

## script alert

### appropriate use of atypical antipsychotic medications

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This article addresses the proper use of antipsychotic medications, particularly atypicals. There are six atypical antipsychotic medications that have been available for prescription since the early 1990s:

1. Clozapine (Clozaril®)
2. Risperidone (Risperdal®)
3. Olanzapine (Zyprexa®)
4. Quetiapine (Seroquel®)
5. Ziprasidone (Geodon®)
6. Aripiprazole (Abilify®)

### why atypicals?

The “atypicals” have become the dominant first-line medication over “typicals” for psychosis. There are several reasons for this shift: they have fewer serious neurological side effects (tardive dyskinesia); they are more effective than typicals for treating negative symptoms of schizophrenia (e.g., apathy, flat affect, social withdrawal, poverty of speech); and they are less likely to impair cognition, attention, memory and insight.

In general, atypical antipsychotics are appropriate for psychosis, but **should not be used** as first-line agents for anxiety and insomnia.

### anxiety treatment

The treatment of choice for anxiety disorders is an SSRI, i.e., fluoxetine (Prozac®), sertraline (Zoloft®) or citalopram (Celexa®). For more resistant cases, venlafaxine extended release (Effexor® XR) is suggested. Since these agents may take three to six weeks to achieve an effect, augmentation in the initial few weeks with a long-acting benzodiazepine, such as clonazepam (Klonopin®), may be necessary. For resistant cases, the atypical medication quetiapine may be used as a third-line agent.

### insomnia treatment

For insomnia, it is more appropriate to initiate treatment with a sedating antidepressant, such as a low-dose amitriptyline (Elavil®), mirtazepine (Remeron®) or trazodone (Desyrel®). A second-line choice to consider is a sedating benzodiazepine. If abuse of benzodiazepines is a concern, quetiapine, which is sedating and has fewer side effects than the other atypicals, also may be considered. Because of the side effects, atypicals are seen as third-line agents in treating insomnia.

### when to use atypicals as first-line treatment

Atypicals are appropriate as first-line treatment agents for acute and chronic schizophrenia, bipolar disorder, agitated dementia in the elderly and major depression, especially with psychosis. Atypicals also may be considered for the treatment of post-traumatic stress disorder and borderline personality disorder, but are not uniformly useful with either. When using atypicals with elderly patients, it is important to begin with lower doses, and to gradually increase the dose over time. Quetiapine has a slightly greater safety profile with geriatric patients than some of the other atypicals.

### risk factor

Hyperglycemia, in some cases extreme, has been reported as a potential risk for patients treated with atypicals. Patients starting treatment with an atypical, who either have diabetes or are at-risk for it, should undergo fasting blood glucose testing at the beginning of and during treatment. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing.

Providers are encouraged to call **Beacon’s Consultation Hotline** at 877-249-6659 with any questions, or for assistance in prescribing atypicals for their patients.

### primary care educational program this month

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