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References

Schizophrenia and related psychoses CHAPTER 1 Notes ■ ■ Akathisia can be difficult to diagnose with certainty and is commonly overlooked or misdiagnosed in clinical practice. Clinical physical examination schedules for EPS and akathisia have been proposed.^{34,35} ■ ■ Evaluate the efficacy of each treatment option over at least 1 month if possible. Some effect may be seen after a few days, but it may take much longer to become apparent in those with chronic akathisia. ■ ■ Withdraw previously ineffective add-on akathisia treatments before starting the next option in the algorithm. ■ ■ Combinations of treatments may be considered for refractory cases, if carefully monitored. ■ ■ Other possible treatments for acute akathisia that have been investigated include vitamin B6,^{16,36,37} pregabalin,³⁸ diphenhydramine,³⁹ trazodone^{25,40} and zolmitriptan.^{41,42} Always read the primary literature before considering any of the treatment options. ■ ■ Parenteral midazolam (1.5mg) has been successfully used to prevent akathisia associated with IV - metoclopramide,⁴³ suggesting a specific therapeutic effect for midazolam against akathisia and perhaps benzodiazepines more generally. ■ ■ In some cases where agitation/akathisia are recognised as short-lived effects of antipsychotic medication when initiated (e.g. with aripiprazole, cariprazine), prophylactic or rescue benzodiazepines may be prescribed for a limited period. Clinical experience suggests this practice can be effective. (Continued) References

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