

Lurasidone

Latuda, an antipsychotic medicine

This medicine lifts bipolar depression and steadies psychosis, and it is gentle on weight if you take it with supper.

WHAT IT TREATS

Bipolar depression, psychosis

HOW YOU TAKE IT

Once daily with supper

WHEN IT WORKS

1 to 2 weeks; more by 6

HABIT FORMING

No

⚠️ IMPORTANT SAFETY WARNING

Older adults with dementia have a higher chance of dying on this medicine, so it is not used for dementia. In young people it can bring on thoughts of suicide, especially early. Call **988** or your prescriber if that starts.

① WHAT THIS MEDICINE DOES

- **Lurasidone** adjusts dopamine and serotonin signals, which quiets psychosis and lifts the heavy low phase of bipolar disorder.
- It is one of the few medicines approved for bipolar depression, the phase that keeps people in bed rather than in the hospital.
- It is among the lightest choices in this group for weight, blood sugar, and cholesterol, which matters over years of treatment.
- It is not a sedative and not habit forming, though it can make you sleepy for a week or two after a dose change.

⌚ HOW TO TAKE IT

- Take it **once a day with a meal of at least 350 calories**. Without that food, your body absorbs only about half the dose.
- Supper is the usual choice, because food is easy to guarantee at dinner and any sleepiness lands at a helpful time.
- A yogurt or a piece of toast is not enough. A normal plate of dinner is the target every single day, not most days.
- Miss a dose? Take it with food later that day if you can. If it is nearly tomorrow, skip it and never double up.
- Swallow tablets whole with water, and store them at room temperature away from heat and damp.

📈 WHAT TO EXPECT

- Sleep and agitation often ease within the first week. Mood and clear thinking build over **2 to 6 weeks** of steady dosing.
- Working looks like getting out of bed without dread, caring about things again, and thoughts running at a normal speed.
- If nothing is changing after a month, the first question is food, not dose. Fasting doses are the usual reason it fails.
- Most people see little or no weight change, which is a major reason this medicine gets chosen for long-term use.

♥️ COMMON SIDE EFFECTS

- A cannot-sit-still, need-to-keep-moving feeling is the most common effect and is more likely at higher doses.
- That restlessness is a side effect and not your illness returning. It is treatable, so call rather than sitting with it.
- Sleepiness and nausea are common early. Taking the dose with supper rather than breakfast usually handles both.
- Weight change here averages about **2 pounds**, but weight, blood sugar, and cholesterol are still checked at 12 weeks and yearly.
- Walking most days and steady meals keep the small metabolic risk of this medicine from creeping up over the years.
- Stiffness, tremor, or a slower walk can appear. Tell your prescriber, since a dose change usually clears it up.

⚠️ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Call **911** for muscle stiffness with a high fever, confusion, or a pounding heart. That combination is an emergency.
- Report movements of the mouth, tongue, or hands you did not choose. Early treatment matters, so call at the first sign.
- Call **988** if thoughts of ending your life show up, and tell your prescriber the same day.
- Call your prescriber for fainting, a seizure, or a spreading rash with fever or blistering.

🚫 WHAT TO AVOID

- Skip grapefruit and grapefruit juice, which raise the level of this medicine in your blood in an unpredictable way.
- Some antifungals, antibiotics, and seizure medicines cannot be combined with this one, so clear every new prescription.
- Go easy on alcohol. It works against the mood improvement you are after and adds to any drowsiness.
- Do not drive until you know how it affects you, especially in the first week and after each dose increase.
- Tell your prescriber if you are pregnant, may become pregnant, or are nursing, so you can weigh this together.

ⓘ STOPPING IT SAFELY

- Do not stop **lurasidone** on your own. Bipolar depression tends to return, and it returns faster after an abrupt stop.
- Your prescriber will lower it in steps rather than all at once, which keeps symptoms from rebounding.
- If restlessness is why you want to quit, ask about a lower dose first. Many people stay well on less than they started.
- Feeling better is the medicine doing its job. Make any change a plan you both agree on, not a decision made alone.

❓ QUESTIONS TO ASK

- What size dinner counts as enough food for this medicine?
- Would a lower dose ease the restlessness and still work?
- Which of my other prescriptions cannot be combined with this?
- How long should we keep going after I feel steady again?

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.