

Treatments for Antipsychotic Side Effects

Treatment	Dose	Benefits	Risks	
Metabolic	Liraglutide (Saxenda) (subcutaneous injection)	Start: 0.6 mg QD (as subcutaneous injection). Target: 3 mg, after increasing by 0.6 mg weekly	Weight loss	Nausea, gastroparesis, biliary disease, pancreatitis
	Melatonin	3-5 mg QHS	Weight loss, insomnia	
	Metformin	Start: 500 mg Target: 1,000-2000 mg	Weight loss, insulin sensitivity, triglycerides, and prolactinemia	B12 deficiency, hypoglycemia, lactic acidosis. Nausea improve by taking with food or using XR.
	Naltrexone	50 mg QD with food	Weight loss	Nausea; rare liver toxicity Prevents opioids from working
	Probiotics	1 capsule QD (take with a probiotic, see Chapter X)	Weight loss, insulin sensitivity	Risks in immunocompromised
	Samidorphan (Lybalvi)	Dosed as combo with olanzapine	Weight loss	Prevents opioids from working
	Semaglutide (Wegovy) (subcutaneous injection)	Start: 0.25mg qWeek. Increase every 4 weeks to target of 2.4 mg qWeek	Weight loss	Nausea, gastroparesis, biliary disease, pancreatitis
	Tirzepatide (Zepbound) (subcutaneous injection)	Start: 2.5mg qWeek. Increase by 2.5 mg to target of 5-15 mg qWeek	Weight loss	Nausea, gastroparesis, biliary disease, pancreatitis
	Topiramate	Start: 25 mg QHS. Increase by 25 mg/week to target of 50-200 mg QHS (or divide BID)	Weight loss	Cognitive, renal stones

Akathisia	Benzodiazepines	Varies (eg, lorazepam 1-3 mg/day divided BID or TID)	Akathisia	Sedation, cognition, dependence
	Propranolol	Start 20-40 q8hr mg PRN. Switch to ER once daily dose is established (80-240)	Akathisia	Hypotension, bradycardia, Raynaud's phenomenon
	Vitamin B6	300-600 mg/day	Akathisia, tremor, prolactinemia	Neuropathy (particularly at > 1000 mg)
Tardive dyskinesia	Amantadine	Start 100 mg Qam. Increase to 200-300 mg divided BID after 1 week (give in morning and afternoon)	Weight loss, tardive dyskinesia	Rare hallucinations. Caution in CHF.
	Deutetrabenazine	Start 6 mg BID, increase by 3 mg BID every week to 24 mg BID (take with food)	Tardive dyskinesia	QTc prolongation (reduced with XR form)
	Valbenazine	Start 40 mg QD, raise to 80 mg QD after a week	Tardive dyskinesia	QTc prolongation
	Ginkgo (EGb-761, Tebonin form)	80 mg TID	Tardive dyskinesia	
Hyperprolactinemia	Bromocriptine	2.5 mg QHS	Prolactinemia	Hallucinations
	Metformin	Start: 500 mg Target: 1000-2000 mg (with food, prefer XR)	Weight loss, insulin sensitivity, triglycerides, and prolactinemia	B12 deficiency, hypoglycemia, lactic acidosis
	Vitamin B6	600-1,200 mg/day	Akathisia, tremor, prolactinemia	Neuropathy (particularly at > 1,000 mg/day)