# About your medication

# RISPERIDONE

(Riserdal®
0.5mg, 1mg, 2mg, 3mg and 4mg
tablets
Risperdal® mixture 1mg/mL,
Risperdal® 'Quicklet' 0.5mg, 1mg,
2mg, 3mg, and 4mg orally
disintegrating tablets)

Other brands may be available

# WHAT IS RISPERIDONE?

Risperidone is from a new class of antipsychotic agents, the benzisoxazole derivatives. It is only available on a doctor's prescription.

# WHAT IS IT FOR?

Risperidone relieves symptoms of psychosis, a mental disorder in which there is loss of contact with reality. It can reduce tension, hostility and excitement that can occur in the illness. It can help with aggressive or impulsive behaviour. It also can be used in a condition known as Tourette's Syndrome and in autism.

# **HOW TO TAKE THIS MEDICINE**

It is important that this medicine is given only as directed and not given to other people. Do not give more or less without your doctor's advice.

Treatment starts with low doses and is then increased over the next few days according to response and tolerance. This is to avoid a 'first dose' effect (marked drop in blood pressure) which may otherwise occur.

Once the acute illness is controlled, the dose may then be reduced to the lowest effective level for maintenance.

Risperidone tablets can be taken with a glass of water or other liquid. The oral solution should be mixed with a non-alcoholic drink. Mineral water, orange juice, coffee and milk are suitable. Tea is unsuitable.

Measure solution accurately using an oral syringe or measuring cup/spoon. Risperidone can be taken either with or between meals.

Risperidone orally disintegrating tablets are fragile; they should not be pushed through the foil as this will cause damage. Open blister by opening corner fold. After removal from its blister, the orally-disintegrating tablets should be consumed immediately as it can not be stored once removed. Do not attempt to split the tablet. Orally-disintegrating tablets should be placed on the tongue. It begins disintegrating in the mouth within seconds and then can be swallowed with or without water. If you take with food, your mouth should be empty before placing the tablet on the tongue

# WHAT TO DO IF A DOSE IS MISSED

If you miss a dose of the medication it can be taken as soon as you remember. Do not take the missed dose if it is close to the next one; just take the next dose as normal. **Do not double-up on any doses.** 

# STORING THE MEDICINE

It is important to keep Risperidone locked away out of the reach of children.

Do not keep the medicine in the bathroom, near the kitchen sink or in other damp, warm places because this may make them less effective. Store in a cool, dry place, away from heat and direct light.

#### **USE OF OTHER MEDICINES**

Care must be taken when using Risperidone with some other medications. Check with your doctor or pharmacist before giving any prescription medicine or medicine

purchased without prescription from a pharmacy, supermarket, or health food shop. This is important for

- medicines which may make your child sleepy (sedatives, strong pain relievers, tricyclic antidepressants, some antihistamines)
- medicines used to control seizures or fits (phenytoin, valproate, carbamazepine).
- medicines to treat depression, panic disorder, anxiety or obsessive-compulsive disorder
- medicines used to treat heart disease or blood pressure

This list is not complete. Talk to your doctor or pharmacist about possible interactions with any over-the-counter or complementary medicines or recreational substances (e.g.alcohol).

# IMPORTANT INFORMATION

- Do not stop taking this medication without the advice of your doctor. Your doctor may want your child to gradually reduce the dose.
- This medicine may cause some people to become drowsy. Make sure you, your child and their teachers are aware of this and notify your doctor if it becomes a problem.
- Dizziness, light-headedness or fainting may occur, especially when rising from a lying or sitting position suddenly and also after very hot showers and rising from the toilet. Getting up slowly may help. If the problem persists or gets worse, check with your child's doctor.

# POSSIBLE SIDE EFFECTS

Side effects can occur while taking Risperidone. Some of these are not serious and will go away with time or after the dose has been changed. Others are more serious and require you to check with your doctor.

#### Less serious side effects include:

- drowsiness or trouble sleeping
- increase in appetite
- weight gain
- restlessness
- dribbling
- blurred vision
- dizziness

- nausea
- stomach pain
- constipation
- dry mouth
- sexual function disturbances
- some loss of bladder control

- stuffy or runny nose
- some females experience irregular or heavy periods as well as slight breast enlargement and discharge.

**More Serious** (Contact doctor as soon as possible if any of the following occur):

- marked fever, muscle rigidity, sweating, fast or irregular heartbeat
- seizures or fits
- falls or blackouts due to low blood pressure, especially on standing up
- during long treatment, twitching of the face, mouth and jaws

**Allergic reaction** (Stop medicine and see doctor immediately):

• skin rash, itching or hives, swollen mouth or lips, wheezing or difficulty breathing

# IF YOU HAVE ANY QUESTIONS CONTACT



# Your Child's Doctor via the RCH Switchboard on 03 9345 5522 OR

Pharmacy Department on 03 9345 5492
IN CASE OF POISONING OR OVERDOSE CONTACT
POISONS INFORMATION CENTRE 13 11 26
(24 hour service)

This leaflet answers some common questions about your child's medicine. It does not contain all available information. It does not take the place of talking to your child's doctor or pharmacist. The leaflet may differ from information in the manufacturer's Consumer Medicine Information. The information in this leaflet reflects the usage of medicine under medical supervision by patients of The Royal Children's Hospital. Medicine may be used in children in different ways or for different reasons than in adults - for more information see the leaflet "Medicines for Children". This leaflet includes information current at the time of review of the document – OCTOBER 2010.