thiothixene (thye-oh-thix-een)

**Name**

**Classification**

Therapeutic: antipsychotics (conventional)

Pharmacologic: thioxanthenes

**Pregnancy Category: U**

**Indications**

Schizophrenia. Considered second-line treatment after failure with atypical antipsychotics. Unlabeled use: Other psychotic disorders, bipolar disorder.

**Action**

Alters the effect of dopamine in the CNS. Therapeutic effects: Diminished signs and symptoms of psychoses.

**Pharmacokinetics**

**Absorption:** Well absorbed following oral administration.

**Distribution:** Widely distributed; crosses the placenta.

**Metabolism and Excretion:** Mainly metabolized by the liver.

**Half-life:** 30 hr.

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

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<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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<td>PO</td>
<td>days–wks</td>
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**Contraindications/Precautions**

Contraindicated in: Hypersensitivity to thiothixene or other phenothiazines; Blood dyscrasias; Central nervous system depression.

Use Cautiously in:

- Geri: Geriatric or debilitated patients; Risk of mortality in elderly patients treated for dementia-related psychosis; Diabetes mellitus; Insulinoma; Tenedo; CNS tumors; Epilepsy; Intestinal obstruction; OB: Neutropenia; Lactation: bottle feed.

**Adverse Reactions/Side Effects**

**CNS:** Neuroleptic malignant syndrome, extrapyramidal reactions, tardive dyskinesia, seizures.

**EENT:** Blurred vision, dry eyes.

**CV:** Hypotension, tachycardia, non-specific ECG changes.

**GI:** Constipation, dry mouth, anorexia, ileus, nausea.

**GU:** Urinary retention.

**Derm:** Photosensitivity, pigment changes, rashes.

**Endo:** Amenorrhea, breast enlargement.

**Hemat:** Agranulocytosis, leukocytosis, leukopenia, neutropenia.

**Metab:** Hyperpyrexia.

**Misc:** Allergic reactions.

**Interactions**

**Drug-Drug:** Additive hypotension with antihypertensives, acute ingestion of alcohol, and nitrates. Additive hypotension may occur if epinephrine is given to treat hypotension. Additive CNS depression with other CNS depressants, including alcohol, antihistamines, antidepressants, opioid analgesics, and sedative-hypnotics. Additive anticholinergic effects with other drugs having anticholinergic properties, including antihistamines, anticholinergics, quinidine, or disopyramide. May reduce the effectiveness of levodopa. Risk of cardiac effects with quinidine.

**Drug-Natural Products:** Concomitant use of kava-kava, valerian, skullcap, chamomile, or hops may worsen CNS depression.

**Route/Dosage**

**PO (Adults):** Mild conditions—2 mg 3 times daily (up to 15 mg/day if necessary); Severe conditions—5 mg twice daily (up to 20–30 mg/day; not to exceed 60 mg/day).

**NURSING IMPLICATIONS**

**Assessment**

- Monitor patient’s mental status (orientation, mood, behavior) prior to and periodically during therapy.
- Assess weight and BMI initially and throughout therapy.
- Assess positive (hallucinations, delusions, agitation) and negative (social withdrawal) symptoms of schizophrenia.

**Nursing Considerations**

- Discontinued.
● Observe patient carefully when administering medication to ensure that medication is actually taken and not hoarded or cheeked.

● Assess patient for level of sedation following administration.

● Monitor patient for signs of akathisia (restlessness or desire to keep moving) and extrapyramidal side effects (tardive dyskinesia—difficulty speaking or swallowing, loss of balance; tremor, pill rolling of hands, mask-like face, shuffling gait, rigidity, trouble moving eyes, weakness of arms or legs); every 2 mo during therapy and 8–12 wk after therapy has been discontinued. Extrapyramidal symptoms are more common in geriatric patients and dystonias are more common in younger patients. Notify health care professional if these symptoms occur, because reduction in dosage or discontinuation of medication may be necessary. Trihexyphenidyl, diphenhydramine, or benztropine may be used to control these symptoms. Benzodiazepines may alleviate akathisia.

● Monitor for tardive dyskinesia (uncontrolled rhythmic movement of mouth, face, and extremities; lip-smacking or puckering, puffing of cheeks, uncontrolled chewing, rapid or worm-like movements of tongue, excessive eye blinking). Notify health care professional if these symptoms occur, because these symptoms may be irreversible.

● Monitor for development of neuroleptic malignant syndrome (fever, respiratory distress, tachycardia, convulsions, diaphoresis, hyperpyrexia or hyperthermia, palmar, Sterne’s, severe muscle stiffness, loss of bladder control). Notify health care professional immediately if these symptoms occur.

● Monitor for symptoms related to hyperprolactinemia (menstrual abnormalities, galactorrhea, sexual dysfunction).

● Lab Test Considerations: Thiothixene q serum prolactin levels and p serum uric acid levels. May cause false-positive or false-negative pregnancy tests.

● Monitor CBC and differential prior to and periodically during therapy. Risk of leukopenia is highest between weeks 4 and 10 of therapy.

● Monitor liver function studies prior to and periodically during therapy. Risk of hepatotoxicity is greatest 2–4 wk after beginning therapy.

● Lab Test Considerations: Obtain fasting blood glucose and cholesterol levels initially and during therapy.

Potential Nursing Diagnoses

Disturbed thought processes (Indications)

Sexual dysfunction (Side Effects)

Risk for injury (Side Effects)

Implementation

● Do not confuse Navane (thiothixene) with Norvasc (amlodipine).

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

● Patient/Family Teaching

● Instruct patient on need to take medication as directed. Take missed doses as soon as remembered unless 2 hr before next dose. Do not double dose. Patients on long-term high-dose therapy may need dose stepped to avoid withdrawal symptoms (dyskinesia, tremors, dizziness, nausea, and vomiting).

● Drowsiness may occur. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.

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

● 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 not to increase fluids and fluids in the diet and exercising may help minimize the constipating effects of this medication.

● Caution patient to avoid concurrent use of alcohol, other CNS depressants, and Rx, OTC, or herbal products without prior consulting health care professional.

● Caution patient to avoid exercising in hot weather and taking very hot baths, because this drug impairs temperature regulation.

● Instruct patient to notify health care professional promptly if sore throat, fever, skin rashes or discoloration, weakness, tremors, visual disturbances, menstrual abnormalities, galactorrhea or sexual dysfunction are noted.

● Refer as appropriate for nutritional/weight management and medical management.

● Advise patient to notify health care professional of medication regimen prior to treatment or surgery.
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- Emphasize the importance of continued medical follow-up for psychotherapy, eye exams, and laboratory tests, and to monitor response to medication and detect side effects.

Evaluation/Desired Outcomes

- Decrease in positive symptoms (hallucinations, delusions, agitation) of schizophrenia.
- Decrease in excited, manic behavior.

Why was this drug prescribed for your patient?