

56 - Antipsychotics

Antipsychotics

Drug treatment of psychiatric symptoms in the context of other conditions CHAPTER 10

Antipsychotics Table 10.17 summarises the use of antipsychotics in bariatric surgery. Table 10.17
Antipsychotics in bariatric surgery. Medication Specific evidence and considerations Aripiprazole²⁰
One case report of subtherapeutic levels post RYGB using aripiprazole tablets that became
therapeutic on switching to suspension. Available as an LAI. Asenapine²¹ Primarily absorbed via
oral mucosa. Problems after bariatric surgery are not expected One case report of successful use
after RYGB. Brexpiprazole No data available on absorption after bariatric surgery Cariprazine No
data available on absorption after bariatric surgery The absorption of oral contraceptives may be
reduced after bariatric surgery.²² Therefore, to ensure highly effective contraception for women
prescribed cariprazine, non-oral methods are recommended. Clozapine^{23–25} Two case reports of
relapse after RYGB²⁶ Take drug plasma levels before surgery and regularly monitor after.
Constipation is common after surgery; the manufacturer recommends close monitoring and active
treatment. Check smoking status (quitting before surgery is encouraged); adjust dose accordingly.
Haloperidol²⁷ Single case report suggests levels after RYGB are similar to those generally reported
in the literature. Iloperidone No data available on absorption after bariatric surgery Lumateperone
No data available on absorption after bariatric surgery Lurasidone Risk of reduced absorption with
reduced or inconsistent calorific intake perioperatively. Must be taken with food for absorption
(350kcal). One case report of relapse following GRDS. Significant reduction in bioavailability and
peak serum concentration.²⁸ One case report post-RYGB showed significant reduction in plasma
concentration with no worsening of psychotic symptoms.²⁹ Consider switching to alternatives
before surgery. Olanzapine One report of reduction in dose-adjusted drug concentration following
bariatric surgery³⁰ One case report following RYGB of continued efficacy with no dose adjustment
required³¹ In an in vitro model olanzapine was found to have a significantly lower dissolution after
RYGB which may lead to decreased bioavailability.³² Follow general recommendations.
Quetiapine^{7,30,33} Dose-adjusted concentrations decreased following bariatric surgery. Switching
to immediate-release preparation and dividing doses above 300mg has been recommended.
Risperidone³⁴ Consider switching stable patients to an equivalent dose of paliperidone LAI.
Risperidone LAI has been used successfully when oral treatment was not tolerated after bariatric
surgery. Ziprasidone³⁵ Must be taken with food for absorption (500kcal); risk of reduced
absorption with reduced/inconsistent calorific intake perioperatively. Consider switching to
alternatives before surgery. (Continued)

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