

## Antipsychotic Polypharmacy, Part 2: Tips on Use and Misuse

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**Issue:** *Antipsychotic polypharmacy is common in clinical practice, but has not been adequately studied.*

**P**resented here is a visual lesson to accompany last month's BRAINSTORMS feature: "Antipsychotic Polypharmacy, Part 1: Therapeutic Option or Dirty Little Secret?" (1999;60:425–426)

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Figure 1. First-Line Antipsychotic Use

When switching from one atypical antipsychotic to another, it is frequently prudent to "cross-titrate," i.e., build down the dose of the first drug while building up the dose of the other. This leads to transient administration of 2 drugs, but is justified in order to reduce side effects and the risk of rebound symptoms and to accelerate the administration of the second drug.

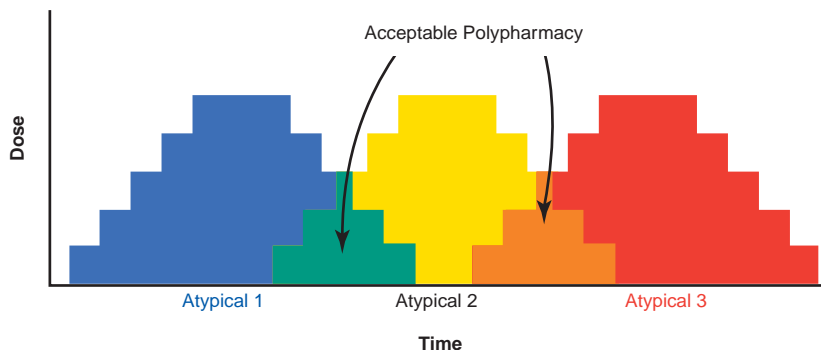
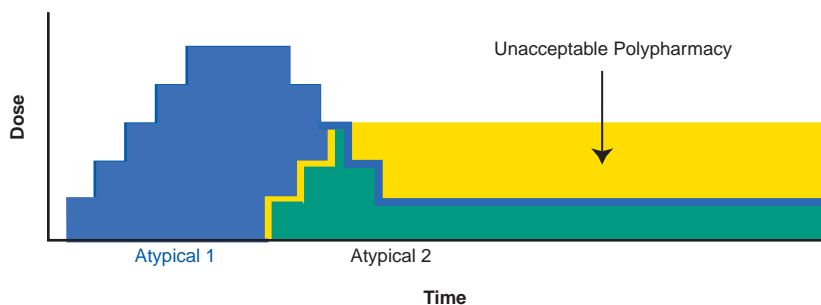
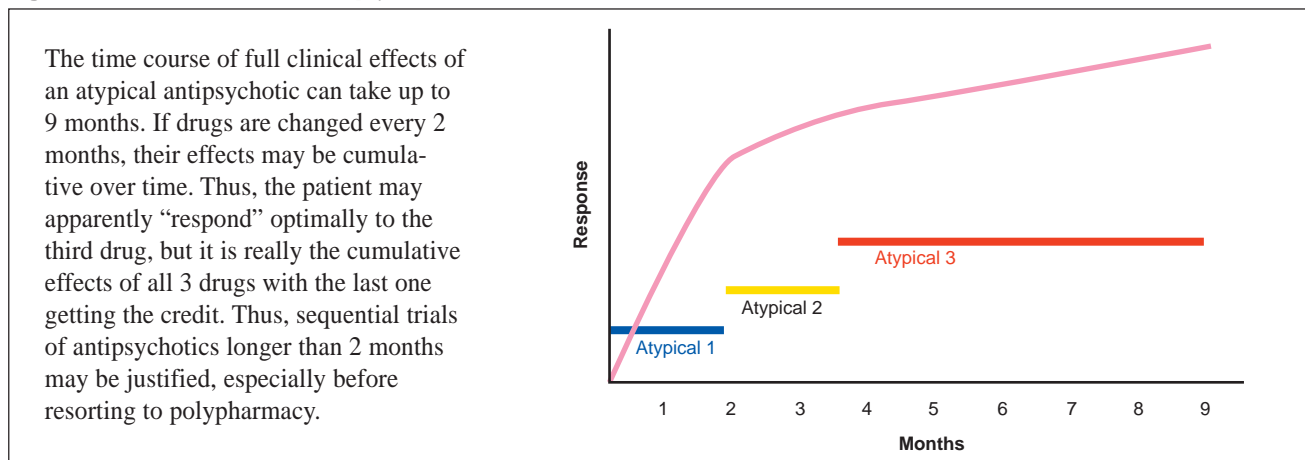


Figure 2. Getting Trapped in Cross-Titration

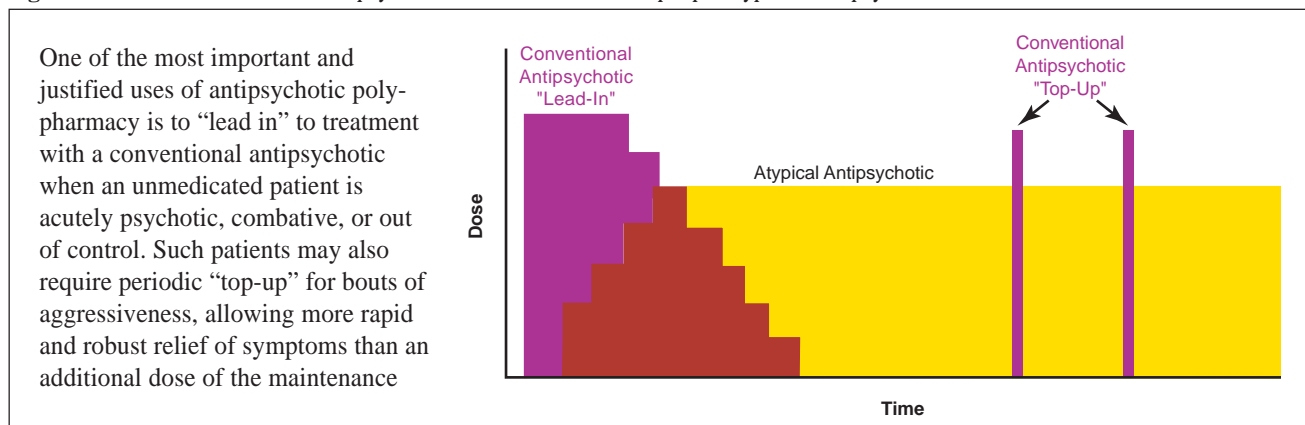
When switching from one atypical antipsychotic to another, the patient may improve in the middle of cross-titration. The polypharmacy that results if cross-titration is stopped and the patient continues both drugs indefinitely is not currently justified.



**Figure 3. Time Course of Full Antipsychotic Effects: Who Gets the Credit?**



**Figure 4. Use of Conventional Antipsychotics to “Lead In” or “Top Up” Atypical Antipsychotics**



**Figure 5. When All Else Fails**

