**Fluphenazine decanoate**  
(flew-FEN-ah-zeen)  

**CLASSIFICATION(S):** Antipsychotic, phenothiazine  

**PREGNANCY CATEGORY:** C  

◆ Rx: Modecate Concentrate.  

**CONTRAINDICATIONS**  
Use of the decanoate in liver disease.  

**SPECIAL CONCERNS**  
Begin therapy cautiously with the hydrochloride in those with phenothiazine sensitivity or with disorders that may cause undue reactions. May then follow with the decanoate.  

**SIDE EFFECTS**  

**PREGNANCY CATEGORY: C**  
Most Common  
After PO use: Drowsiness, dizziness, agitation, dry mouth, anorexia, nausea, constipation, headache, changes in vision.  
After parenteral use: Drowsiness, dizziness, lethargy, nausea, anorexia, blurred vision, dry mouth, constipation, extrapyramidal symptoms.  

See Antipsychotic Agents, Phenothiazines, Chapter 2, for a complete list of possible side effects.  

**USES**  
Decanoate, Parenteral: For clients requiring prolonged and parenteral neurolipetic therapy (e.g., chronic schizophrenia).  

Fluphenazine hydrochloride:  

**CLASSIFICATION(S):** Antipsychotic, phenothiazine  

**PREGNANCY CATEGORY:** C  

◆ Rx: Apo-Fluphenazine.  

**SIDE EFFECTS**  

**PREGNANCY CATEGORY: C**  
Most Common  
**Rx:** Modecate Concentrate.  

**USES**  
Fluphenazine hydrochloride:  

**ACTION/KINETICS**  

**ACTION**  
Has affinity for the following receptors: dopamine D₂, histamine H₁, alpha-adrenergic, and serotonin 5-HT₂.  

**KINETICS**  
High incidence of extrapyramidal symptoms and a low incidence of sedation, anticholinergic effects, antiepileptic effects, and orthostatic hypotension.  

**Pharmacokinetics**  
Only 2.7% bioavailable when given PO and 3.4% bioavailable when given IM or SC. The decanoate ester dramatically increases the duration of action. Decanoate: Onset, 24–72 hr; Peak plasma levels, 24–48 hr; t½ (approximate), 21 days; duration, 4 or more weeks. Hydrochloride: Peak plasma levels: 2.8 hr; t½: About 18 hr for PO product. Fluphenazine hydrochloride can be cautiously administered to clients with known hypersensitivity to other phenothiazines.  

**CONTRAINDICATIONS**  
Use of the decanoate in liver disease.  

**SPECIAL CONCERNS**  
Begin therapy cautiously with the hydrochloride in those with phenothiazine sensitivity or with disorders that may cause undue reactions. May then follow with the decanoate.  

**SIDE EFFECTS**  

**PREGNANCY CATEGORY: C**  
Most Common  
After PO use: Drowsiness, dizziness, agitation, dry mouth, anorexia, nausea, constipation, headache, changes in vision.  
After parenteral use: Drowsiness, dizziness, lethargy, nausea, anorexia, blurred vision, dry mouth, constipation, extrapyramidal symptoms.  

**USES**  
Decanoate, Parenteral: For clients requiring prolonged and parenteral neurolipetic therapy (e.g., chronic schizophrenia).  

Hydrochloride, Oral/Parenteral:  
Management of manifestations of psychotic disorders.  

**NOTE:** For severely agitated clients, treat initially with the hydrochloride; after acute symptoms improve, can give the decanoate and adjust dose as required.  

**DRUG INTERACTIONS**  
Alcohol / Enhanced CNS depressant effects, especially impaired motor skills; possible dystonic reactions; do not use together  
Anticholinergic drugs / / Enhanced CNS depressant effects, especially impaired motor skills  
Epinephrine / Possible worsening of hypotension due to antipsychotic-induced alpha blockade; do not use together  
Charcoal / / Fluphenazine absorption from GI tract → ↓ effect  
CNS depressants / / Enhanced CNS depressant effects, especially impaired motor skills  
Phenytoin / Possible potentiation of hypotensive effects  

**HOW SUPPLIED**  
Fluphenazine decanoate: Injection: 25 mg/mL.  
Fluphenazine hydrochloride: Elixir: 2.5 mg/5 mL; Injection: 2.5 mg/mL; Oral Solution, Concentrate: 5 mg/mL; Tablets: 1 mg, 2.5 mg, 5 mg, 10 mg.
DOSAGE

DECANOATE
• IM; SC
  Chronic schizophrenia.
  Individualize dosage. Adults, initial: 12.5–25 mg (0.5–1 mL) IM or SC; then, the dose may be repeated or increased q 1–3 weeks. The usual maintenance dose is 50 mg/1–4 weeks. Maximum adult dose: 100 mg/dose. If doses greater than 50 mg are needed, increase succeeding doses cautiously in 12.5 mg increments. NOTE: For clients stabilized on a fixed daily PO dosage of fluphenazine, conversion to the long–acting decanoate may be indicated. As a general rule, 20 mg/day of PO fluphenazine hydrochloride is equivalent to fluphenazine decanoate 25 mg q 3 weeks. Do not exceed 100 mg

HYDROCHLORIDE
• ELIXIR; ORAL SOLUTION CONCENTRATE; TABLETS
  Psychotic disorders.
  Individualize dosage. Adults initial: 2.5–10 mg/day in divided doses q 6–8 hr; then, when symptoms are controlled, reduce gradually to maintenance dose of 1 or 5 mg/day (usually given as a single dose, not to exceed 20 mg/day). Geriatric, emaciated, debilitated clients, initial: 1–2.5 mg/day; then, dosage determined by response.

ADMINISTRATION/STORAGE
  1. The PO dose is about 2–3 times the parenteral dose.
  2. Institute treatment with a low initial dose of the hydrochloride and increase as needed. Therapeutic effect is often reached with doses under 20 mg/day, although doses up to 40 mg/day may be needed.
  3. In poor risk clients (i.e., phenothiazine hypersensitivity or with disorders that predispose to untoward reactions), start PO or parenteral drug cautiously.
  4. Store at room temperature and avoid freezing the elixir.
  5. Color of parenteral solution may vary from colorless to light amber. Do not use solutions that are darker than light amber.
  6. Do not mix the hydrochloride concentrate with any beverage containing caffeine, tannates (e.g., tea), or pectins (e.g., apple juice) due to a physical incompatibility.
  7. Give the hydrochloride form when beginning phenothiazine therapy. Consider the decanoate form after the response to the drug has been evaluated and for those who demonstrate compliance problems.
  8. Give IM or SC using a dry syringe and at least a 21 gauge needle. A wet needle or syringe may cause solution to become cloudy.

ASSESSMENT
  1. List reasons for therapy, onset and characteristics of S&S, other therapies trialed, outcome; note clinical presentation.
  2. Obtain labs and monitor periodically during prolonged therapy: LFTs, CBC, and eye exams. Use doses greater than 10 mg/day with caution. When symptoms are controlled, switch to PO therapy often with single daily doses.

CLIENT/FAMILY TEACHING
  1. Review administration times; determine if able to assume responsibility for self-medication. Many long term clients do better on monthly injection.
  2. When the PO concentrate is to be used, measure the dose using a calibrated device only. Add the amount of drug to at least 60 mL of a suitable diluent just prior to administration. Appropriate diluents include tomato or fruit juice, milk, and uncaffeinated soft drinks. Do not use caffeine–containing beverages (e.g., coffee, tea, or cola) or pectinates (e.g., apple juice).
3. Avoid activities that require mental alertness until drug effects realized; may cause drowsiness.
4. Avoid hot tubs, hot shower and tub baths as low BP may occur; in hot weather, avoid strenuous activity, keep cool as heat stroke may occur.
5. Do not stop abruptly. Change positions slowly to avoid low BP effects.
6. Review written guidelines concerning side effects that should be reported and when to return for follow-up. Stress importance of regular psychotherapy.
7. Report jaw, neck, and back muscle spasms, slow or difficult speech, shuffling walk, persistent fine tremor (tardive dyskinesia) or inability to sit still, fever, chills, sore throat, or flu-like symptoms, mouth sores, unusual fatigue, difficulty breathing or swallowing, severe skin rash, yellowing of the skin or eyes, irregular heartbeat. May need labs and drug withdrawn.
8. Wear sunscreen to prevent sunburns and avoid prolonged sun exposure. Increase fluids to prevent constipation and for dry mouth effects. Urine may turn pink-reddish brown.
9. Avoid alcohol, CNS depressants, and OTC drugs or cough remedies. Report any unusual or intolerable side effects. Cigarette smoking may decrease drug effectiveness.
10. Keep all F/U to assess response, labs, adverse SE.

OUTCOMES/EVALUATE
- Improved behavior patterns with ↓ agitation, ↓ paranoia and withdrawal
- Control of psychotic disorders