

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

Onset and duration of paliperidone toxicity can be prolonged following exposure to modified release preparation

Clinical features:

- Early mild sedation
- Extra-Pyramidal Side Effects (EPSE) are very common
 - e.g. dystonia, akathisia, 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/IM (Paediatric dose: 0.02 mg/kg up to 1mg), dose can be repeated after 20 minutes

Arrhythmias

- Symptomatic paliperidone-induced posture-evoked tachycardia may require prolonged bed rest in a monitored environment
- Correct any electrolyte abnormality (Ca²⁺, K⁺, Mg²⁺)

Disposition

- Admit symptomatic patients
- Risperidone: discharge pending mental health assessment if asymptomatic and with normal ECG 6 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 reoccurrence should prompt medical review