

Antipsychotic-related side effects

Parkinsonism

- Resting tremor (4–6Hz, slower than physiologic or intention tremor)
- Pill-rolling of hand
- Bradykinesia
- Rigidity
- Shuffling gait
- Stooped posture

Options

- A. Reduce antipsychotic dose.
- B. Switch to antipsychotic with less parkinsonism risk.
- C. Maintain antipsychotic; treat side effect with:
 - Benztropine 1–2mg twice a day (BID)**or**
 - Diphenhydramine 25–50mg BID

Acute dystonia

- Involuntary upward gaze
- Facial grimacing
- Laryngeal spasms
- Neck spasms
- Abdominal wall spasms
- Spine spasms

Options

- Urgent medical treatment!
 - Intramuscular/intravenous (IM/IV) benztropine 1–2mg
- or**
- IM/IV diphenhydramine 25–50mg

Akathisia

- Feels restless
- Trouble standing still
- Paces
- Feet constantly moving or rocking

Barnes Akathisia Rating Scale is recommended.

Options:

- A. Reduce antipsychotic dose.
- B. Switch to antipsychotic with less akathisia risk.
- C. Maintain antipsychotic; treat side effect with:
 - Propranolol 10–30mg BID (titrate response, BP, HR) **or**
 - Clonazepam (0.5 to 1mg BID) **or**
 - Lorazepam (1mg two to three times a day) **or**
 - Clonidine (0.1mg TID).

Tardive dyskinesia

Repetitive, involuntary, purposeless movement of:

- Face, mouth or tongue
- Upper or lower extremities
- Trunk

Abnormal Involuntary Movement Scale (AIMS) is expected: <https://cpnp.org/ed/movement-disorders#scales>.

- Evaluate medications and medical conditions for other causes of dyskinesia.
- Consider referral to neurology, ideally a movement disorder specialist.

Treatment

- A. Trial reduction of antipsychotic dose
- B. Quetiapine monotherapy switch in addition to clozapine monotherapy
- C. Trial of clonazepam augmentation
- D. Switch to clozapine
- E. Use of other non-medication treatment modalities such as electroconvulsive therapy

Abnormal Involuntary Movement Scale and Barnes Akathisia Rating Scale: <https://cpnp.org/ed/movement-disorders#scales>



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