

Amisulpride

Information sheet for GPs

Amisulpride is indicated for the treatment of acute and chronic schizophrenic disorders in which positive symptoms and/or negative are prominent including patients characterised by predominant negative symptoms.

Dose Regimen

- Oral doses between 400mg and 800mg per day are recommended. The minimum effective dose should be used
- For patients with predominant negative symptoms oral doses between 50mg and 300mg per day are recommended
- In individual cases this may be increased up to a maximum of 1200mg per day
- Doses of up to 300mg can be administered once daily. Higher doses should be given twice daily.
- No specific titration is required. For patients with mixed negative and positive symptoms doses should be adjusted to obtain optimal control of positive symptoms
- Doses should be reduced in renal impairment. Doses should be halved if the creatinine clearance is 30-60ml/min, to a third if creatinine clearance is between 10-30ml/min. There is no experience in patients with creatinine clearance less than 10ml/min.

Monitoring

Baseline (carried out by consultant):

- U&Es
- FBC
- Weight
- (prolactin)

Continuation monitoring (carried out by GP / consultant):

- U&Es – 3-6 monthly
- FBC- 3-6 monthly
- LFTs – 3-6 monthly
- Weight – as needed
- Prolactin – if symptomatic
- Creatinine phosphokinase – if Neuroleptic Malignant Syndrome suspected.

Side Effects

- Insomnia, agitation and anxiety (common 5-10%)
- Extrapyramidal symptoms and acute dystonias
- Tardive dyskinesia
- Neuroleptic malignant syndrome (NMS)
- Somnolence / Drowsiness (0.1-5%)
- Constipation (0.1-5%)
- Dry mouth (0.1-5%)

Action

Treat with antiparkinsonian agent
Refer to consultant.
A reduction in dose, discontinuation or change to an alternative (atypical) antipsychotic maybe required.
Review use of anticholinergics in patient – may worsen symptoms.
Discontinue antipsychotic(s).
Refer to consultant.
Give a smaller dose in the morning or during the day.
Patients should be advised not to drive or operate machinery.
Recommend a high fibre diet.
Consider adding a bulk-forming and /or stimulant laxative.
Recommend chewing sugar-free gum.

Please consult the manufacturer's Data Sheet or Summary of Product Characteristics for further information

Consider prescribing artificial saliva e.g. glandosane.

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Side Effects

- Nausea and vomiting (0.1-5%)
- Orthostatic hypotension / dizziness (more common in elderly)
- Weight gain
- OTHERS
Bradycardia and prolongation of QTc interval (rare), allergic reactions (rare), Increase in plasma prolactin levels

Action

Initiate slowly.
Advise patient to take time to stand up.
Advise patient not to drive.
Encourage a healthy balanced diet and regular exercise.
Refer to a dietician if appropriate.

Ask about side effects at every consultation

Contraindications

- Children under the age of 15 years
- Hypersensitivity to any of the ingredients
- Concomitant prolactin-dependent tumours.
- Pheochromocytoma
- Pregnancy or lactation
- Women of childbearing potential unless using adequate contraception.

Cautions

- The elderly are more prone to hypotension and sedation
- Renal insufficiency
- History of epilepsy as seizure threshold reduced.
- Patients with Parkinson's disease. Symptoms may be exacerbated.

Drug Interactions

- Alcohol - central effects may be enhanced.
- May attenuate the action of CNS depressants : narcotics, anaesthetics, analgesics, sedative H1 antihistamines, barbiturates, benzodiazepines, other anxiolytic, clonidine and derivatives, antihypertensives and other hypotensive medications, dopamine agonists

References

APBI Compendium 1999-2000
BNF 40

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