trifluoperazine (trye-flu-oh-pair-a-zeen)

Classifications
- Therapeutic: antipsychotics (conventional)
- Pharmacologic: phenothiazines
- Pregnancy Category C

Indications
Schizophrenia, nonpsychotic anxiety. Considered second-line treatment after failure with atypical antipsychotics. Unlabeled Use: Other psychiatric disorders, bipolar disorder.

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

Pharmacokinetics
Absorption: Absorption from tablets is variable; may be better with oral liquid formulations. Well absorbed following IM administration.

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

Protein Binding: 90%.

Metabolism and Excretion: Highly metabolized by the liver.

Half-life: Unknown.

TIME/ACTION PROFILE (antipsychotic effects)

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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<tr>
<td>PO</td>
<td>unknown</td>
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<td>12–24 hr</td>
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Contraindications/Precautions
- Hypersensitivity; Cross-sensitivity with other phenothiazines may exist; hypersensitivity to bisulfites (oral concentrate only); angle-closure glaucoma; bone marrow depression; severe liver or cardiovascular disease; lactation: Discontinue drug or bottle feed.

Use Cautiously in:
- Geriatric or debilitated patients (dose < recommended); risk of mortality in elderly patients treated for dementia-related psychosis; OB: Neonates at risk for extrapyramidal symptoms and withdrawal after delivery when exposed during the 3rd trimester; use only if benefit outweighs risk to fetus; diabetes mellitus; respiratory disease; PNI: hypertension, CNS taurism, epilepsy, intracranial abnormalities.

Adverse Reactions/ overdose
- CNS: disturbance, sedation, tardive dyskinesia.
- EENT: dry mouth, blurred vision, lens opacities.
- CV: hypotension, tachycardia.
- GI: constipation, anorexia, dry mouth, hepatitis, ileus.
- GU: urinary retention, priapism.
- Derm: photosensitivity, pigment changes, rash.
- HEM: agranulocytosis, leukopenia.
- Metab: hyperthermia.
- Misc: allergic reactions.

Interactions
- Drug-Drug: Additive hypotension with antihypertensives, acute ingestion of alcohol, or nitrates. Additive CNS depression with other CNS depressants, including alcohol, antihistamines, opioids, general anesthetics, other phenothiazines, guanethidine, and disopyramide. Acute encephalopathy may occur with lithium. May ↓ the effectiveness of levodopa. ↑ risk of agranulocytosis with antithyroid drugs.

Route/Dosage
- PO (Adults): Psychoses—2–5 mg 1–2 times daily (up to 40 mg/day). Anxiety—1–2 mg bid (not to exceed 6 mg/day or treatment longer than 12 wk).
- PO (children 6–12 yr): 1 mg once or twice daily (up to 15 mg/day).

NURSING IMPLICATIONS
- Assessment
  - Assess mental status (orientation, mood, behavior) and degree of anxiety 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.
  - Monitor BP (sitting, standing, lying), ECG, pulse, and respiratory rate prior to and frequently during the period of dosage adjustment. May cause Q-wave and T-wave changes in ECG.
● 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 intake and output ratios and daily weight. Notify health care provider if significant discrepancies occur.

● Monitor patient for onset of akathisia (restlessness or desire to keep moving) and extrapyramidal side effects (dyskinesia—difficulty speaking or swallowing, loss of balance control, pill rolling of hands, mask-like face, shuffling gait, rigidity, tremor, tremor; and dystonia—muscle spasms, twisting motion, trembling, inability to move eyes, weakness of arms or legs) every 2 mo during therapy and 6–12 mo after therapy has been discontinued. Notify health care professional if symptoms occur, because reduction in dosage or discontinuation of medication may be necessary. Trihexyphenidyl, diphenhydramine, or benztropine may be used to control these symptoms. These drugs may elevate akathisia.

● Monitor for tardive dyskinesia (uncontrolled rhythmic movement of mouth, face, and extremities; lip smacking or puckering; rolling of eyes; uncontrollable chewing, caput or worse forms of movements of tongue, incessant eye blinking). Notify health care professional immediately if these symptoms occur, because they may be irreversible.

● Monitor for development of neuroleptic malignant syndrome (fever, respiratory distress, tachycardia, convulsions, diaphoresis, hyper temperature or hyper thermia; extrapyramidal—difficulty speaking or swallowing, loss of balance control, pill rolling of hands, mask-like face, shuffling gait, rigidity, tremor; and dystonic—muscle spasms, twisting motion, trembling, inability to move eyes, weakness of arms or legs) every 2 mo during therapy and 6–12 mo after therapy has been discontinued. Notify health care professional if symptoms occur, because reduction in dosage or discontinuation of medication may be necessary. Trihexyphenidyl, diphenhydramine, or benztropine may be used to control these symptoms. These drugs may elevate akathisia.

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● Monitor serum prolactin prior to and periodically during therapy. May cause ↑ serum prolactin levels.

Potential Nursing Diagnoses

Indications

Disturbed thinking process (Indications)

Sedation/hypotonia (Side Effects)

Implementation

● PO: Administer end with food, water, or milk to minimize GI irritation. Tablets may be crushed and mixed with food or fluid for patients with difficulty swallowing.

Patient/Family Teaching

● Advise patient to take medication as directed and not skip doses or double up on missed doses. Take missed doses as soon as remembered unless almost time for the next dose. If more than 2 doses a day are ordered, the missed dose should be taken within 1 hr of the scheduled time or omitted. Abrupt withdrawal may lead to gastritis, nausea, vomiting, diaphoresis, headache, tremors, and insomnia.

● Inform patient of possibility of extrapyramidal symptoms and tardive dyskinesia; instruct patient to report if symptoms occur and discontinue drug if side effects persist.

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

● Advise patient to make position changes slowly to minimize orthostatic hypotension.

● Advise patient to use sunscreen and protective clothing when exposed to the sun to prevent photosensitivity reactions. Extremes in temperature should also be avoided, because this drug impairs body temperature regulation.

● Caution patient to avoid taking alcohol or other CNS depressants concurrently with this medication.

● 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 helps minimize the constipating effects of this medication.

● Inform patient that this medication may turn urine pink to reddish brown.

● Advise patient to monitor health care professional of medication regimen prior to treatment or surgery.
trifluoperazine

- Instruct patient to notify health care professional promptly if sore throat, fever, unusual bleeding or bruising, rash, weakness, tremor, visual disturbances, dark-colored urine, or clay-colored stools occur.
- Emphasize the importance of routine follow-up examinations to monitor response to medication and detect side effects. Periodic ophthalmic examinations are indicated.

Evaluation/Desired Outcomes
- Decrease in excitable, manic behavior.
- Decrease in anxiety. Therapeutic effects of oral doses may not be seen for 1–3 wks.
- Decrease in positive (hallucinations, delusions, agitation) symptoms of schizophrenia.

Why was this drug prescribed for your patient?