

Aripiprazole

Abilify · oral tablets and distinct long-acting products

Used for several conditions, at different doses. Report restlessness or new compulsive urges early.

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

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

DOSE DEPENDS ON THE CONDITION

TABLETS & INJECTIONS ARE NOT INTERCHANGEABLE

This guide focuses on oral treatment; an injection needs its own product-specific start and missed-dose plan.

What it is used for

Oral treatment covers schizophrenia, bipolar I manic or mixed episodes, and use with an antidepressant for adult depression.

Also treats autism-related irritability and Tourette disorder at specific ages (the “Before you start” section).

How it works

Changes dopamine and serotonin signaling to help symptoms. Its effects depend on the brain pathway and the individual.

Partial stimulation still carries risks. Each receptor does not promise a separate benefit.

What to expect over time

EARLY DAYS

Nausea, restlessness or sleep changes may appear. Do not wait weeks to report an unbearable need to keep moving.

OVER SEVERAL WEEKS

Oral levels settle over about two weeks; this is not a deadline for full benefit. Review symptoms and everyday function.

ONGOING REVIEW

Keep mood, weight, blood sugar and movement checks. Continue follow-up even when treatment is working well.

Taking your medication

Take the prescribed oral dose once daily, with or without food. Swallow Abilify tablets whole. Morning or evening timing depends on your response.

Depression add-on doses are usually lower than doses for mania or schizophrenia. Do not increase for restlessness or change doses yourself.

Avoid alcohol, overheating and dehydration. Rise slowly. Do not drive until you know your response. Plan any stopping or switching with your team.

When to get help

Emergency help: fever with severe stiffness/confusion, a seizure, swelling with breathing trouble, collapse, or immediate self-harm danger. Call 911 when needed.

Call promptly: severe restlessness, involuntary movements, new gambling/shopping/eating/sexual urges, or worsening mood and suicidal thoughts.

Possible high blood sugar: unusual thirst or frequent urination needs a call; confusion, vomiting or severe weakness needs urgent care. Trouble swallowing also needs assessment.

Early side effects

Restlessness, nausea, constipation, dizziness, fatigue, tremor or insomnia can occur; some people feel sleepy. Food or a timing change may help nausea or sleep, but discuss persistent effects first.

Other effects to discuss

Weight gain and blood-sugar or cholesterol changes are possible despite lower average risk than some alternatives. New movements can persist after stopping; report them early.

What to keep track of

Check weight and blood pressure, glucose or HbA1c, and cholesterol at baseline and during treatment. Ask about restlessness and urges at each visit. Movement checks are periodic; ECGs and blood counts depend on risk.

Before you start

Discuss diabetes, heart disease, fainting, seizures, low white blood cells, swallowing problems and compulsive behavior. It is not approved for dementia-related psychosis; death and stroke risks are increased in older adults with this condition. Discuss pregnancy and breastfeeding: newborn effects and reduced milk supply are possible. Oral age ranges differ: schizophrenia 13+; bipolar mania 10+; autism irritability 6–17; Tourette disorder 6–18; depression add-on adults only.

Medicines & interactions

Medicines that raise exposure

Fluoxetine, paroxetine, quinidine, clarithromycin and some antifungals can raise levels. Dose changes depend on the indication and product; do not apply a blanket half-dose rule yourself.

Medicines that lower exposure

Carbamazepine, phenytoin, rifampin and St. John's wort may weaken treatment. Starting or stopping them can require dose review; some combinations with injections should be avoided.

Alcohol and other medicines

Avoid alcohol. Check sedatives, blood-pressure medicines, Parkinson medicines, supplements and all new prescriptions with your pharmacist. Bring the exact injection name if you receive one.

Everyday tips

Agree on treatment goals and track daily function, sleep and symptoms. Keep oral doses and injection appointments on schedule.

Tell the team early about restlessness; it can look like anxiety. A treatment change may help, but relief is not guaranteed by a simple add-on.

Ask someone you trust to help notice mood or impulse changes if you wish. Report suicidal thoughts at any age, especially early or after dose changes.

Support treatment with steady sleep, activity and appropriate therapy. Keep metabolic checks even if your weight has not changed.

Your questions, answered

What if I miss a tablet or injection?

For tablets, take it when remembered unless the next dose is near; then skip. Never double. For a missed injection, contact the team: product and time elapsed determine whether extra oral medicine or re-start treatment is needed.

Are all the injections the same?

No. Maintena is monthly; Asimtufii is every two months. Both cover adult schizophrenia and bipolar I maintenance. Aristada covers adult schizophrenia at product-specific intervals; Initio is not a maintenance injection. None is approved as a depression add-on.

Can it cause gambling or shopping problems?

Yes, sometimes in people with no previous difficulty. This deserves care, not blame. Tell your clinician promptly; reducing or stopping the medicine may help, but do not make that change alone.

What if I take too much?

Contact Poison Help at 1-800-222-1222 or emergency care immediately. Call 911 for collapse, seizure, breathing difficulty or inability to wake. Do not wait for the next appointment.

Storage & safety

Store tablets in their labeled container at room temperature, secured from children and pets. Never share medicine. Ask your pharmacist about disposal and any product-specific instructions.

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.otsuka-us.com/media/static/Abilify-PI.pdf>
 2. <https://medlineplus.gov/druginfo/meds/a603012.html>
-

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.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC