

Guideline 17: Selecting Antipsychotics for a Patient With a History of Side Effects^{Questions 45 & 46}

The experts preferred quetiapine for patients with extrapyramidal side effects (EPS), tardive dyskinesia (TD), or hyperprolactinemia. They preferred risperidone for patients with excessive daytime sedation. The experts would avoid conventional antipsychotics and clozapine in patients with a history of central anticholinergic syndrome or significant peripheral anticholinergic syndrome, tachycardia, or drug-induced orthostatic hypotension. They would avoid conventional antipsychotics in patients with a history of EPS, TD, or hyperprolactinemia. They would avoid clozapine and mid- or low-potency conventional antipsychotics in a patient with a history of excessive daytime sedation.

Patient has a history of	If low dose indicated		If medium/high dose indicated	
	Preferred	Also consider	Preferred	Also consider
Central anticholinergic syndrome	<i>(None)</i>	Risperidone Quetiapine Aripiprazole		Risperidone Quetiapine Aripiprazole
Significant peripheral anticholinergic side effects		Risperidone Quetiapine Aripiprazole		Risperidone Quetiapine Aripiprazole
Drug-induced orthostatic hypotension		Aripiprazole Risperidone Quetiapine		Risperidone Quetiapine
Excessive daytime sedation	Risperidone	Aripiprazole		Risperidone
Extrapyramidal side effects (drug-induced reversible motor side effects)	Quetiapine	Olanzapine Aripiprazole	Quetiapine	Aripiprazole Olanzapine
Hyperprolactinemia		Quetiapine Aripiprazole Olanzapine		Quetiapine Olanzapine
Tachycardia		Risperidone Quetiapine Olanzapine		Risperidone Quetiapine Aripiprazole
Tardive dyskinesia*	Quetiapine	Olanzapine Aripiprazole Clozapine		Quetiapine Olanzapine

*If an older patient develops a dyskinesia while receiving an antipsychotic, but the clinician believes the patient's condition requires continued treatment with a psychotropic medication, the experts recommend continuing treatment with an antipsychotic medication, but switching to an alternate agent that has a lower liability for causing TD if possible. They would also consider tapering the current antipsychotic to the lowest possible dose.^{Question 47}