Summary prescribing guidelines Risperidone long acting injection

1. Patient selection

- The choice of antipsychotic should be decided on in partnership with the service user, and carer if appropriate.
- When deciding on the most suitable medication the relative potential of individual antipsychotics to cause extrapyramidal side effects (such as akathisia), metabolic side effects (such as weight gain), and other side effects (including unpleasant subjective experiences) should be considered.
- Depot/long-acting injectable antipsychotics should be considered when:
  - service users would prefer this after an acute episode
  - avoiding covert non-adherence to medication is a clinical priority
  - the injections and their delivery (for example, home visits, location of clinics) are within the preferences and attitudes of the service user.

Accordingly, patients should only be prescribed RLAI if the above criteria are fulfilled.

2. Dose

By deep intramuscular injection into the gluteal or deltoid muscle.

*Risperdal® Consta™ comes in an un-graduated syringe. Due to the formulation the whole syringe must be given to deliver the dose contained within the syringe. Giving a proportion of the syringe contents by volume will not necessarily deliver the same proportion of the dose.*

*Risperdal® Consta™ packs have two administration needles for deltoid and gluteal administration. Care must be taken to ensure the correct length needle is used of the correct route. Bioequivalence has been demonstrated between the deltoid and gluteal sites.*

<table>
<thead>
<tr>
<th>Previous Treatment</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>No previous exposure to risperidone</td>
<td>Pre-treat with oral risperidone for several days to assess tolerability to risperidone</td>
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<tr>
<td>OR Exposure more than 12 months ago</td>
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<tr>
<td>Documented toleration of risperidone in the last 12 months</td>
<td>Initiate 25mg RLAI every 2 weeks</td>
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| Currently stabilised on typical depot antipsychotic for documented reasons of non-compliance or patient choice | Pre-treat with oral risperidone for several days to assess tolerability to risperidone if no documented toleration of risperidone in the last 12 months  
  THEN 25mg RLAI one week before final dose of depot due  
  THEN 25mg every 2 weeks |

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<th>Clinical Considerations</th>
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| After initiation of treatment | • Release of risperidone is minimal during the first three weeks of treatment, continue with oral antipsychotic at full dose for at least three weeks  
  • Taper down and discontinue oral antipsychotic during weeks five to seven |
| When to increase the dose | • Dosing adjustments should not be made more frequently than 8 weekly, to ensure that time has been allowed for the dose to reach steady-state |
| **Doses of 37.5mg** | - Only consider after 4 injections of 25mg  
- Individuals previously stable on more than 4mg daily of oral risperidone may be considered for starting on 37.5mg |
| **Doses of 50mg** | - Have not been shown to be more effective than treatment with 25mg  
- May be required for some patients  
- Associated with extrapyramidal side effects |
| **Doses above 50mg** | - Not licensed  
- Associated with extrapyramidal side effects |
| **Use in elderly over 65 years** | - Maximum licensed dose 37.5mg every two weeks  
- Not licensed for the treatment of behavioural symptoms of dementia |
| **Children and adolescents** | - Not licensed in children and adolescents younger than 18 years. |
| **Administration more frequently than every two weeks** | - Not licensed  
- There is no pharmacokinetic rationale to support administration more frequently than every two weeks |
| **Discontinuing RLAI** | - The manufacturer recommends leaving eight weeks after the last RLAI before commencing an alternative depot.  
- Plasma levels of risperidone will remain at steady state for 4 to 6 weeks after the last injection.  
- Levels will drop significantly over weeks six to seven and then more slowly over the following two weeks |

3. Responsibilities of clinicians involved

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<tr>
<th><strong>Stage of Treatment</strong></th>
<th><strong>Specialist</strong></th>
<th><strong>General Practitioner</strong></th>
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| **Initiation** | - Assessment and diagnosis of schizophrenia and other psychosis  
- Identify appropriate patients for RLAI  
- Provide written advice to GPs on initiation of RLAI in appropriate outpatients  
- Initiation of RLAI in appropriate inpatients  
- Provide verbal and written treatment information to patient when appropriate | - Liaise with Community Psychiatric Nurses (CPNs) and the specialist.  
- Initiation of prescribing and titration of dose under advice of specialist in appropriate outpatients  
- Take over prescribing responsibility on discharge |
| **Administration of RLAI** | - Ensure that robust arrangements are in place  
- Arrange continued involvement of CPN  
- Provide support and advice as necessary | - Liaise with specialist & CPNs to ensure treatment adherence  
- Arrange administration by appropriate primary care team member for selected individuals  
- Seek support and advice from specialist & CPNs when necessary |
| **Monitoring of treatment** | - Provide support to GP  
- Advise on dose alterations when necessary. | - Undertake regular reviews and refer to specialist if appropriate  
- Monitor for the presence of adverse drug reactions and response to treatment  
- Monitor appropriate physical health parameters  
- Liaise with CPN and the specialist when required. |
<p>| <strong>Termination of treatment</strong> | - Advising the GP when RLAI should be discontinued for patients receiving | - Co-operating with the Specialist during the discontinuation phase |</p>
<table>
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<th>long-term treatment.</th>
<th>Liaise with CPN when required</th>
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<td>• Provide necessary supervision and support during the discontinuation phase.</td>
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- Liaise with CPN when required.