ARIPIPRAZOL – propunere protocol

1. Denumire stiintifica
   ARIPIPRAZOLUM

   Forma farmaceutica
   cp 10mg, 15mg
   fiole 7,5 mg/ml
   solutie buvabila 1mg/ml
   flacon Abilfy Maintena 400mg

2. Clasa de medicamente de care apartine
   Antipsihotice atipice

3. Profil farmacologic
   Agonist partial al dopaminei D2 (1)
   Agonist partial al receptorilor 5HT1A - (1)
   Antagonist /Blocheaza receptorii 5HT2A (1)
   Afinitate slaba pentru 5HT1B (1)

4. Farmacocinetica
   Concentratie plasmatica maxima la 3-5ore (4)
   Metabolizat preponderent la nivelul CYP 450 2D6 si CYP 450 3A4 (2)
   Timp de injumatatire 75 ore

5. Mecanism de actiune
   Eficacitatea aripiprazolului este determinata plurireceptorial prin combinatia de agonism partial fata de receptorii D2 SI 5HT1A si antagonist 5HT2A. Moduleaza eliberarea dopaminei in functie de nivelul sangvin. (1, 2)

6. Indicatii principale:

   a) Forma orala

   Indicatie a clasei de medicamente: schizofrenie si alte psihoze

   Indicatii principale:

   - Schizofrenie (aprobat ANMDM, EMA, FDA) (1, 3, 4, 5, 6, 7)

- Tulburarea afectiva bipolara: episodul maniacal (ANMDM, EMA, FDA) si episodul mixt (FDA) – atat in monoterapie cat si asociat litiului sau valproatului de Na (1, 3, 4, 5, 7, 8, 9, 10, 11)
- Tulburarea afectiva bipolara: tratament de intretinere atat in monoterapie cat si asociat litiului sau valproatului de Na (1, 5, 7, 8, 9, 10, 11, 12, 16) - pentru prevenirea unui nou episod maniacal la adulţii care au avut episoade predominant maniacale şi au răspuns la tratamentul cu aripiprazol (EMA, ANMDM), mentinere dupa episod maniacal sau mixt cu raspuns la tratamentul cu aripiprazol (FDA).
- Tulburare depresiva majora: adjuvant, in asociere cu un antidepresiv (FDA) (1, 5, 7, 10, 11, 12, 13, 19, 20, 21, 22, 23)

Alte indicatii:

- Tulburarea afectiva bipolara – episodul maniacal cu elemente mixte (17), in asociere cu lamotrigina pentru prevenirea episoadelor depresive dupa episod maniacal cu elemente mixte (18)
- Tulburarea bipolara: episodul depresiv, dar nu in monoterapie (1, 8, 10)
- Tulburarea obsesiv-compulsiva (TOC): augmentarea tratamentului cu antidepresive – indicatie de linia I, la fel si pentru pacientii cu TOC rezistenta la tratamentul cu antidepresive (10, 15)
- Tulburarea de panica, formele rezistente – indicatie de linia a 3-a, in asociere cu un antidepresiv (10, 15)
- Tulburarea de anxietate sociala, la pacientii care au avut un raspuns inadecvat la tratamentul initial sau la cei considerati rezistenti la tratamentul cu antidepresive – indicatie de linia a 3-a, in asociere cu un antidepresiv (15)
- Tulburarea de anxietate generalizata – indicatie de linia a 3-a, in asociere cu un antidepresiv (15)
- Tulburarea de stres posttraumatic- indicatie de linia a 3-a, atat in monoterapie cat si ca tratament de augmentare (15)
- Tulburararea de personalitate borderline (TPB): simptome ale TPB, comorbiditate TPB cu TAB (tulburare afectiva bipolara) si TDM (tulburare depresiva majora) (10, 22, 24, 25)

    antipsihoticele ar trebui folosite doar dupa evaluare riguroasa (26)
    antipsihoticele nu ar trebui folosite pe termen mediu si lung (27).

b) Forma injectabila:

Indicatii: Starile de agitatie psihomotorie din schizofrenie (FDA) (1, 5, 7, 11) si din episoade maniacale (FDA) (1, 8)

c) Forma injectabila cu eliberare prelungita

Indicatii:

Schizofrenie (ANMDM, EMA, FDA) (1, 3, 4, 5, 10, 11)

Tratament de mentinere in monoterapie pentru TAB I (tulburarea afectiva bipolara tip I) la pacienti adulti (FDA) (5)

Doze: 10 -30 mg/zi, forma injectabila cu eliberare prelungita 300- 400 mg/ o data pe luna

7. Efecte secundare frecvente

Neliniste, anxieate, akatisie, insomnia/sedare, reactii extrapiramidale, tulburari gastrointestinale (greata, varsaturi , constipatie), cefalee (3)

8. Supradoza

Nu au fost raportate decese (2)

Se pot intalni frecvent suprasedare, varsaturi

10. Utilizare la grupe de risc (2)

Afectare renala – nu este necesara ajustarea dozei

Afectare hepatica – nu este necesara ajustarea dozei

Afectare cardiaca – prudenta din cauza riscului de hipotensiune

Varstnici – in unele cazuri este necesara reducerea dozei, risc de accident vascular

Sarcina si alaptare – medicament aflat in categoria C de risc

- este preferabil a fi folosit ca ortotimizant in locul anticonvulsivantelor

11. Interactiuni medicamentoase (2)

Inhibitori ai CYP 450 (ketokonazol, fluvoxamina, fluoxetina, paroxetina) cresc nivelul plasmatic

Carbamazepina si acidul valproic reduc concentratia serica

Alte mentiuni:

Aripiprazol - initierea tratamentului se face de catre medicul specialist psihiatru.

Abilify Maintena – initierea si continuarea tratamentului se face de catre medicul specialist psihiatru.

Indicatii cu sustinere limitata:

- Tulburari de comportament din demente (1, 14)
- Tulburari asociate cu dificultati in controlul impulsurilor (1)
- Delirium: dovezi foarte limitate(11), (14)

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