

Abilify

(aripiprazole)

Full Prescribing Information	DailyMed Drug Information
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Forms/Strengths

- **Tablets:** 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg
- **Orally Disintegrating Tablets (Abilify Discmelt):** 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
- **Duration:** ~75 hours (half-life)
- **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

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
- Side effects: akathisia, restlessness, insomnia, nausea, potential metabolic changes
- Lower risk of extrapyramidal symptoms (EPS) compared to first-generation antipsychotics.
- Less metabolic side effect burden than other second-generation antipsychotics like olanzapine or clozapine.
- Use with caution in patients with cardiovascular/metabolic risks

Indications

- **Irritability Associated with Autistic Disorder (ICD-10: F84.0):** Reduces aggression and tantrums.
- **Major Depressive Disorder, Adjunctive Use (ICD-10: F32.9 / F33.9):** 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.

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:**
 - Increased mortality in elderly patients with dementia-related psychosis (not applicable in pediatric use)
 - Tardive dyskinesia (risk increases with prolonged use)
 - Neuroleptic malignant syndrome (rare but potentially life-threatening)
 - Hyperglycemia, including ketoacidosis and diabetic coma
 - Orthostatic hypotension
 - Increased risk of suicidal thoughts/behaviors in children and young adults with major depressive disorder
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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:** Use only if benefits outweigh risks; limited data available (Category C).
- **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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