

may be considered if sexual dysfunction is judged to be secondary to hyperprolactinaemia. Hyperprolactinaemia is usually not clinically significant with aripiprazole, clozapine, olanzapine, and quetiapine treatment. When changing from other antipsychotic drugs, a reduction in prolactin concentration may increase fertility.

Children should receive an antipsychotic drug for 4–6 weeks before it is deemed ineffective. Prescribing more than one antipsychotic drug at a time should be avoided except in exceptional circumstances (e.g. clozapine augmentation or when changing medication during titration) because of the increased risk of adverse effects such as extrapyramidal symptoms, QT-interval prolongation, and sudden cardiac death.

Clozapine is used for the treatment of schizophrenia in children unresponsive to, or intolerant of, other antipsychotic drugs. Clozapine should be introduced if schizophrenia is not controlled despite the sequential use of two or more antipsychotic drugs (one of which should be a second-generation antipsychotic drug), each for at least 6–8 weeks. If symptoms do not respond adequately to an optimised dose of clozapine, plasma-clozapine concentration should be checked before adding a second antipsychotic drug to augment clozapine; allow 8–10 weeks' treatment to assess response. Children must be registered with a clozapine patient monitoring service.

Monitoring

Full blood count, urea and electrolytes, and liver function test monitoring is required at the start of therapy with antipsychotic drugs, and then annually thereafter.

Blood lipids and weight should be measured at baseline, at 3 months (weight should be measured at frequent intervals during the first 3 months), and then yearly.

Fasting blood glucose should be measured at baseline, at 4–6 months, and then yearly.

Before initiating antipsychotic drugs, an ECG may be required, particularly if physical examination identifies cardiovascular risk factors, if there is a personal history of cardiovascular disease, or if the child is being admitted as an inpatient.

Blood pressure monitoring is advised before starting therapy and frequently during dose titration of antipsychotic drugs.

Other uses

Nausea and vomiting, choreas, motor tics, and intractable hiccup.

Dosage

After an initial period of stabilisation, the total daily oral dose of antipsychotic drugs can be given as a single dose in most children.

Antipsychotic depot injections

There is limited information on the use of antipsychotic depot injections in children and use should be restricted to specialist centres.

ANTIPSYCHOTICS

Antipsychotic drugs

● **CAUTIONS** Blood dyscrasias · cardiovascular disease · conditions predisposing to seizures · depression · diabetes (may raise blood glucose) · epilepsy · history of jaundice · myasthenia gravis · photosensitisation (may occur with higher dosages) · severe respiratory disease · susceptibility to angle-closure glaucoma

CAUTIONS, FURTHER INFORMATION

▶ Cardiovascular disease An ECG may be required, particularly if physical examination identifies cardiovascular risk factors, personal history of cardiovascular disease, or if the patient is being admitted as an inpatient.

● SIDE-EFFECTS

- ▶ **Common or very common** Agitation · amenorrhoea · arrhythmias · constipation · dizziness · drowsiness · dry mouth · erectile dysfunction · galactorrhoea · gynaecomastia · hyperprolactinaemia · hypotension (dose-related) · insomnia · leucopenia · movement disorders · neutropenia · parkinsonism · QT interval prolongation · rash · seizure · tremor · urinary retention · vomiting · weight increased
- ▶ **Uncommon** Agranulocytosis · embolism and thrombosis · neuroleptic malignant syndrome (discontinue—potentially fatal)
- ▶ **Rare or very rare** Sudden death · withdrawal syndrome neonatal

Overdose Phenothiazines cause less depression of consciousness and respiration than other sedatives. Hypotension, hypothermia, sinus tachycardia, and arrhythmias may complicate poisoning. For details on the management of poisoning see Antipsychotics under Emergency treatment of poisoning p. 891.

● **PREGNANCY** Extrapyramidal effects and withdrawal syndrome have been reported occasionally in the neonate when antipsychotic drugs are taken during the third trimester of pregnancy. Following maternal use of antipsychotic drugs in the third trimester, neonates should be monitored for symptoms including agitation, hypotonia, hypotonia, tremor, drowsiness, feeding problems, and respiratory distress.

● **BREAST FEEDING** There is limited information available on the short- and long-term effects of antipsychotic drugs on the breast-fed infant. *Animal studies* indicate possible adverse effects of antipsychotic medicines on the developing nervous system. Chronic treatment with antipsychotic drugs whilst breast-feeding should be avoided unless absolutely necessary. Phenothiazine derivatives are sometimes used in breast-feeding women for short-term treatment of nausea and vomiting.

● MONITORING REQUIREMENTS

- ▶ It is advisable to monitor prolactin concentration at the start of therapy, at 6 months, and then yearly. Patients taking antipsychotic drugs not normally associated with symptomatic hyperprolactinaemia should be considered for prolactin monitoring if they show symptoms of hyperprolactinaemia (such as breast enlargement and galactorrhoea).
- ▶ Patients with schizophrenia should have physical health monitoring (including cardiovascular disease risk assessment) at least once per year.
- ▶ Regular clinical monitoring of endocrine function should be considered when children are taking an antipsychotic drug known to increase prolactin levels; this includes measuring weight and height, assessing sexual maturation, and monitoring menstrual function.
- **TREATMENT CESSATION** There is a high risk of relapse if medication is stopped after 1–2 years. Withdrawal of antipsychotic drugs after long-term therapy should always be gradual and closely monitored to avoid the risk of acute withdrawal syndromes or rapid relapse. Patients should be monitored for 2 years after withdrawal of antipsychotic medication for signs and symptoms of relapse.

● **PATIENT AND CARER ADVICE** As photosensitisation may occur with higher dosages, patients should avoid direct sunlight.

Driving and skilled tasks Drowsiness may affect performance of skilled tasks (e.g. driving or operating machinery), especially at start of treatment; effects of alcohol are enhanced.