

**Risperidone causes mild sedation, tachycardia and dystonic reactions. Paliperidone causes delayed and prolonged posture-evoked tachycardia.**

## Toxicity / Risk Assessment

*Dose-toxicity profile not well defined*

### Clinical features:

- Early mild sedation
- Extra-Pyramidal Side Effects (EPSE) are very common
  - e.g. dystonia, dysarthria
  - Onset can be delayed up to 72 hours
  - EPSE can be prolonged following depot injection
- Tachycardia
  - Onset can be delayed up to 20 hours and may persist for days following paliperidone ingestion
- Orthostatic hypotension
- QT prolongation is rare
- Coma and seizures are NOT expected

## Management

Good supportive care is the mainstay of treatment

### **Decontamination:**

Consider **activated charcoal 1g/kg up to 50 g** for any ingestion > 1mg/kg up to 2 hours post ingestion

### Extra-Pyramidal Side Effects (EPSE)

- Benztropine 1-2 mg IV (Paediatric dose: 0.02 mg/kg up to 1mg)

### Arrhythmias

- Symptomatic paliperidone-induced posture-evoked tachycardia may require prolonged bed rest in a monitored environment
- Correct any electrolyte abnormality (Ca<sup>2+</sup>, K<sup>+</sup>, Mg<sup>2+</sup>)

### **Disposition**

- Admit symptomatic patients
- Risperidone: discharge pending mental health assessment if asymptomatic and with normal ECG six hours post ingestion
- Paliperidone: observe for at least 20 hours for delayed-onset effects and until asymptomatic
- Advise all patients that EPSE may occur up to 3 days post ingestion, and that recurrence should prompt medical review