**PROCHLORPERAZINE SUPPOSITORIES, USP**

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Most antipsychotics, including prochlorperazine, are effective in treating extrapyramidal symptoms such as parkinsonism and tardive dyskinesia. (See ADVERSE REACTIONS.) Antiparkinsonian agents may also be useful in alleviating the symptoms of extrapyramidal reactions (including tardive dyskinesia) associated with these and other drugs, such as levodopa. These agents must be used with caution in patients in whom anticholinergic effects are undesirable. (See ADVERSE REACTIONS.)

Prochlorperazine is effective in pseudo-parkinsonism.) Occasionally it is necessary to lower the dosage in elderly patients, males and younger age groups. Extrapyramidal symptoms can usually be controlled with antiparkinsonian agents. Increased dosage is indicated if symptoms are not controlled or if pronounced extrapyramidal symptoms occur. In many instances, these symptoms are evidence of drug intoxication and may be controlled by temporarily discontinuing the drug.

Extrapyramidal Symptoms

Tardive dyskinesia is a syndrome of involuntary movement that may occur in susceptible individuals during the first few days of treatment. It has been reported that fine vermilion movements of the tongue may be an early sign of the syndrome and if the medication is stopped at that time the syndrome may not develop. If tardive dyskinesia is diagnosed in a patient receiving prochlorperazine, the medication should be discontinued. (See CONTRAINDICATIONS.)

Should it be necessary to reinstitute treatment, or increase the dosage of the agent, the syndrome may be masked. If therapy is reinstituted, it should be at a lower dosage. Should these symptoms not resolve on the lower dosage, consider stopping the medication. Other antipsychotic medications may be used either in place of or in addition to prochlorperazine. Effective therapy generally requires a combination of parenteral and oral antipsychotic medication. Antiparkinsonian agents may be helpful with anticholinergic agents, but not with anticholinergic agents alone. (See DOSAGE AND ADMINISTRATION.)

There is no known effective treatment for tardive dyskinesia; anti-parkinsonism agents may be useful in alleviating some symptoms. In some cases, the cause appeared to be cardiac arrest or asphyxia due to respiratory complications. In general, dose-related aspects of tardive dyskinesia are of minor importance. In most cases these symptoms are readily controlled when an antipsychotic medication is stopped. (See DOSAGE AND ADMINISTRATION.)

Limited experience indicates that phenothiazines are not teratogenic. However, postmarketing safety experience has revealed an increase in reports of sudden death in infants less than 1 year of age exposed in utero to phenothiazines. In some cases, the cause appeared to be cardiac arrest or asphyxia due to respiratory complications. In general, dose-related aspects of tardive dyskinesia are of minor importance. In most cases these symptoms are readily controlled when an antipsychotic medication is stopped. (See DOSAGE AND ADMINISTRATION.)

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