

# 07 - Amisulpride

## Amisulpride

Pharmacokinetics CHAPTER 11 Amisulpride Amisulpride plasma levels are closely related to dose with insufficient variation to make routine plasma level monitoring prudent. Higher levels observed in women<sup>27-29</sup> seem to have little significant clinical implication for either therapeutic response or adverse effects. A (trough) threshold for clinical response has been suggested to be approximately 100mcg/L<sup>30</sup> and mean levels of 367mcg/L<sup>29</sup> have been noted in responders. Adverse effects (notably extrapyramidal side effects [EPSEs]) occur at mean levels of 336mcg/L,<sup>27</sup> 377mcg/L<sup>30</sup> and 395mcg/L.<sup>28</sup> A plasma level threshold of below 320mcg/L has been found to predict avoidance of EPSEs.<sup>30</sup> One review<sup>31</sup> has suggested an approximate range of 200-320mcg/L for optimal clinical response and avoidance of adverse effects but a more recent consensus statement<sup>32</sup> suggested a target range of 100-320mcg/L. A dose of 200mg a day is sufficient to give a blood level of 100mcg/L<sup>33</sup> so this lower threshold is probably too low for a reliable therapeutic effect. In older patients with Drug Target range Sample timing Time to steady state Comments Olanzapine 20-40mcg/L 12 hours 1 week See text Paliperidone 20-60mcg/L (9-OH risperidone) Trough 2-3 days oral 2 months depot Target range is the same as that established for risperidone.<sup>21</sup> As with risperidone, routine plasma level monitoring is not recommended. Phenytoin 7 10-20mg/L Trough Variable Follows zero-order kinetics. Free levels may be useful in some circumstances. Quetiapine Around 50-100mcg/L? Trough? 2-3 days oral Target range poorly defined. Plasma level monitoring not recommended. See text. Risperidone 20-60mcg/L (active moiety - risperidone + 9-OH risperidone) Trough 2-3 days oral 6-8 weeks injection Routine plasma level monitoring is not recommended. See text. Tricyclics<sup>22</sup> Nortriptyline 50-150mcg/L Amitriptyline 100-200mcg/L Trough 2-3 days Rarely used and of dubious benefit. Use ECG to assess toxicity. Valproate<sup>6,7,23-25</sup> 50-100mg/L Epilepsy and bipolar Trough 2-3 days Some doubt over value of levels in epilepsy and in bipolar disorder. Some evidence that, in mania, levels up to 125mg/L are tolerated and more effective than lower concentrations. Valproate plasma levels are linearly related to plasma ammonia.<sup>26</sup> Table 11.1 (Continued )

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