

115 - Alternative routes of administration

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Schizophrenia and related psychoses CHAPTER 1 Alternative routes of administration The main routes of administration for antipsychotics are oral or intramuscular. Preparations formulated for these routes of administration are readily available and discussed elsewhere in the Guidelines. There may be some rare circumstances where these routes of administration are unsuitable, for example due to medical illness or surgery affecting the GI tract and/or patient preference. Below and in Table 1.26 we list some alternative routes of administration and the drugs available in formulations suitable for these routes. Table 1.26 Alternative formulations and routes of administration of antipsychotics. Drug name and route Dosing information Manufacturer Notes

Inhaled Loxapine inhaled (Adasuve) 9.1mg (10mg), can be repeated after 2 hours Angelini Pharma (UK) Teva (USA) ■ ■ Licensed for the rapid control of mild to moderate agitation in patients with schizophrenia or bipolar disorder in the UK and USA ■ ■ Administration requires co-operation of the patient ■ ■ Associated with increased risk of bronchospasms

Intranasal Droperidol IV 5–10mg (higher doses have been used) Off-label, see notes ■ ■ ECG monitoring is recommended

Haloperidol IV 5–10mg (higher doses have been used) Off-label, see notes ■ ■ Used off-label for acute disturbance, limited evidence ■ ■ ECG monitoring is recommended ■ ■ EPSEs reported in case studies

Olanzapine IV 1.25–30mg Off-label, see notes ■ ■ Used off-label for acute disturbance, limited evidence ■ ■ Hypoxia, respiratory depression and bradycardia reported

Sublingual Asenapine sublingual (Sycrest, Saphris) 5mg twice daily, up to a maximum dose of 10mg twice daily Organon Pharma (UK) ■ ■ Licensed for moderate to severe manic episodes associated with bipolar disorder in the UK ■ ■ Licensed for schizophrenia and bipolar disorder in the USA ■ ■ Eating and drinking should be avoided for 10 minutes after administration (Continued)

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