

DISCLAIMER: The information contained herein should NOT be used as a substitute for the advice of an appropriately qualified licensed physician or other health care provider.

| There are some FDA-approved indications for SGAs, as outlined below: | | | |
|---|---|--|---|
| Condition | Aggression in patients with autism spectrum disorder | Bipolar disorder* | Schizophrenia |
| SGA with FDA approval | Aripiprazole (ages 6 and older) Risperidone (ages 5 and older) | Aripiprazole (ages ≥ 10) Asenapine (ages ≥ 10) Lurasidone (ages ≥ 10) Olanzapine (ages ≥ 13) Risperidone (ages ≥ 10) Quetiapine (ages ≥ 10) | Aripiprazole (ages ≥ 13) Lurasidone (ages ≥ 13) Olanzapine (ages ≥ 13) Paliperidone (ages ≥ 12) Risperidone (ages ≥ 13) Quetiapine (ages ≥ 13) |
| Typical Starting Doses of SSRI's: | | | |
| Medication | Pre-pubertal Children | Peri-pubertal Children | Post-pubertal Adolescents |
| Fluoxetine | 2.5- 5 mg | 5-10 mg | 10 mg |
| Escitalopram | 1- 2.5 mg | 2.5 mg | 5-10 mg |
| Sertraline | 12.5 mg | 12-25 mg | 25- 50 mg |

| Approximate Dosing Equivalents | | | | |
|---------------------------------------|----------|-----------|------------|--------|
| SSRI | Step 1 | Step 2 | Step 3 | Step 4 |
| Fluoxetine | 10 mg | 20 mg | 40 mg | 60 mg |
| Sertraline | 25-20 mg | 50-100 mg | 100-150 mg | 200 mg |
| Escitalopram | 5 mg | 10 mg | 20 mg | 30 mg |

| Managing Side Effects of SSRIs | | |
|--|-----------------------|---|
| Patient Reports | Clinical Description | Action to Consider |
| Uneasy restless feeling, need to move legs/walk around, diaphoresis | Akathisia | Lower dose, titrate slowly |
| Restlessness, increased impulsivity, difficulty falling asleep | Activation | Lower dose, titrate slowly |
| Dizziness, nausea/emesis, h/a, gait instability, myalgias, fatigue | Withdrawal syndrome | Restart or reinstate low to moderate dose |
| Clonus, disorientation, increased blood pressure, fever | Serotonergic toxicity | Reduce drug interactions, seek consultation in severe cases |
| Bizarre behaviors, not sleeping for days, rapid speech, extreme irritability | Mania (rare) | Stop medication and consult with psychiatrist |

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| Recommended monitoring for metabolic adverse effects in individuals who are taking SGAs is described below: | | | | |
|--|----------|----------------------|-----------|----------|
| | Baseline | 3 mo. after starting | 6 monthly | Annually |
| Complete Blood Count/differential | X | | | X |
| Fasting Basic Metabolic Panel (electrolytes, BUN and creatinine, and glucose) | X | | | X |
| Fasting Glucose | | | X | |
| Liver Function Tests (AST, ALT) | X | X | | X |
| Fasting Lipid Panel (Total Cholesterol, LDL, HDL, Triglycerides) | X | | X | X |
| Height/weight/BMI | X | X | X | X |
| Pulse/Blood Pressure | X | X | | X |