ABOUT YOUR MEDICINE

Loxapine

Loxitane, Adasuve, an older antipsychotic medicine

Loxapine treats hallucinations and false beliefs as a daily capsule, and a special inhaled form calms sudden agitation in clinics.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Schizophrenia, agitation	Capsules 2-4 times daily	1-2 weeks; fuller by 6	No

⚠ IMPORTANT SAFETY WARNING

Older adults with dementia who take antipsychotic medicines have a higher risk of death. The inhaled form can suddenly tighten the airways and stop your breathing, so it is only given where staff can treat that.

WHAT THIS MEDICINE DOES

- **Loxapine** softens hallucinations and false beliefs by turning down two brain signals at once, dopamine and serotonin.
- At lower amounts it behaves a bit like the newer antipsychotics, which is why some people tolerate it well.
- There is also an inhaled powder used only in clinics and hospitals to calm severe agitation within about **10 minutes**.
- It is not a rescue pill for a bad day. The capsules are a steady daily treatment that works over weeks.

HOW TO TAKE IT

- Take the capsules two to four times a day, spaced evenly. Food is optional and can help if your stomach objects.
- Swallow capsules whole with water. Do not open them, since the powder tastes bitter and irritates the mouth.
- If you miss a dose, take it when you remember unless the next one is soon. Do not double up to make up for it.
- The inhaled form is never for home use. It is given once in a day, in a clinic, with your breathing watched afterward.
- Store capsules at room temperature in a dry place, and keep them in the bottle they came in, tightly closed.

WHAT TO EXPECT

- The dose is usually raised over the first **7 to 10 days**, so early days may feel like a work in progress.
- Sleep and agitation ease first. Hallucinations and false beliefs generally improve over **2 to 6 weeks**.
- Working looks like the voices losing their pull, and being able to plan a day and follow through on it.
- Sleepiness is strongest during the dose increases and usually settles as your body adjusts over a week or two.
- Expect a short movement check at your visits, plus questions about how steady you feel when you stand up.

COMMON SIDE EFFECTS

- Sleepiness is the most common effect. Taking more of the day's amount in the evening often helps, if your prescriber agrees.
- Dizziness when you stand up. Rise in stages, sit on the bed edge first, and keep water nearby through the day.
- Muscle stiffness or slowed movement can appear. Report it early, since there is a medicine that treats it well.
- A restless, cannot-sit-still feeling in the legs may build up. It responds to treatment, so do not just endure it.
- Dry mouth, blurry near vision, and constipation. Water, sugar-free gum, fiber, and daily walking cover most of it.
- After the inhaled form, a bad taste or scratchy throat is common and usually passes within an hour or so.

⚠ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Call **911** for sudden wheezing, chest tightness, or trouble breathing after the inhaled form.
- Go to the ER for high fever with rigid muscles, confusion, sweating, and a racing pulse.
- Call **911** for a seizure, since this medicine can make seizures more likely in people at risk.
- Report lip, tongue, or jaw movements you cannot control as soon as you or your family notices.

WHAT TO AVOID

- The inhaled form must never be used if you have asthma, COPD, or any wheezing. Tell staff about your lungs every time.
- Alcohol, opioids, and sleep aids stack with this medicine and can slow both your thinking and your breathing.
- Do not drive or use machinery until you know how sleepy and steady this medicine leaves you day to day.
- Smoking and some seizure medicines lower your level, while certain antibiotics raise it. Report any change in smoking.
- Tell your prescriber if you are pregnant, might be, or are breastfeeding, so a safer plan can be built with you.

STOPPING IT SAFELY

- Do not stop suddenly. Quick stops bring nausea, sweating, restless nights, and often a fast return of symptoms.
- Your prescriber will lower it in steps over weeks, which gives you time to notice and treat anything that comes up.
- New or worse movements sometimes surface while tapering. Call about them instead of speeding the taper up yourself.
- If taking capsules several times a day is the problem, say so. A once-daily option may suit you far better.

QUESTIONS TO ASK

- How many times a day do I really need to take this?
- Do my lungs rule out the inhaled form if I ever need it?
- What should I do first if I feel restless or stiff?
- Does my seizure history change whether this is a good fit?

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.