zuclopenthixol (zoo-kloe-pen-thix-ole)

Classification
Therapeutic: antipsychotics
Pharmacologic: thioxanthenes

Indications
Management of schizophrenia; oral — initial and maintenance management; IM (depot) — maintenance management of schizophrenia.

Action
Has high affinity for dopamine D1 and D2 receptors, α1 – adrenergic and 5–HT2 receptors. Dopaminergic blockade produces neuroleptic activity.

Therapeutic Effects: Decreases psychoses due to schizophrenia.

Pharmacokinetics
Absorption: PO — well absorbed following oral administration; IM (depot and acuphase) — slowly absorbed from IM sites.
Distribution: Enters breast milk.
Metabolism and Excretion: Mostly metabolized (partially by the CYP2D6 enzyme system), metabolites do not have antipsychotic activity; minimal amounts excreted unchanged in urine.
Half-life: PO — 20 hr.

Contraindications/Precautions
Contraindicated in: Treatment of dementia; Narrow angle glaucoma; Pedi: Safe and effective use in children 18 yr has not been established and is not recommended.
Use Cautiously in: Impaired hepatic or renal function; Electrolyte abnormalities, including hypokalemia, hypomagnesemia, concurrent diuretic therapy or drugs affecting QT interval or cardiovascular disease/history (risk of serious arrhythmias); Risk factors/history of stroke, Parkinson’s disease (risk of deterioration); Intestinal pathology or brain lesions (anti-emetic effect may mask symptoms); History of seizures (may lower seizure threshold); Parkinson’s disease (may cause deterioration); Abrupt discontinuation (should be tapered); Geri: Consider age-related decrease in renal, hepatic and cardiovascular function, concurrent disease states and drug therapies in patients 65 yr; OB: Infants exposed in the third trimester may exhibit extrapyramidal and withdrawal reactions including agitation, hypertension, hypotension, somnolence, respiratory distress and feeding disorders, do not use in pregnancy unless expected benefit to the mother outweighs potential fetal risk.

Adverse Reactions/Side Effects
CNS: NEUROLEPTIC MALIGNANT SYNDROME, dizziness, extrapyramidal symptoms, fatigue, sedation, tardive dyskinesia, weakness, syncope, abnormal vision accommodation.
CV: THROMBOEMBOLISM, arrhythmias, hypotension, tachycardia.
GI: constipation, dry mouth, diarrhea, thirst, vomiting.
Derm: photosensitivity reactions, sweating.
Endo: hyperprolactinemia, hyperglycemia.
GU: libido, abnormal urination.
Hemat: anemia, granulocytopenia.
Metab: weight change.
MS: myalgia.

Interactions
Drug-Drug: Risk of CNS depression with other CNS depressants including alcohol, some antihistamines, some antidepressants, antianxiety benztropines.

TIME/ACTION PROFILE (antipsychotic effect)

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>2–3 hr</td>
<td>4 hr</td>
<td>8–24 hr</td>
</tr>
<tr>
<td>IM (acuphase)</td>
<td>2–4 hr</td>
<td>8 hr</td>
<td>2–3 days</td>
</tr>
<tr>
<td>IM (depot)</td>
<td>within 3 days</td>
<td>3–7 days</td>
<td>2–4 wk</td>
</tr>
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Canadian drug name.

Genetic Implication. CAPI TALS indicate life-threatening, underline indicate most frequent. Strikethrough - Discontinued.

Can be found in the Therapeutic Products Directorate, a division of Health Canada’s Health Products and Food Branch. The medication is not approved by the United States Food and Drug Administration; however, a similar formulation carrying a different generic or brand name might be available in the U.S.
bromocriptine and serotonin antagonists. Blood levels and risk of toxicity will differ—

drug that inhibits the cytochrome P450 enzyme system. Concurrent use of diuretics
little need for adjustment. If injection volume exceeds 2 mL, dose should be divided and given
in two sites.

ROUTE/DOSAGE

PO (Adults): Dose may be increased by 10–20 mg/d daily according to response. Usual
forms to Zuclopenthixol decanoate (Depot) dosing—
dose was 150 mg, then daily oral dose could be 60 mg.

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Lab Test Considerations: Monitor CBC and liver function tests every 6 months and periodically as needed during treatment. May cause ↑ AST, ALT, and alkaline phosphatase.
- Monitor blood glucose prior to and periodically during therapy. May cause hyperglycemia.
- Monitor serum prolactin prior to and periodically during therapy. May cause ↑ serum prolactin levels.

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Discontinued.

Potential Nursing Diagnoses
Disturbed thought process
Risk for injury

Implementation
- PO: Administer tablets before or after meals.
- IM: Administer deep in large muscle. A test dose may be ordered for first administration.

Patient/Family Teaching
- Instruct patient to take as directed. If a dose is missed, omit and take next dose as scheduled. Discontinuation should be gradual.
- Advise patient to notify health care professional if extrapyramidal symptoms and tardive dyskinesia occur and to report these symptoms immediately to health care professional.
- Advise patient to change positions slowly to minimize orthostatic hypotension. Medications may cause dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Advise patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult with health care professional before taking other medications.
- Instruct 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.
- Instruct patient to avoid sun exposure and to wear protective clothing and sunscreen when outdoors.
- Advise patient to notify health care professional of medication regimen before treatment or surgery.

Evaluation/Desired Outcomes
- Decreased symptoms of schizophrenia (delusions, hallucinations, social withdrawal, flat, blunt affect).

Why was this drug prescribed for your patient?