

Amisulpride

Solian / oral amisulpride

A guide to the oral medicine: what it may help, what to watch for, and what to ask.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

ORAL PSYCHIATRIC REFERENCE

NOT THE US IV ANTI-NAUSEA PRODUCT

Oral psychiatric use is not FDA approved. This guide uses non-US information; follow your own prescription.

What it is used for

Oral amisulpride treats schizophrenia in countries where it is approved. It can help with voices, suspicious thoughts and withdrawal.

Some clinicians use a low dose for persistent depressive symptoms. That is a different treatment plan, not a reason to change your dose.

How it works

It blocks dopamine receptors. This can reduce symptoms, but can also cause movement problems or raise the hormone prolactin.

The diagram is a simplified map, not a prediction of your response. The serotonin finding comes from laboratory and animal research.

What to expect over time

EARLY CHANGES

Some symptoms may improve during the first week; side effects can appear sooner.

OVER SEVERAL WEEKS

Keep track of changes in sleep, distress, voices and daily activities.

KEEP REVIEWING

Tell your team if benefit is limited or side effects get in the way. Do not adjust doses yourself.

Taking your medication

Take your prescribed tablets with water. The UK leaflet says before meals. Keep the same schedule each day.

Use the exact tablet strength prescribed. A score line does not always mean a tablet divides into equal doses; ask the pharmacist.

Avoid alcohol. Do not drive until you know how you feel, or if sleepy, dizzy or your vision is blurred.

When to get help

Emergency help: collapse, seizure, severe breathing trouble, or fever with stiff muscles and confusion.

Emergency help: chest pain, a fast irregular heartbeat with faintness, or sudden breathlessness. A swollen painful leg needs urgent advice.

Prompt medical advice: new spasms or face/tongue movements, fever or infection, yellow skin/eyes, or muscle pain with dark urine.

Early side effects

You may notice restlessness, sleepiness or poor sleep, dizziness, nausea, constipation, dry mouth or blurred vision. Mention these early; do not just put up with them.

Other effects to discuss

Report stiffness, tremor, weight gain, breast changes, milk production, changed periods or sexual difficulties. Some abnormal movements can last after treatment stops.

What to keep track of

Expect checks of weight, blood pressure, movement and blood tests. Kidney function affects dosing. Heart checks may be needed. Tell your team about hormone symptoms, severe headaches or changes in vision.

Before you start

Mention kidney disease, fainting or heart-rhythm problems, low potassium, seizures, Parkinson disease, blood clots, low blood counts, breast/pituitary tumors, diabetes, pregnancy plans or nursing. Older adults with dementia have extra risks. Bring a complete medicine list, including supplements.

Medicines & interactions

Heart-rhythm medicines and other antipsychotics

Some combinations can cause dangerous rhythm problems. Have new medicines checked, including antibiotics.

Parkinson medicines

Levodopa must not be combined with this UK oral product. Other dopamine medicines can also conflict.

Alcohol, opioids and sleep aids

These can add sedation, falls and breathing problems. Include allergy and cold remedies in your medication review.

Clozapine and blood-pressure medicines

Clozapine may increase exposure; blood-pressure medicines may add dizziness. Do not start or stop them without a plan.

Everyday tips

Keep follow-up and blood-test appointments, even when you feel better. Tell your team if getting or taking the medicine is difficult.

Choose a few practical goals to track, such as sleeping better, feeling safer or reconnecting with people.

Stand up slowly, stay active as you are able and discuss appetite or weight changes early.

Tell your dental, surgery and anesthesia teams what you take. Ask before adding any new medicine or supplement.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is nearly due. Then skip it and return to your schedule. Never double the dose.

Can I stop when I feel better?

Agree on a plan with your prescriber. Sudden stopping can cause withdrawal symptoms or a return of illness.

What about pregnancy or nursing?

Discuss this early. The oral leaflet advises against breastfeeding during treatment; medicine can enter milk in substantial amounts.

What if I take too much?

Seek urgent medical or poison-center advice immediately, even without symptoms. Bring the pack; do not wait to see what happens.

Storage & safety

Keep tablets away from children and follow the storage directions on your pack. Do not share medicine or use it after expiry. Ask a pharmacy how to dispose of unused tablets.

A final reminder

Barhemsys IV is a different use and dosing regimen. receptor findings do not establish individual benefits.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://www.medicines.org.uk/emc/product/102321/pil>
 2. <https://www.medicines.org.uk/emc/product/102319/smpc>
 3. <https://www.safetyandquality.gov.au/medicine-finder/solian>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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