

Risperidone

Risperdal, Risperdal M-Tab, Risperdal Consta, Perseris, Uzedry, Rykindo, an antipsychotic medicine

This medicine reliably quiets voices, suspicious thinking, and mania, and it comes as a pill, a melt-in-mouth tab, or a shot.

WHAT IT TREATS

Schizophrenia, bipolar, autism

HOW YOU TAKE IT

Once or twice daily

WHEN IT WORKS

Days to 2 weeks; more by 6

HABIT FORMING

No

⚠️ IMPORTANT SAFETY WARNING

Older adults with dementia who take this kind of medicine have a higher risk of death, so it is not used to treat confusion or agitation caused by dementia.

📌 WHAT THIS MEDICINE DOES

- **Risperidone** turns down dopamine, a brain signal that runs too high in psychosis, so voices and fearful thinking lose their grip.
- It also calms mania in bipolar disorder, and at small doses it eases the irritability and outbursts that come with autism.
- It is one of the most dependable medicines in its group, which is why it is often the first one a prescriber reaches for.
- It is not a tranquilizer and it is not habit forming. The goal is your own clear thinking back, not a chemical blanket.

🕒 HOW TO TAKE IT

- Take it **once or twice a day**, with or without food, at about the same times so the level in your blood stays even.
- The melt-in-mouth tablet needs dry hands. Peel the foil back, set it on your tongue, and let it dissolve without water.
- The liquid form comes with a marked syringe. Use that syringe, not a kitchen spoon, and do not mix it into cola or tea.
- Miss a dose? Take it as soon as you remember unless the next one is near. Do not double up to catch up.
- If pills are the hard part, ask about the long-acting shot, which covers you for **2 to 4 weeks** at a time.

📈 WHAT TO EXPECT

- Sleep, agitation, and fear usually ease within the first week. Voices and suspicious thinking fade over **2 to 6 weeks**.
- Working looks like being able to sit through a meal or a show, and noticing that other people no longer feel like a threat.
- This medicine leaves your body fast, so missed days show up quickly as returning symptoms. Steady beats perfect here.
- Side effects that depend on dose, like stiffness or restlessness, often improve by lowering the dose rather than quitting.

♥️ COMMON SIDE EFFECTS

- This medicine raises prolactin, a hormone. That can mean missed periods, breast tenderness or milk, or less interest in sex.
- Those hormone changes are worth a call. A blood test sorts it out, and a lower dose or a different medicine usually fixes it.
- Weight gain of about **5 to 9 pounds** is common early, with rises in blood sugar and cholesterol checked at 12 weeks and yearly.
- A cannot-sit-still, need-to-keep-moving feeling is a side effect, not your illness worsening, and it can be treated.
- Walking most days, protein at breakfast, and skipping sugary drinks blunt the appetite this brings on more than willpower does.
- Sleepiness, stuffy nose, and dizziness when you stand are common early. Get up slowly and drink water; both usually settle.

⚠️ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Call **911** for muscle stiffness with a high fever, confusion, or a racing heart. That mix is a rare emergency.
- Report mouth, tongue, or hand movements you did not choose. Early treatment matters most, so call at the first sign.
- Call **988** for thoughts of ending your life, and call your prescriber for new stiffness or tremor.
- Go to the **ER** for an erection lasting over 4 hours, a fainting spell, or a seizure.

🚫 WHAT TO AVOID

- Go easy on alcohol. It adds to the drowsiness and the dizziness on standing that this medicine can already cause.
- Skip driving and machinery until you know how it affects you, since sleepiness is strongest in the first week or two.
- Tell your prescriber before starting fluoxetine, paroxetine, or carbamazepine, because each shifts your level up or down.
- In hot weather, take breaks and drink water. This medicine makes it harder for your body to cool itself down.
- Tell your prescriber if you are pregnant, may become pregnant, or are nursing, so the plan fits both of you.

🛑 STOPPING IT SAFELY

- Do not stop **risperidone** suddenly. It clears fast, and abrupt stops bring back symptoms and can cause nausea and sweating.
- Your prescriber will taper it over weeks. That slow step down is what keeps a relapse from sneaking up on you.
- If side effects are the problem, say so before quitting. Dose changes and switches are routine and usually work.
- Feeling well is the medicine working, not proof you no longer need it. Talk it through before making any change.

❓ QUESTIONS TO ASK

- Should I get a prolactin blood test if my periods stop or my chest is sore?
- Is my dose in the range where stiffness starts becoming likely?
- Would the long-acting shot fit my life better than daily pills?
- When are my weight, blood sugar, and cholesterol getting checked?

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.