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Sperdal™

Risperidone USP

50031

Presentation
Sperdal 1mg Tablet: Each tablet contains Risperidone USP 1mg.
Sperdal 2mg Tablet: Each tablet contains Risperidone USP 2mg.
Sperdal 4mg Tablet: Each tablet contains Risperidone USP 4mg.
Sperdal Solution: Each 1ml solution contains Risperidone 1mg.

Pharmacokinetics
Risperidone is readily absorbed after oral doses and pick plasma concentrations occur within 1 to 2 hours. It is extensively metabolized in the liver by hydroxylation to its main metabolite, 9-hydroxyrisperidone (paliperidone, p.1120); oxidative N-dealkaylation is a minor metabolic pathway. Hydroxylation is mediated by the cytochrome P450 isoenzyme CYP2D6 and is subject to genetic polymorphism. Excretion is mainly in the urine end, and to a lesser extent, in the faeces. Risperidone and 9-hydroxyrisperidone are about 90% and 77% bound to plasma proteins, respectively. Both are distributed into breast milk.

Metabolism: Although the hydroxylation of risperidone is subject to genetic polymorphism, the pharmacokinetics and effects of the active antipsychotic fraction (risperidone plus 9-hydroxyrisperidone) have been reported to vary little between extensive and poor metabolizes. A mean value 0f 19.5 hours has been reported for the terminal elimination half-life of the active fraction following oral doses of risperidone.

Indications
Treatment of schizophrenia in adults.
Treatment of schizophrenia in adolescents aged 13-17 years.
Alone or in combination with lithium or valproate, for the short-term treatment of acute manic or mixed episodes associated with Bipolar I Disorder in adults.
Alone in the short-term treatment of acute manic or mixed episodes associated with Bipolar I Disorder in children and adolescents aged 10-17 years.
Treatment of irritability associated with autistic disorder in children and young adults.
It has also been used as a control drug for people with tourette syndrome and other tic disorders.
Treatment of major depression with psychotic features.

Contra-indications:
Known hypersensitivity to this medication or any of its ingredients.

Side-Effect:
Risperidone has been associated with weight gain. Other common side effects include akathisia, sedation, dysphoria, insomnia, sexual dysfunction, low blood pressure, high blood pressure, muscle stiffness, muscle pain, tremors, increased salivation, constipation, and stuffy nose.
Many antipsychotics are known to cause hyperprolactinemia which may lead to hypogonadism-induced osteoporosis, galactorrhoea, gynaecomastia, irregular menstruation and sexual dysfunction. However, risperidone is known to increase prolactin to a greater extent than other atypical antipsychotics. Although lactation is possible in both sexes using other antipsychotic drugs, risperidone is the biggest offender. There is a higher association between pituitary neoplasms with use of risperidone and amisulpride than with other antipsychotic agents. It is thought that once risperidone raises prolactin, it may cause prolactinoma, a benign tumor of the pituitary gland. Tumors, in general, are not considered reversible. Medical therapy may help reduce tumor size and restore normal reproduction and pituitary function, however, dopamine agonists are not likely to be prescribed to antipsychotic users, thus, surgery or radiation treatment may be required. This condition may recur if the patient is switched to a different antipsychotic. Risperidone has been known to cause increased thoughts of suicide.
Risperidone can potentially cause tardive dyskinesia (TD), extrapyramidal symptoms (EPS), and neuroleptic malignant syndrome (NMS). Risperidone may also trigger diabetes and more serious conditions of glucose metabolism, including ketoacidosis and hyperosmolar coma.

Precautions
Risperidone should be used with caution in patients with cardiovascular disease, including conditions associated with QT prolongation, or conditions predisposing to hypotension. Cautions is also recommended in patients with a history of or a risk of developing cerebrovascular disease, in patients with Parkinson's disease or epilepsy, and in patients with hepatic or renal impairment.
Risperidone may affect the performance of skilled tasks such as driving.
Gradual withdraw of risperidone is recommended because of the risk of withdrawal symptoms, including sweating nausea and vomiting, and rebound psych, with abrupt cessation.

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In pregnancy only if benefits outweigh the risk. In lactation, avoid the drug.

Dose and Administration
Risperidone is a benzisoxazole atypical antipsychotic, reported to be an antagonist at dopamine D2, serotonin (5-HT2), adrenergic (1 and 2), and histamine (H1) receptors. It is given orally for the treatment of schizophrenia (below) and in the short-term treatment of acute manic or mixed episodes associated with bipolar disorder (below). It is also given orally for the short-term (up to 6 weeks) treatment of persistent aggression in patients with moderate to severe Alzheimer's disease unresponsive to non-pharmacological therapies and when there is risk of harm to self or others. Risperidone may be given by deep intramuscular injection for maintenance therapy in patients with schizophrenia tolerant to oral antipsychotics, or with bipolar disorder.
For schizophrenia, the usual initial oral dose of risperidone is 2mg daily; this may be increased to 4mg daily on the second day, and subsequently adjusted as required in steps of 1 or 2mg according to tolerance, at intervals of not less than 24 hours. Most patients benefit from doses of 4 to 6mg daily. Risperidone may be given once daily or 2 divided doses. Extra pyramidal symptoms may be more likely with doses above 10mg daily; US licensed product information does not recommend daily doses above 6mg if divided into 2 doses, although higher doses are permitted if given as a single dose. The maximum recommended dose is 16mg daily.
An initial oral dose of 500 micrograms twice daily slowly increased in steps of 500 micrograms twice daily, if necessary, to a dose of 1 to 2mg twice daily is recommended for elderly or debilitated patients with schizophrenia. Above doses of 1.5mg twice daily, increases should be made at intervals of at least 1 week.
The long-acting formulation of risperidone should be given by deep intramuscular injection every 2 weeks. Patients with no history of risperidone use should be given risperidone orally for several days to assess tolerability. Treatment may then be started as follows:

- Patients not stabilized on oral risperidone: 25mg every 2 weeks
- Patients stabilized on oral risperidone for at least 2 weeks in doses of 4mg daily or less: 25mg every 2 weeks
- Patients stabilized on oral risperidone for at least 2 weeks in doses above 4mg daily: 37.5mg every 2 weeks

Oral risperidone should be continued for the first 3 weeks after the first injection.
Dose increases of 12.5mg may be considered at least 4 weeks after the previous adjustment up to a maximum of 50mg every 2 weeks; the clinical effects of a dose adjustment may not be seen for at least 3 weeks after the change.
For the treatment of mania in bipolar disorder, a recommended initial oral dose is 2 to 3mg once daily. Dosage adjustments of 1mg daily may be made at intervals of not less than 24 hours up to a total of 6mg daily. The initial dosage regimen in elderly or debilitated patients should be reduced as for schizophrenia. In the USA, the long-acting injection may be given by deep intramuscular injection for maintenance therapy in a dose of 25mg every 2 weeks; some patients may benefit from a higher dose of 37.5 or 50mg.
For the treatment of persistent aggression in an Alzheimer's disease, the usual initial oral dose is 250 micrograms twice daily. Dosage adjustment of 250 micrograms twice daily may be made no more frequently than every other day if required. The optimum dose for most patients is 500 micrograms twice daily although some may need up to 1mg twice daily.
Reduced doses are recommended in patients with hepatic or renal impairment.

Drug Interactions:
The central effects of other CNS depressants, including alcohol, may be enhanced by risperidone. Risperidone may also enhance the effects of antihypertensive. There may be an increased risk of QT prolongation when risperidone is given with other drugs that are known to cause this effect. Risperidone may antagonize the actions of levodopa and other dopaminergics.
Carbamazepine has been shown to decrease the antipsychotic fraction (risperidone plus 9-hydroxyrisperidone) of risperidone and a similar effect may be seen with other enzyme inducers. Fluoxetine may increase the plasma concentrations of the antipsychotic fraction by raising the concentration of risperidone. Dose adjustment of risperidone may be necessary in such situations.
Increased mortality has been reported in elderly patients with dementia who are given risperidone and furosemide. Caution is advised when using risperidone with furosemide or other potent diuretics.
Storage Condition: Keep out of the reach of children. Store at a cool temperature (not exceeding 25^{0}C) and dry place, protect from light.

Commercial Pack:
Sperdal 1mg Tablet: 5x10's tablet in alu-alu blister pack.
Sperdal 2mg Tablet: 5x10's tablet in alu-alu blister pack.
Sperdal 4mg Tablet: 3x10's tablet in alu-alu blister pack.
Sperdal Solution: Bottle of 100ml solution.

Manufactured by:
synovia
Synovia Pharma PLC., Station Road, Tongi, Gazipur.
A Subsidiary of BEXIMCO PHARMACEUTICALS LTD.

525744/2

Direction Slip artwork legend

Product Name	:	Sperdal
Code number	:	525744/2
Dimension	:	L 10.73 x W 3.15 inches
Min. size of text	:	8 pt
Used Colors	:	Black C ■ Pantone 186 C ■