Thioridazine (thye-oh-rid-a-zeen)

**Classification**
Antipsychotic

**Pharmacologic
group**
Phenothiazines

**Pregnancy Category C**

**Indications**
Treatment of refractory schizophrenia. Considered second-line treatment after failure with typical antipsychotics.

**Action**
Alters the effects of dopamine in the CNS. Possesses significant anticholinergic and alpha-adrenergic blocking activity. Therapeutic Effects: Diminished signs and symptoms of psychosis.

**Pharmacokinetics**

**Absorption:** Absorption from tablets is variable.

**Distribution:** Widely distributed; high concentrations in the CNS. Crosses the placenta and enters breast milk.

**Protein Binding:** Approximately 90%.

**Metabolism and Excretion:** High percentage metabolized by the liver (primarily by CYP2D6 isoenzyme) and GI mucosa; 7% of population may be poor metabolizers and may have significantly lower thioridazine concentrations and an increased risk of adverse effects.

**Half-life:** 21–24 hr.

**TIME/ACTION PROFILE (antipsychotic effects)**

<table>
<thead>
<tr>
<th>Route</th>
<th>Onset</th>
<th>Peak</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>unknown</td>
<td>unknown</td>
<td>8–12 hr</td>
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**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity. Cross-sensitivity with other phenothiazines may exist. Angle-closure glaucoma; Boeing narrow depression; Severe heart or cardiovascular disease; Known alcohol intolerance (concentrate only). Concurrent use of lithium, propranolol, pindolol, fluoxetine, other agents known to inhibit the CYP2D6 enzyme, or agents known to prolong the QTc interval (risk of life-threatening arrhythmias). Hypokalemia (correct prior to use). (EF interval >450 ms). Use Cautionally in: Delirium tremens, G6PD deficiency, Diabetes mellitus; Patients with risk factors for electrolyte imbalance (dehydration, diuretics, diarrhea, alkalosis). Respiratory disease. Prostate hypertrophy. (GI names); Thiopental (intravenous); Discontinued.

**Use with Other Drugs/Conditions:**

**Drug-Drug:** Concurrent use with phenothiazines, propranolol, pindolol, fluoxetine, other agents known to inhibit the CYP2D6 enzyme, or agents known to prolong the QTc interval (risk of life-threatening arrhythmias). Additives hypertensive with other anti-hypertensives, nitrites, and acute ingestion of alcohol. Additives CNS depressants including alcohol, antihistamines, opioids, general anesthetics. Additives anticholinergic effects with other drugs possessing anticholinergic properties; including anti-biotics, antiparkinsons, atropine, haloperidol, other phenothiazines, and diisopropylamine. Lithium: Blood levels of lithium. Theorizes may mask early signs of lithium toxicity and increase the risk of extrapyramidal reactions. Risk of agranulocytosis with antithyroid agents.

**Drug-Agent:** Additives antiparkinsons. Risk of toxicity and increase the risk of extrapyramidal reactions (high doses). Additives antiparkinsons, antihistamines, sedatives/hypnotics, including general anesthetics. Additives anticholinergic effects with other drugs possessing anticholinergic properties; including anti-biotics, antiparkinsons, atropine, haloperidol, other phenothiazines, and diisopropylamine. Lithium: Blood levels of lithium. Theorizes may mask early signs of lithium toxicity and increase the risk of extrapyramidal reactions. Risk of agranulocytosis with antithyroid agents.

**Drug-Lifestyle:** Additives antiparkinsons. Risk of toxicity and increase the risk of extrapyramidal reactions (high doses). Additives antiparkinsons, antihistamines, sedatives/hypnotics, including general anesthetics. Additives anticholinergic effects with other drugs possessing anticholinergic properties; including anti-biotics, antiparkinsons, atropine, haloperidol, other phenothiazines, and diisopropylamine. Lithium: Blood levels of lithium. Theorizes may mask early signs of lithium toxicity and increase the risk of extrapyramidal reactions. Risk of agranulocytosis with antithyroid agents.

**Adverse Reactions/Side Effects**


**Contraindications/Precautions**

**Drug-Agent:** Additives antiparkinsons. Risk of toxicity and increase the risk of extrapyramidal reactions. Additives antiparkinsons, antihistamines, sedatives/hypnotics, including general anesthetics. Additives anticholinergic effects with other drugs possessing anticholinergic properties; including anti-biotics, antiparkinsons, atropine, haloperidol, other phenothiazines, and diisopropylamine. Lithium: Blood levels of lithium. Theorizes may mask early signs of lithium toxicity and increase the risk of extrapyramidal reactions. Risk of agranulocytosis with antithyroid agents. Concurrent use with sympathomimetics may result in severe hypertension and tachycardia. May reduce the effectiveness of levodopa.

**Route/Dosage**

**PO (Adults and Children ≥12 yr):** 50–100 mg 1 time daily initially, may be gradually increased to a maintenance dose of up to 800 mg/day.
**NURSING IMPLICATIONS**

**Assessment**

- Assess mental status (orientation, mood, behavior) before and periodically during therapy.
- Assess positive (delusions, hallucinations, agitation) and negative (social withdrawal) symptoms of schizophrenia.
- Assess weight and BMI initially and throughout therapy.
- Monitor BP (sitting, standing, lying), ECG, pulse, and respiratory rate before and frequently during the period of dose adjustment. May cause Q-wave and T-wave changes on EKG.
- Observe patient carefully when administering medication to ensure that medication is actually taken and not hoarded or chewed.
- Assess patient for level of sedation after administration. Elderly patients are more likely to become oversedated.
- Monitor intake and output ratios and daily weight. Report significant discrepancies.
- Monitor patient for onset of akathisia (restlessness or desire to keep moving) and extrapyramidal side effects (tardive dyskinesia) which may be irreversible. Trihexyphenidyl, diphenhydramine, or benztropine may be used to control these symptoms. Benzodiazepines may alleviate akathisia.
- Monitor for development of neuroleptic malignant syndrome (fever, respiratory distress, tachycardia, seizures, diaphoresis, hypertension or hypotension, pulmonary edema, loss of bladder control). Notify health care professional immediately if these symptoms occur.

**Lab Test Considerations:**

- CBC, liver function tests, and ocular examinations should be evaluated periodically during therapy. May cause a hemolytic, hemoconcentration, and rises in haptoglobin, leukocytes, granulocytes, platelets. May cause bilirubin, AST, ALT, and alkaline phosphatase. May cause a lowering of white blood cell count and platelets. May cause an increase in red blood cell count up to 10% within 2 weeks of therapy with recovery 1–2 wk after discontinuation. May occur in patients with a history of leukopenia or agranulocytosis.
- May cause an increase in serum prolactin levels.

**Potential Nursing Diagnoses**

- Disturbed thought process (indicators)
- Sexual dysfunction (side effects)
- Implementation

- PO: Administer with food, milk, or full glass of water to minimize gastric irritation.

**Patient/Family Teaching**

- Advise patient to take medication as directed and not to skip doses or double up on missed doses. Take missed doses as soon as remembered without delay for the next dose. If more than 2 doses a day are ordered, the missed dose should be taken within 3 h of the scheduled time or omitted, abrupt withdrawal can lead to gastritis, nausea, vomiting, diaphoresis, headaches, dyskinesia, and seizures.
- Advise patient to report these symptoms immediately to health care professional.
- May cause drowsiness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Advise patient to use sunscreen and protective clothing when exposed to the sun. Exposed surfaces may develop a blue-gray pigmentation, which may fade after discontinuation of the medication. Exposures to temperature should also be avoided, as this drug impairs body temperature regulation.
- Instruct patient to use frequent mouth rinses, good oral hygiene, and sugarless gum or candy to minimize dry mouth. Consult health care professional if dry mouth continues for 2 wk.
- Advise patient that increasing activity and bulk and fluids in the diet help to minimize the constipating effects of this medication.

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CONTINUED
thioridazine

- Caution patient to avoid taking alcohol or other CNS depressants concurrently with this medication.
- Advise patient not to take thioridazine within 2 hr of antacids or antidiarrheal medication.
- Advise patient that the medication may turn urine pink to reddish brown.
- Advise patient to notify health care professional of medication regimen before treatment or surgery.
- Instruct patient to notify health care professional promptly if sore throat, fever, unusual bleeding or bruising, weakness, tremors, visual disturbances, dark-colored urine, or clay-colored stools occur.
- Advise female patient to notify health care professional if pregnancy is planned or suspected or breast feeding.

Why was this drug prescribed for your patient?