

# Abilify

(aripiprazole)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

## Forms/Strengths

- **Tablets:** 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg
- **Orally Disintegrating Tablets (Abilify ODT):** 10 mg, 15 mg
- **Oral Solution:** 1 mg/mL

## Dosing

- **Age:** >6 y/o
  - **Irritability Associated with Autistic Disorder:** 6-17 years
  - **Bipolar I Disorder (Acute Mania/Mixed):** 10-17 years, adults
  - **Schizophrenia:** 13+ years, adults
  - **Tourette's Disorder:** 6-17 years
- **Onset:** Variable; clinical effect typically within days to weeks for mood/behavioral symptoms
- **Duration:** ~75 hours (half-life); steady-state typically achieved within 1-2 weeks
- **Considerations:** Monitor for EPS, metabolic and cardiovascular changes, assess behavioral shifts (especially in ADHD/mood dysregulation), and counsel families on potential side effects and gradual titration.
- **Initial Dose:**
  - Autism: 2 mg/day
  - Bipolar: 2-5 mg/day (pediatrics), 10-15 mg/day (adults)
  - Schizophrenia: 2 mg/day titrated to 10-15 mg/day
  - Tourette's: 2 mg/day
- **Titration:** Increase dose every 1-2 weeks
- **Max Dose:**

Indication	Pediatric Max Dose	Adult Max Dose
Autism	15 mg/day	N/A

Bipolar I	30 mg/day	30 mg/day
Schizophrenia	30 mg/day	30 mg/day
Tourette's	20 mg/day (6-12 y/o), 30 mg (13-17 y/o)	N/A

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## Quick Facts

- Partial agonist at dopamine D2 & serotonin 5-HT1A; antagonist at 5-HT2A receptors
- Modulates neurotransmission to stabilize mood and reduce psychotic symptoms
- Approved for reducing irritability and tantrums in children with autistic disorder
- Effective as adjunctive therapy in major depressive disorder
- Useful in controlling manic symptoms in bipolar I disorder and reducing motor/vocal tics in Tourette's Disorder
- Off-label benefits include use in ADHD-related aggression, disruptive behavior, and impulsivity
- Lower risk of EPS and metabolic burden compared to many first-generation and some second-generation antipsychotics (e.g., olanzapine, clozapine)
- Common side effects: akathisia, restlessness, insomnia, nausea, headache, weight gain, constipation
- Use with caution in patients with cardiovascular/metabolic risks

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## Indications

- **Irritability Associated with Autistic Disorder (ICD-10: F84.0):** Reduces aggression and tantrums.
- **Major Depressive Disorder, Adjunctive Use (ICD-10: F32.x / F33.x):** Enhances antidepressant effects.
- **Schizophrenia (ICD-10: F20.x):** Reduces delusions and hallucinations.
- **Bipolar I Disorder (ICD-10: F31.x):** Controls manic episodes and stabilizes mood.
- **Tourette's Disorder (ICD-10: F95.2):** Reduces motor and vocal tics.

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## Off-Label Uses

- **Generalized Anxiety Disorder (ICD-10: F41.1):** Sometimes used adjunctively in refractory cases
- **Post-Traumatic Stress Disorder (ICD-10: F43.10):** May benefit select patients not responding to first-line treatments

- **Borderline Personality Disorder (ICD-10: F60.3):** May help reduce impulsivity and emotional dysregulation
  - **Behavioral Control in ADHD/Disruptive Behavior:** Although not FDA-approved for this use, aripiprazole is often considered in pediatric patients with significant aggression or impulsivity when first-line ADHD treatments are insufficient
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## How to Take

- **Administration:**
    - Can be taken **with or without food**
    - **Orally Disintegrating Tablets (ODT):** Place on the tongue and allow to dissolve; do not chew or crush
    - **Oral Solution:** Measure accurately with a dosing syringe or cup
    - Take at the **same time each day** for consistency in drug levels
  - **Missed Dose:**
    - Take as soon as possible unless it is near the next scheduled dose; do not double up
  - **Discontinuation:**
    - Taper gradually when discontinuing to avoid withdrawal effects or rebound behavioral symptoms
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## Side Effects

- **Common:**
  - Akathisia, restlessness
  - Fatigue, drowsiness
  - Nausea, vomiting
  - Dizziness, constipation
- **Serious:**
  - **Black Box Warnings:** Increased mortality in elderly patients with dementia-related psychosis; increased suicidality in children/young adults with major depressive disorder
  - Tardive dyskinesia (involuntary facial, tongue, or body movements; risk increases with long-term use)
  - Neuroleptic malignant syndrome (high fever, muscle rigidity, confusion, altered consciousness, autonomic instability; rare but life-threatening)
  - Hyperglycemia and related complications (ketoacidosis, diabetic coma)
  - Orthostatic hypotension
  - Seizures/convulsions
  - Low white blood cell count
  - Laryngeal spasm and dystonic reactions (pharynx, hypopharynx, tongue)
  - Compulsive behaviors (gambling, binge eating, shopping, sexual urges)
  - Allergic reactions (rash, hives, swelling, difficulty breathing/swallowing)

- Cerebrovascular adverse reactions in elderly patients with dementia-related psychosis (stroke, TIA)
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## Monitoring / Labs

- **Metabolic Effects:** Monitor weight, fasting glucose, and lipid profiles regularly.
  - **Psychiatric Symptoms:** Watch for worsening mood, suicidal thoughts, or unusual behavior.
  - **Tardive Dyskinesia:** Assess for abnormal involuntary movements periodically.
  - **Blood Pressure:** Monitor for orthostatic changes, especially in older adults.
  - **Baseline and Routine Monitoring:**
    - Fasting glucose and lipid profile.
    - CBC (if history of leukopenia/neutropenia).
  - **Others:** Monitor prolactin if symptoms of hyperprolactinemia occur.
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## Education

- **When to Call the Doctor:**
  - Signs of **allergic reaction** (rash, swelling, difficulty breathing).
  - High fever, muscle stiffness, or confusion (**possible Neuroleptic Malignant Syndrome**).
  - Uncontrolled movements of face, tongue, arms, or legs (**possible Tardive Dyskinesia**).
  - Sudden mood changes, agitation, suicidal thoughts.
  - Severe dizziness or fainting.
  - Excessive thirst, frequent urination, unexplained weight loss (**possible hyperglycemia**).
- **Safety Tips:**
  - Avoid **alcohol and CNS depressants**, as they may enhance sedation.
  - Caution with activities requiring alertness (e.g., driving) until individual response is known.
  - Slow positional changes to prevent **orthostatic hypotension**.
  - Maintain hydration and monitor for **heat intolerance**.
  - Tapering may be necessary before discontinuation to prevent withdrawal effects.
- **Parent Tips for Pediatric Patients:**
  - Monitor for **behavioral changes** (e.g., aggression, restlessness, suicidal ideation).
  - Encourage **nutrient-dense meals** to counteract potential weight gain.
  - Watch for **sedation-related school performance issues**.
  - Communicate with **teachers and caregivers** regarding behavioral or academic changes.
  - Ensure adherence; skipping doses may reduce symptom control.

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# Additional Information

- **Contraindications:**
  - Hypersensitivity to aripiprazole or any component of the formulation.
- **Pregnancy:** May cause extrapyramidal/withdrawal symptoms in neonates; use if benefits > risks (limited data)
- **Lactation:** Excreted in breast milk; not recommended.
- **Drug Interactions:**
  - **CYP3A4 and CYP2D6 inhibitors** (e.g., fluoxetine, ketoconazole) may increase aripiprazole levels.
  - **CYP3A4 inducers** (e.g., carbamazepine, rifampin) may decrease efficacy.
  - May potentiate effects of **antihypertensives**, leading to hypotension.
  - Caution with **dopamine agonists or antagonists** due to possible pharmacodynamic interactions.

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# References

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