loxapine (loxa-pen)

**Classification**
- Antipsychotics

**Pregnancy Category C**

**Indications**
- Schizophrenia: Considered second-line treatment after failure of atypical antipsychotics.
- Unlabeled Use: Other psychotic disorders, bipolar disorder.

**Action**
- Appears to block dopamine and serotonin at postsynaptic receptor sites in the CNS.

**Therapeutic Effects:** Diminution of psychotic behavior.

**Pharmacokinetics**
- **Absorption:** Bioavailability is approximately 30%
- **Distribution:** Unknown.
- **Metabolism and Excretion:** Extensively metabolized by the liver; some conversion to active antipsychotic compounds.
- **Half-life:** 3–4 hr.

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

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<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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<tbody>
<tr>
<td>PO</td>
<td>30 min</td>
<td>1.5–3 hr</td>
<td>12 hr</td>
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**Contraindications/Precautions**
- **Contraindicated in:** Hypersensitivity or intolerance to loxapine or amoxapine; coma; CNS depression; OB: Safety not established; Lactation: Discontinue drug or bottle-feed.
- **Use Cautiously in:** Glaucoma; Intestinal obstruction; History of seizures; Alcohol use disorder; Cardiovascular disease; Impaired liver function; Geriatric men or men with prostatic hyperplasia (more prone to urinary retention); Geri: More susceptible to adverse reactions; q risk of mortality in elderly patients treated for dementia-related psychosis; Pedi: Safety not established.

**Adverse Reactions/Side Effects**
- **CNS:** Neurleptic malignant syndrome, confusion, dizziness, drowsiness, extrapyramidal reactions, headache, insomnia, parkinsonism, tachycardia, venting. SE: seizures, akathisia, dystonia, akathisia.
- **CV:** orthostatic hypotension, tachycardia.
- **EENT:** blurred vision, eye irritation, nasal congestion.
- **GI:** constipation, drug-induced hepatitis, ileus, nausea, vomiting, urinary retention.
- **DERM:** dermatitis, edema, facial photosensitivity, pyogenic granules, rash, xerostomia.
- **Endo:** galactorrhea.
- **Hemat:** Agranulocytosis.
- **Neuro:** Ataxia.
- **Misc:** allergic reactions.

**Interactions**
- **Drug-Drug:** Blocks the alpha-adrenergic effects of epinephrine (may result in hypotension and tachycardia). Additive CNS depression with other CNS depressants, including alcohol, antihistamines, opioid analgesics, and sedatives/hypnotics. Antacids or adsorbent antidiarrheals may affect absorption. Use with antidepressants or MAO inhibitors may result in prolonged CNS depression and 5 anticholinergic effects.
- **Drug-Natural Products:** Concomitant use of kava, valerian, skullcap, chamomile, or hops can cause CNS depression.

**Route/Dosage**
- **PO (Adults):** 10 mg twice daily, may be gradually over the first 7–10 days as needed and tolerated. Usual maintenance dose is 60–100 mg/day.

**NURSING IMPLICATIONS**

**Assessment**
- Monitor patient's mental status (orientation, mood, behavior) before and periodically during therapy.
- Assess positive (delusions, hallucinations, agitation) and negative (social withdrawal) symptoms of schizophrenia.
- Monitor weight and BMI initially and throughout therapy.
- Monitor BP (sitting, standing, lying) and pulse rate before and frequently during dose adjustment.
- Observe patient carefully when administering medication to ensure that medication is actually taken and not hoarded or chewed.
- Monitor patient for onset of akathisia (restlessness or desire to keep moving) and extrapyramidal side effects (parkinsonism—difficulty speaking or swallowing, bradykinesia, shuffling gait, masked facies).
loss of balance control, pill rolling of hands, mask-like face, shuffling gait, rigidity, tremors; and.

dystonic—muscle spasms, twisting motions, twitching, inability to move eyes, weakness of arms or legs) every 2 mo during therapy and 8–12 wk after therapy has been discontinued. Report these symptoms; reduction in dosage or discontinuation of medication may be necessary. Trihexyphenidyl, diphenhydramine, or benztropine may be used to control symptoms. Botulinum toxin may alleviate akathisia.

● Monitor for tardive dyskinesia (uncontrolled rhythmic movement of mouth, face, and extremities; lip smacking or puckering, pulling of cheeks, uncontrolled chewing; rapid or worm-like movements of tongue, excessive eye blinking). Tardive dyskinesia may develop in intial but may increase with cumulative dose. Report immediately; may be irreversible.

● Monitor frequency and consistency of bowel movements. Increasing bulk and fluids in the diet may help minimize constipation.

● Loxapine lowers the seizure threshold. Institute seizure precautions for patients with history of seizures.

● Monitor for development of neuroleptic malignant syndrome (fever, respiratory distress, tachycardia, convulsions, hyperpyrexia, hyperkalemia, severe muscle stiffness, loss of bladder control). Report symptoms immediately.

● Lab Test Considerations: Monitor CBC and differential before and periodically throughout therapy.

● Obtain fasting blood glucose and cholesterol levels initially and periodically during therapy.

● Monitor liver function studies and urine bilirubin and bile concentrations if patient develops jaundice.

● Toxicity and Overdose: Antiemetic effects of loxapine may block the action of ipecac. Overdose is treated by gastric lavage, barbiturates to control seizures, and supportive care for fluctuations in body temperature. Hypotension may be corrected by use of IV fluids, norepinephrine, or phenylephrine. Avoid use of ephedrine, as it may worsen hypotension.

Potential Nursing Diagnoses

Disturbed thought process (indicators)

Disturbed sensory perception (physical visual, auditory, kinesthetic, gustatory, tactile, or olfactory) (indicators)

Implementation

● Do not confuse loxapine (Loxitane) with acetretin (Soriatane), Lexapro (escitalopram), or fluoxetine (Prozac).

● PO: Administer tablets and capsules with food or milk to decrease gastric irritation.

● Do not administer antiacids or antihistamines within 2 hr of loxapine.

Patient/Family Teaching

● Instruct patient on need to take loxapine as directed. Take missed doses as soon as remembered, up to 1 hr before next scheduled dose. Patients on long-term high-dose therapy may need to discontinue gradually to avoid withdrawal symptoms (dyskinesia, tremors, dizziness, nausea, and vomiting).

● Instruct patient of possibility of extrapyramidal symptoms and tardive dyskinesia. Instruct patient to report these symptoms immediately to health-care professional.

● Advise patient to change position slowly to minimize orthostatic hypotension.

● May cause drowsiness. Caution patient to avoid driving or other activities requiring alertness until response to the medication is known.

● Caution patient to use sunscreen and protective clothing to prevent phototoxic reactions.

● Caution patient to avoid concurrent use of alcohol, other CNS depressants, and OTC medications without consulting health-care professional.

● Instruct patient to use frequent mouth rinses, sugarless gum or candy to minimize dry mouth. Consult health-care professional if dry mouth continues for 2 wk.

● Advise patient to notify health-care professional promptly if sore throat, fever, unusual bleeding or bruising, rash, weakness, tremors, visual disturbances, dark-colored urine, or clay-colored stools occur.

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Evaluation/Desired Outcomes

● Decrease in positive symptoms of schizophrenia (hallucinations, delusions, agitation).

● Decrease in excitable, manic behavior.

Why was this drug prescribed for your patient?

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