxetine, paroxetine, quinidine) may increase effects of risperidone; reduce risperidone dose. Carbamazepine reduces levels and effects of risperidone; may need to double risperidone dose.

## Clinical Pearls:

- Along with paliperidone, causes the most EPS and hyperprolactinemia of all the second-generation antipsychotics.
- When reinitiating after discontinuation, initial titration schedule should be followed.
- An ultra-long-acting extended-release weekly oral formulation of risperidone is in development to help address medication non-adherence in roughly 50% of patients with schizophrenia, without a needle.

## Fun Fact:

Risperdal M-Tabs are marketed in other countries as Risperdal Quicklets.