Aripiprazole

Healthcare Professional

Frequently Asked Questions (FAQ) Brochure

Aripiprazole is indicated for the treatment up to 12 weeks of moderate-to-severe manic episodes in adolescents with bipolar I disorder aged 13 –17 years old. Treatment for adolescent patients should be initiated only after a thorough diagnostic evaluation and careful consideration of the risks and benefit of treatment. Medication should be part of a treatment programme that also includes psychological, educational, and social intervention.

Summary of Product Characteristics can be found
http://www.medicines.org.uk/emc/medicine/32312

http://www.medicines.org.uk/emc/medicine/29813

http://www.medicines.org.uk/emc/medicine/29812

http://www.medicines.org.uk/emc/medicine/29811

http://www.medicines.org.uk/emc/medicine/29810

http://www.medicines.org.uk/emc/medicine/29809

http://www.medicines.org.uk/emc/medicine/29808

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What is the Purpose of this Brochure?

These frequently asked questions are provided by Actavis for doctors, nurses and other healthcare professionals who use Aripiprazole to treat adolescent patients with bipolar I disorder.

This document will enable you to:

- Understand how Aripiprazole is used to treat adolescent patients with bipolar I disorder
- Provide important information to adolescent patients with bipolar I disorder and their caregiver(s)
- Understand potential adverse reactions in adolescent patients with bipolar I disorder who are treated with Aripiprazole
- Present the Patient/Caregiver Information Brochure and its objectives to adolescent patients with bipolar I disorder

What is the Patient/Caregiver Information Brochure?

The Patient/Caregiver Information Brochure will help patients and caregiver(s) understand what Aripiprazole is and what to expect during treatment. It also includes information about potential adverse reactions associated with Aripiprazole treatment and the importance of immediately reporting any symptoms of these adverse reactions to you.

You are encouraged to distribute a Patient/Caregiver Information Brochure to all adolescent patients with bipolar I disorder who are receiving Aripiprazole treatment for the first time or patients who ask for a new copy. The Patient/Caregiver Information Brochure may also be a useful resource when discussing Aripiprazole treatment with your patient and their caregivers(s).

What Should I Know About Aripiprazole?

What is Aripiprazole?

Aripiprazole is an antipsychotic medicine. Its exact mechanism of action is unknown, but it is thought to modulate neurotransmission by acting as a partial agonist at dopamine and 5-hydroxytryptamine (5-HT; serotonin) receptors in the brain. This means that Aripiprazole activates dopamine and 5-HT receptors, but to a lesser extent than endogenous dopamine and 5-HT. As dopamine and 5-HT are involved in bipolar I disorder, Aripiprazole helps normalise brain activity, thereby reducing manic symptoms.

What is the Indication for Aripiprazole in Bipolar I Disorder in Adolescents?

Aripiprazole is indicated for the treatment up to 12 weeks of moderate-to-severe manic episodes in adolescents with bipolar I disorder aged 13 years and older.

Is Aripiprazole Indicated for Preventing a Recurrence of Bipolar I Disorder in Patients Aged 13-17 Years Old?

No, Aripiprazole is not indicated for preventing a recurrence of bipolar I disorder in patients aged between 13 and 17 years old.

How Old are Adolescent Patients?

Adolescent patients are considered to be aged between 13 and 17 years old. Patients aged 18 years or older are considered to be adults.

Why is Aripiprazole Not Indicated for Bipolar I Disorder in Patients Under 13 Years of Age?

Younger patients are at increased risk of experiencing adverse reactions associated with Aripiprazole. Therefore, Aripiprazole is not recommended for use in patients under 13 years of age.

What Dose of Aripiprazole Should be Administered to Adolescent Patients?

The recommended dose of Aripiprazole is 10 mg/day for adolescent patients aged between 13 and 17 years old.

Treatment should be initiated at 2 mg (using aripiprazole oral solution 1 mg/ml) for 2 days, titrated to 5 mg for 2 additional days before reaching the recommended daily dose of 10 mg from Day 5 of treatment onwards.

Enhanced efficacy at doses higher than a daily dose of 10 mg has not been demonstrated, and a daily dose of 30 mg is associated with a substantially higher incidence of significant undesirable effects including extrapyramidal-symptom-related events, somnolence, fatigue and weight gain in adolescent patients with bipolar I disorder. Doses higher than 10 mg/day should therefore only be used in exceptional cases and with close clinical monitoring.

Why is the Aripiprazole Dose for Adolescent Patients Lower than Doses Used to Treat Adults?

In a study of 296 paediatric patients with bipolar I disorder, increasing the dose of Aripiprazole beyond 10 mg/day did not improve efficacy. However, doses of Aripiprazole greater than 10 mg/day may be associated with an increased risk of some adverse reactions, particularly extrapyramidal symptoms. Therefore, the recommended dose of Aripiprazole for the treatment of adolescent patients with bipolar I disorder is 10 mg/day.

How long Should Adolescent Patients with Bipolar I Disorder be Treated with Aripiprazole?

Adolescent patients with bipolar I disorder should be treated with Aripiprazole for the minimum necessary duration to achieve symptom control, but treatment duration must not exceed 12 weeks.

What Should I Know About Adverse Reactions?

Adolescent patients aged between 13 and 17 years old treated with Aripiprazole have a similar adverse-reaction profile to that of adult patients aged 18 years or older. However, somnolence, extrapyramidal symptoms, akathisia and fatigue were very common (incidence ≥ 10%) in adolescent patients with bipolar I disorder treated with Aripiprazole and the risk of experiencing one of these adverse reactions was greater in adolescents compared with adults. Upper abdominal pain, increased heart rate, weight gain, increased appetite, muscle twitching and dyskinesia, postural dizziness (feeling dizzy, especially when getting up from a lying or sitting position) were also more common in adolescent patients during clinical trials (incidence 1-10%).

Enhanced efficacy at doses higher than a daily dose of 10 mg has not been demonstrated, and a daily dose of 30 mg is associated with a substantially higher incidence of significant undesirable effects including extrapyramidal-symptom-related events, somnolence, fatigue and weight gain in adolescent patients with bipolar I disorder. Doses higher than 10 mg/day should therefore only be used in exceptional cases and with close clinical monitoring.

Other important adverse reactions that have been reported during post-marketing surveillance include suicidal thoughts, Neuroleptic Malignant Syndrome (NMS), allergic reactions. The frequency of these reactions is considered not known.

How Should Weight Gain be Monitored and Managed in Adolescent Patients With Bipolar I Disorder Who are Treated With Aripiprazole?

In clinical trials of adolescent patients with bipolar I disorder, Aripiprazole has been shown to be associated with weight gain after 4 weeks of treatment.

Mean changes in body weight in adolescent patients after 12 and 30 weeks were 2.4 kg and 5.8 kg in patients treated with Aripiprazole, and 0.2 kg and 2.3 kg for placebo, respectively.

Weight gain is commonly seen in patients with bipolar I disorder due to comorbidities, use of antipsychotics known to cause weight gain or poorly managed lifestyle, and might lead to severe complications. Accordingly, it is recommended that weight is monitored in adolescent patients with bipolar I disorder and compared against that expected with normal growth. If weight gain is clinically significant, dose reduction should be considered.

How Common are Extrapyramidal Symptoms in Adolescent Patients With Bipolar I Disorder Treated With Aripiprazole?

The frequency of extrapyramidal symptoms in a clinical trial examining the efficacy and safety of Aripiprazole in adolescent patients with bipolar I disorder was higher than that observed in adult patients. Extrapyramidal symptoms were observed in 9.1% of patients administered Aripiprazole 10 mg compared with 1.7% of patients administered a placebo.

However, it should be noted that the risk of extrapyramidal symptoms in patients administered Aripiprazole was possibly dose-dependent, with an increased incidence of symptoms (28.8%) being observed in patients administered Aripiprazole 30 mg.

Therefore, it is recommended that adolescent patients with bipolar I disorder are administered a 10 mg dose of Aripiprazole as enhanced efficacy has not been demonstrated at higher doses.

If extrapyramidal symptoms appear in a patient with bipolar I disorder while being treated with Aripiprazole, dose reduction and close clinical monitoring should be considered.

How Common is Somnolence and Fatigue in Adolescent Patients With Bipolar I Disorder Treated With Aripiprazole

The frequency of somnolence and fatigue in clinical trials examining the efficacy and safety of Aripiprazole was greater in adolescent patients with bipolar I disorder compared with adult patients with bipolar I disorder and paediatric patients with schizophrenia. Somnolence and fatigue were observed in 23.0% and 11.8% of adolescent patients with bipolar I disorder administered Aripiprazole, respectively.

If a patient treated with Aripiprazole exhibits the symptoms of somnolence or fatigue, clinical monitoring is recommended.

What Should I Discuss With My Patients?

Healthcare practitioners are important sources of information and psychological support for patients treated with Aripiprazole and, therefore, have a very important role in educating patients and their caregiver(s) about Aripiprazole and its possible side effects and adverse reactions. In particular, it is important that you teach your patients how to recognise important adverse reactions, such as weight gain, extrapyramidal symptoms, fatigue, somnolence and allergic reactions, and inform them of the importance of reporting any adverse reactions to you.

Furthermore, it is important to remind the patient and their caregiver(s) of the need to maintain the recommended dosing regimen of Aripiprazole 10 mg once daily because doses greater than 10 mg once daily may be associated with an increased risk of adverse reactions in adolescent patients without offering any improvement in efficacy.

A Patient/Caregiver Information Brochure is available for your patients and their caregiver(s), and it is important to supply all your patients and their caregiver(s) with this document and answer any questions they may have. You should encourage your patients to read this document and keep it in a safe place.

The following section provides you with answers to some of the most common questions regarding treatment with Aripiprazole.

Answering Questions About Treatment

What Side Effects are Patients Likely to Experience?

Aripiprazole can cause side effects; although, not everybody gets them.

Adolescent patients with bipolar I disorder aged between 13 and 17 years old treated with Aripiprazole generally experience side effects that are comparable with those seen in adults. Side effects that are considered to be common in adults, in that they are observed in 1–10 out of every 100 patients, include headache, nausea, vomiting, an uncomfortable feeling in the stomach, constipation, increased production of saliva, light-headedness, trouble sleeping, feeling anxious, shaking and blurred vision. Some patients may also feel depressed.

However, some side effects were more common in a clinical trial in adolescent patients with bipolar I disorder treated with Aripiprazole. Sleepiness, uncontrollable twitching or jerking movements, restlessness and tiredness were very common (greater than one in 10 patients) and upper abdominal pain, dry mouth, increased heart rate, weight gain, increased appetite, muscle twitching, uncontrolled movements of the limbs and feeling dizzy, especially when getting up from a lying or sitting position, were common (greater than one in 100 patients).

What Should Patients Do if They Experience Side Effects?

Aripiprazole can cause side effects; although, not everybody gets them.

If the patient experiences any side effects, they should tell their doctor or pharmacist. In particular, if the patient notices they are gaining weight, develops unusual movements, experiencing fatigue or somnolence that interferes with normal daily activities, has any difficulty in swallowing or allergic symptoms, they should tell their doctor.

The patient should tell their doctor immediately if they are having any thoughts or feelings about hurting themselves, as patients have reported suicidal thoughts and behaviours during Aripiprazole treatment. Likewise, patients should inform their doctor immediately if they suffer from muscle

stiffness or inflexibility with high fever, sweating, altered mental status or very rapid or irregular heartbeat.

Can a Patient Take Other Medicines While Taking Aripiprazole?

Patients taking Aripiprazole should tell their doctor or pharmacist if they are taking, or have recently taken any other medicines, including medicines obtained without a prescription. It is especially important for patients to mention the following to their doctor:

- Medicines to correct heart rhythm
- Antidepressants or herbal remedies used to treat depression and anxiety
- Antifungal agents
- Certain medicines to treat HIV infection
- Anticonvulsants used to treat epilepsy

Furthermore, despite the high comorbidity frequency of bipolar I disorder and attention-deficit hyperactivity disorder (ADHD), very limited safety data are available on concomitant use of Aripiprazole and stimulants; therefore, extreme caution should be taken when these drugs are co-administered.

Do Patients Need to Take Aripiprazole With Food or Drink?

Aripiprazole can be taken regardless of meals, but alcohol should be avoided when taking Aripiprazole.

Can Patients Drive While Receiving Aripiprazole?

Adolescent patients with bipolar I disorder treated with Aripiprazole have an increased incidence of somnolence and fatigue. Therefore, patients should not drive or use any tools or machines, until they know how Aripiprazole affects them.

Where Can Patients Find Out More Information About Aripiprazole?

Patients should be advised to ask their doctor, pharmacist or nurse for any relevant additional information. Patients should receive the Package Leaflet including information for the User.

You should also give patients a copy of the Patient/Caregiver Information Brochure, if they have not already received one.

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Where Can I Obtain More Information?

- Detailed information on this medicine is available on the MHRA website

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