
THIOTHIXENE (Navane) Fact Sheet [G]

Bottom Line:

Thiothixene is one of the original high-potency first-generation antipsychotics—but most clinicians would opt for fluphenazine or haloperidol because of their greater familiarity and range of formulation options (eg, liquid, injectable, long-acting).

FDA Indications:

Schizophrenia.

Off-Label Uses:

Bipolar disorder; behavioral disturbances; impulse control disorders.

Dosage Forms:

Capsules (G): 1 mg, 2 mg, 5 mg, 10 mg.

Dosage Guidance:

Start 2 mg TID–5 mg BID, ↑ by 2–5 mg/day increments every three to seven days and adjust to lowest effective dose. Usual dose range 20–30 mg/day divided BID–TID; max FDA-approved dose is 60 mg/day, but doses >40 mg/day are rarely used.

Monitoring: No routine monitoring recommended unless clinical picture warrants.

Cost: \$

Side Effects:

- Most common: EPS, headache, drowsiness, dry mouth, prolactin elevation (sexual side effects, amenorrhea, galactorrhea).
- Serious but rare: See class warnings in chapter introduction.
- Pregnancy/breastfeeding: Not enough data to recommend.

Mechanism, Pharmacokinetics, and Drug Interactions:

- Dopamine D2 receptor antagonist.
- Metabolized primarily by CYP1A2; $t_{1/2}$: 34 hours.
- Smoking status may affect thiothixene metabolism as smoking is a potent CYP1A2 inducer; smokers may need higher doses.

Clinical Pearl:

Thiothixene is a high-potency first-generation antipsychotic; this leads to more EPS compared to mid- and low-potency agents (eg, perphenazine or chlorpromazine, respectively) and to less sedation, less orthostasis, and fewer anticholinergic side effects compared to low-potency agents (eg, chlorpromazine).

Fun Fact:

Pfizer developed thiothixene in the 1960s, and the drug was found to be an effective antidepressant, as well as an antipsychotic. For commercial reasons, the company chose to market it for schizophrenia rather than depression.