Risperidone (Risperdal®)

Drug Education Handout



Why is this drug is used?	To treat behavioral symptoms associated with dementia.
Typical dosing:	 Begin with 0.25 mg once a day. Slowly increase dose if no significant side effects. Maximum daily dose is 2 mg.
Available Formulations & Estimated Cost:	1. Tablet, immediate-release (brand & generic): Strengths: 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg Cost (30 day supply): Generic \$117-360; Brand \$230 - \$425
	2. Tablet, orally-disintegrating (brand & generic): Strengths: 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg. Cost (30 day supply): \$135 - \$425
	3. Solution (brand & generic): Strengths: 1 mg/mL Cost (30 mL bottle): \$155 - \$300
Contraindications & Precautions for this drug:	• A prior negative response to quetiapine. May include: swelling, rash, hives, etc.
Common Side Effects:	 Weight gain Restlessness Feeling sleepy Dizziness Anxiety Runny nose Throat irritation Headache Insomnia

Managing this medication:

- 1. Start at a low dose (0.25mg once a day) & slowly increase the dose.
- 2. Take with or without food and a full glass of water.
- 3. Take this drug at the same time each day.
- 4. Orally-disintegrating tablets: do not push the tablet out of the foil when opening. Use dry hands to take it out and put on your tongue. Water is not needed. Do not swallow whole.
- 5. Measure solution doses carefully. Use the measuring device that comes with the drug. Liquid may be taken without mixing or may be mixed with half cup of water, low fat milk, or orange juice. *Do not mix with cola or tea.*
- 6. Inform your health-care provider if you experience: suicidal thoughts, confusion, very bad dizziness, change in how you act, mood changes, shakiness, not able to urinate, trouble swallowing, inability to focus, seizures, change in eyesight, shortness of breath, drooling, enlarged breasts, change in sex ability, no menstration, muscle cramps, or other side effects.





References:

- 1. Lexicomp risperidone, Risperdal®
- 2. Red Book Average Wholesale Price of Drugs 2013
- 3. Kirby Lee, PharmD, MA, MAS and Ron Finley, RPh, UCSF Memory and Aging Center