TRIHEXYPHENIDYL (Artane) Fact Sheet [G]

Bottom Line:
Trihexyphenidyl is an anticholinergic medication that is less favored than benztropine because it must be dosed TID and is only available in oral formulations. Use as a second-line option.

FDA Indications:
Drug-induced extrapyramidal symptoms (EPS); Parkinson's disease.

Off-Label Uses:
Sialorrhea (excessive salivation); hyperhidrosis (excessive sweating).

Dosage Forms:
- **Tablets (G):** 2 mg, 5 mg.
- **Oral solution (G):** 2 mg/5 mL.

Dosage Guidance:
Start 2 mg QD, ↑ by 2 mg/day increments every three to five days as needed, up to maximum 5 mg TID.

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 ½: 3–4 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 trihexyphenidyl prophylactically to prevent EPS. If you do so, consider taper and withdrawal of trihexyphenidyl after one or two weeks to see if it's really needed.

Fun Fact:
There have been many reports of recreational use of trihexyphenidyl over the years: by Iraqi soldiers and police to relieve combat stress, as a more intense substitute for LSD in the 1960s, and by the late Oliver Sacks, who reportedly took 20 trihexyphenidyl pills and hallucinated an entire conversation with friends (check out his book, *Hallucinations*, to read about his experimentation with a range of drugs).