

# 205 - References

## References

208 The Maudsley® Prescribing Guidelines in Psychiatry CHAPTER 1 Lumateperone and pimavanserin are not listed in the table because of their limited availability. Both drugs cause few or no EPSEs or akathisia, have no effect on prolactin or blood pressure and cause minimal weight gain and metabolic disturbance.<sup>70,71</sup> Pimvanserin prolongs QT,<sup>72</sup> whereas lumateperone seems to have no effect on the ECG.<sup>73</sup> To see the relative effect of all antipsychotics on these parameters, please see the Psymatik Treatment Optimizer.<sup>74</sup> References

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20. Mir S, et al. Atypical antipsychotics and hyperglycaemia. *Int Clin Psychopharmacol* 2001; 16:63–74. Table 1.48 (Continued) Adverse effect Suggested medications Alternative medications Tardive dyskinesia 47–53 Clozapine Aripiprazole Olanzapine Quetiapine Weight gain 16, 36, 38, 54–65 Amisulpride Asenapine Aripiprazole\* Haloperidol Brexpiprazole Trifluoperazine Cariprazine Lurasidone Ziprasidone \* There is evidence that both switching to and co-prescription of aripiprazole can be associated with reductions in body weight and plasma prolactin levels, better lipid profiles and a decrease in plasma glucose levels. 66–69

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