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Summary

106 The Maudsley® Prescribing Guidelines in Psychiatry CHAPTER 1 Penfluridol weekly Background Penfluridol is a diphenylbutylpiperidine FGA available in countries such as Brazil, China, India, Israel and the Netherlands and can be imported to other countries. Penfluridol is unusual in having a very long plasma half-life - at least 60 hours.¹ After oral administration, peak levels are reached within 12 hours and drug can still be detected 168 hours after a single oral dose.² Its long duration of action seems to be a result of rapid distribution into fat tissue which acts as a drug reservoir.³ This property allows penfluridol to be used as a once-weekly oral therapy for supervised ingestion - an alternative to long-acting injectable antipsychotics. Clinical effectiveness Several trials have examined the use of once-weekly oral penfluridol, in doses ranging from 5mg to 160mg per week.⁴ When given in this manner it is at least as effective as depot FGAs^{5,6} and may be better tolerated overall.⁴ A Dutch retrospective cohort study (n = 8,257) found that discontinuation trends for oral penfluridol and depot formulations were similar.⁷ In a small retrospective observational study of 19 patients (most of whom were treatment resistant), Dunnett and colleagues found just over half of the people prescribed penfluridol (n = 9) continued taking it during a 1-year follow-up,⁸ suggesting some efficacy in these patients. Although the dose-response relationship remains unclear, a weekly dose of 30mg is thought to be adequately effective,⁹ although a dose of 120mg a day (that is, a total of 840mg a week) has been used.¹⁰ Steady-state levels and plasma elimination half-lives of people taking penfluridol can vary significantly, probably because of differences in adiposity.³ An early study found that a loading dose regimen (first dose 80mg; a total of 200mg over the first week) is effective and well tolerated¹¹ but this regimen remains unlicensed and untested in larger studies. Penfluridol is probably underused considering the high rates of non-adherence with oral antipsychotics and the reluctance to prescribe depots.¹² Adverse effects Adverse effects include acute EPS, increased prolactin and TD, as might be expected.⁸ It is usually not sedative. Like pimozide (another diphenylbutylpiperidine), penfluridol appears to prolong the QT interval.¹³ Penfluridol is a cytotoxic agent which may have anticancer properties.¹⁴ Summary ■ ■Penfluridol can be given orally once a week. ■ ■Supervised weekly administration is at least as effective as long-acting injections. ■ ■The usual dose is 20-40mg a week, but much higher doses have been used. ■ ■Adverse effects are those common to FGAs and include QT prolongation. ■ ■Sedation is minimal.

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