Frequency (%) of Adverse Reactions to Antipsychotics at Therapeutic Doses (cont.)

	"SECOND-GENERATION" AGENTS									"3RD GEN."
Reaction	**Clozapine**	**Paliperidone**	**Risperidone**	**Olanzapine**	**Quetiapine**	**Ziprasidone**	**Asenapine**	**Iloperidone**	**Lurasidone**	**Aripiprazole**
CNS Effects	Leponex®	Invega® Xelipion®	Risperdal®	Zyprexal®	Seroquel®		Sycrest®		Latuda®	Abilify®
Drowsiness, sedation	> 30	> 2	> 10[c]	> 30	> 30	> 10	> 10	> 10	> 10	> 10
Insomnia, agitation	> 2	> 10	> 10	> 10	> 10	> 30	> 10	> 10	> 2	> 10
Extrapyramidal Effects										
Parkinsonism	> 2	> 2	> 10[m]	> 2	> 2	> 2	?	< 2	> 2	> 2
Akathisia = restlessness	> 10	> 2	> 10[m]	> 10	> 2	> 2	?	> 2	> 10	> 10
Dystonic reactions	< 2	< 2	< 2[m]	< 2	< 2	> 2	?	< 2	> 2	< 2
Anticholinergic Effects	> 30[n]	> 2	> 2	> 10	> 30	> 10	> 2	> 2	< 2	> 2
Cardiovascular Effects										
Orthostatic hypotension	> 10–30[c]	> 2	> 10[c]	> 2	> 10	> 10	> 10	> 10	> 2	> 2
Tachycardia	> 10[c]	> 2	< 2	> 10[o]	> 10	< 2	< 2	> 10	–	> 2
ECG abnormalities[d]	> 30[e]	< 2	> 2	< 2	< 2	> 2[e]	?	< 2	< 2	< 2
QTc prolongation (> 450 ms)	< 2[e]	> 2	< 2	< 2	< 2	< 2[e]	9	< 2	–	–
Endocrine Effects										
Sexual dysfunction[g]	< 2[h]	< 2	> 30[h]	> 30[h]	> 30[h]	< 2[h]	?	> 2	< 2	< 2[h]
Galactorrhea	< 2	< 2	> 10	> 2	–	> 2	?	< 2	< 2	< 2
Weight gain	> 30	> 10	> 10	> 30	> 10	> 2	> 10	> 10	< 2	> 2[i]
Hyperglycemia	> 30	?	> 10	> 30	> 30	> 2	> 10	?	< 2	< 2
Hyperlipidemia	> 30	?	> 10	> 30	> 10	< 2	> 10	?	< 2	< 2
Ocular Effects[k]										
Lenticular pigmentation	–	?	–	–	< 2	–	?	?	–	–
Pigmentary retinopathy	–	–	–	–	–	–	?	?	–	–
Blood dyscrasias	< 2[q]	?	< 2	< 2	–	< 2	< 2	?	< 2	< 2
Hepatic disorder	> 2	?	< 2	> 2	> 2	–	> 2	< 2	–	< 2
Seizures[l]	> 2[r]	< 2	< 2	< 2	< 2	–	< 2	< 2	< 2	< 2
Skin Reactions										
Photosensitivity	> 2	?	> 2	–	–	–	?	?	–	< 2
Rashes	> 2	?	< 2	< 2	< 2	> 2	?	?	< 2	> 2
Pigmentation[k]	–	?	< 2	–	–	–	?	?	–	–

Data are pooled from separate studies and are not necessarily comparable; the figures in the table cannot be used to predict the incidence of side effects in the course of usual medical practice, where patient characteristics and other factors differ from those in the clinical trials.

– = None reported in literature perused

[a] More frequent with rapid dose increase, [b] Lower incidence with depot formulation, [c] May be higher at start of therapy or with rapid dose increase, [d] = ECG abnormalities usually without cardiac injury including ST segment depression, flattened T waves, and increased U wave amplitude, [e] Higher doses pose greater risk, [f] Pimozide above 20 mg daily poses greater risk, [g] Includes impotence, inhibition of ejaculation, anorgasmia, [h] Priapism reported, [i] Weight loss reported, [j] Reported to occur, but no definitive data published as to incidence, [k] Usually seen after prolonged use, [l] In nonepileptic patients, [m] Increased risk with oral doses above 10 mg daily, [n] Sialorrhea reported, [o] Bradycardia frequent with IM olanzapine; often accompanied by hypotension, [q] Risk < 2% with strict monitoring (legal requirement in North America), [r] Risk increased with doses above 300 mg