

Risperdal

(risperidone)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **Tablets:** 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg
- **ODT:** 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg

Dosing

- **Age:** Adults and pediatric patients (pediatric use approved for irritability in autism, typically ages 5–16)
- **Considerations:** Start low (especially in pediatric patients); titrate gradually based on response and tolerability; monitor metabolic parameters and prolactin levels.
- **Initial Dose:**
 - Adults (schizophrenia, bipolar disorder): 1–2 mg/day
 - Pediatrics (irritability): 0.25–0.5 mg/day
- **Titration:**
 - Increase by 1 mg increments in adults
 - Increase by 0.25–0.5 mg increments in children
 - Adjust dosing every few days to weekly based on response and side effects
- **Max Dose:** Approximately 6 mg/day in adults; pediatric maximum is weight dependent (often lower than adult maximum)

Quick Facts

- Atypical antipsychotic; blocks dopamine D2 and serotonin 5-HT2A receptors
- Modulates neurotransmission; improves psychotic symptoms, mood, and reduces irritability
- Available as oral tablets (including orally disintegrating options)

- Common side effects: weight gain, sedation, extrapyramidal symptoms, hyperprolactinemia
 - Required bloodwork: baseline and periodic fasting glucose, lipid panel, and prolactin levels
 - Unique dual receptor mechanism provides broad therapeutic effects in psychotic and mood disorders
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Indications

- **Irritability Associated with Autistic Disorder (ICD-10: F84.0):** Reduces aggression, self-injury, and tantrums.
 - **Schizophrenia (ICD-10: F20.x):** Reduces psychotic symptoms, such as delusions and hallucinations.
 - **Bipolar Disorder (ICD-10: F31.x):** Controls manic symptoms and helps stabilize mood.
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Off-Label Uses

- **Generalized Anxiety Disorder (ICD-10: F41.1):** Sometimes used adjunctively in treatment-refractory cases.
 - **Post-Traumatic Stress Disorder (ICD-10: F43.10):** Occasionally employed off-label in patients not responding to first-line treatments.
 - **Borderline Personality Disorder (ICD-10: F60.3):** May help reduce impulsivity and emotional dysregulation.
 - **Tourette's Disorder (ICD-10: F95.2):** Occasionally used off-label to reduce motor and vocal tics.
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How to Take

- Take **once or twice daily**, as directed.
 - Can be taken **with or without food**.
 - **Swallow the tablet whole**; do not crush or chew.
 - If using the **orally disintegrating tablet (ODT)**, place it on the tongue and let it dissolve completely—do not chew.
 - If using the **oral solution**, measure with a provided dosing syringe or cup—do not mix with tea or cola.
 - **Do not abruptly stop** taking; tapering may be required to avoid withdrawal effects.
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Side Effects

- Extrapyrarnidal symptoms (e.g., tremor, rigidity, akathisia)
 - Hyperprolactinemia (which may cause galactorrhea, menstrual disturbances)
 - Weight gain and metabolic abnormalities
 - Sedation and dizziness
 - Orthostatic hypotension
 - Potential risk for tardive dyskinesia with long-term use
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Monitoring / Labs

Metabolic Monitoring:

- Baseline and periodic fasting glucose and lipid profile
- Regular weight checks and assessment of body mass index (BMI)

Prolactin Levels:

- Check baseline levels and monitor if symptoms suggest hyperprolactinemia (e.g., galactorrhea, menstrual irregularities)
 - **Neurological Monitoring:**
 - Regular assessment for extrapyramidal symptoms and tardive dyskinesia
 - Monitor blood pressure, particularly during dose adjustments
 - **Other Considerations:**
 - In elderly patients with dementia-related psychosis, close monitoring is necessary due to increased mortality risk (not applicable in pediatric use)
 - Routine laboratory monitoring should be individualized based on clinical status
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Education

- **When to Call the Doctor:**
 - Severe **mood changes, aggression, or suicidal thoughts**.
 - Uncontrollable muscle movements (**tardive dyskinesia**).
 - Fever, muscle stiffness, confusion (**possible neuroleptic malignant syndrome**).
 - Sudden dizziness, fainting, or irregular heartbeats.
 - Signs of **high blood sugar** (excessive thirst, frequent urination, blurred vision).
- **Safety Tips:**
 - **Monitor blood sugar levels**, especially in patients with diabetes.
 - Use caution in patients with **dementia-related psychosis**, as it may increase the risk of stroke.
 - Avoid **alcohol and sedatives**, which may increase drowsiness.
 - Rise slowly from sitting or lying positions to prevent dizziness.

- **Weight gain and metabolic changes** may occur; monitor diet and physical activity.
 - **Parent Tips for Pediatric Patients:**
 - Monitor for **changes in mood, irritability, or aggression**.
 - Watch for **increased appetite and weight gain**; encourage balanced nutrition.
 - Observe for **sedation or drowsiness** affecting school performance.
 - Keep **regular follow-up appointments** to track effectiveness and side effects.
 - Report any **unusual movements or muscle stiffness** to the healthcare provider.
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Additional Information

- **Contraindications:**
 - **Hypersensitivity** to risperidone or formulation components.
 - Use with caution in patients with **cardiovascular disease, seizure disorders, or history of stroke**.
 - **Pregnancy:**
 - **Category C**; use only if benefits outweigh risks.
 - May cause **withdrawal symptoms** in newborns if taken in the third trimester.
 - **Lactation:**
 - **Excreted in breast milk; not recommended** due to potential adverse effects on the infant.
 - **Drug Interactions:**
 - **CNS depressants** (e.g., alcohol, benzodiazepines) may increase sedation.
 - **Serotonergic drugs** (e.g., SSRIs, SNRIs, MAOIs) may increase the risk of **serotonin syndrome**.
 - **Antihypertensive medications** may increase the risk of **low blood pressure and dizziness**.
 - **CYP2D6 inhibitors** (e.g., fluoxetine, paroxetine) may increase risperidone levels, requiring dose adjustments.
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Revision #16

Created 31 December 2024 06:42:22 by Josh LeJeune NP

Updated 13 March 2025 01:09:27 by Josh LeJeune NP