

Flupenthixol

Depixol / Fluanxol • also called flupenthixol

An antipsychotic with different uses by product. Your tablet or injection plan must match your diagnosis.

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

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

Not FDA-approved in the U.S.

UK product information; follow your own prescription

Diagram: D2 effects are clinically established; D1 binding has no separately established clinical benefit.

What it is used for

UK Depixol tablets and long-acting injections treat schizophrenia and other psychoses. They may reduce hallucinations and distressing false beliefs.

Low-dose Fluanxol treats depression under a separate UK regimen, not psychosis. Do not use it for mania or depression needing hospital care or ECT.

How it works

Flupenthixol blocks dopamine D2 receptors. This can reduce psychotic symptoms, but can also cause movement problems or raise the hormone prolactin.

The long-acting injection releases medicine gradually over weeks. Tablets and injections are not interchangeable milligram for milligram.

What to expect over time

STARTING

Ask which symptoms you are treating and when to review. Report new agitation or severe restlessness promptly.

CHECKING BENEFIT

Benefits and side effects need review over time. Do not raise the dose yourself or wait for a fixed deadline if you feel worse.

LONG-ACTING INJECTION

Effects last for weeks. Your clinic plans the interval, starting test dose and any temporary tablet overlap.

Taking your medication

Take tablets exactly as prescribed, with water and with or without food. Do not swap between low-dose Fluanxol and a psychosis regimen yourself.

A clinician gives the muscle injection. Keep appointments and follow the tablet-overlap plan. Do not stop tablets on injection day unless told.

Avoid alcohol. Do not drive until effects are known, or if drowsy, dizzy or vision is blurred. Rise slowly and avoid overheating.

When to get help

Emergency care: fever with rigid muscles and confusion; collapse, seizure, severe allergy or trouble breathing. Get help immediately after an overdose.

Urgent assessment: palpitations, fainting, new leg swelling, chest pain, jaundice, fever or sore throat. Chest pain or trouble breathing needs emergency care.

Call promptly: abnormal movements, severe restlessness, severe constipation or urine trouble. Seek urgent help for worsening mood or suicidal thoughts.

Early side effects

Stiffness, tremor, restlessness, sleep changes, dizziness, dry mouth or constipation can occur. Report symptoms rather than adding a remedy on your own.

Other effects to discuss

Weight gain, sexual problems, unexpected breast milk or period changes can occur. Repetitive face, tongue or body movements need prompt review and may persist.

What to keep track of

Your team checks symptoms, weight, blood pressure, blood sugar, cholesterol, movement changes and sexual or menstrual effects. Heart tracings and blood tests depend on your risks and symptoms. Older adults with dementia-related psychosis have a higher death risk with antipsychotics; this is not a licensed use.

Before you start

Share your full medicine list and tell your team about heart-rhythm problems, fainting, Parkinson's disease, seizures, glaucoma, urine or bowel trouble, low white blood cells, liver or kidney disease, pregnancy or breastfeeding. Mention unusual overactivity or little sleep with high energy. If you feel at risk of acting on suicidal thoughts, call emergency services. These UK leaflets do not recommend use in children. Check lactose or coloring ingredients if relevant to you.

Medicines & interactions

Alcohol, opioids & sleeping pills

Avoid alcohol. Sedating medicines can worsen drowsiness, falls and breathing problems. Ask before taking sleep, allergy or anxiety remedies.

Heart-rhythm & fluid medicines

Some antibiotics, heart medicines and psychiatric drugs add rhythm risk. Diuretics can lower potassium. Have a pharmacist check the combination.

Lithium & metoclopramide

Lithium can add nervous-system toxicity; metoclopramide can add movement problems. New confusion, tremor or stiffness needs prompt assessment.

Parkinson's & anticholinergic drugs

Flupenthixol can oppose levodopa. Medicines for bladder, allergy or movement symptoms may worsen constipation, urine retention or heat intolerance.

Other prescriptions & procedures

Tell your team about antidepressants, blood-pressure medicines and blood thinners. Tell the anesthesia team before surgery or sedation; do not alter prescribed medicines yourself.

Everyday tips

Keep one written tablet and injection schedule with your team.

Track symptoms, sleep and side effects between appointments.

Ask for help with restlessness; it can look like worsening anxiety.

Keep follow-up even when symptoms have improved.

Your questions, answered

What if I miss a dose or injection?

These UK tablet leaflets say to skip the missed dose and take the next at the usual time. Never double. For a missed injection, contact the clinic promptly.

Can I stop when I feel better?

Do not stop on your own. Tablets may need gradual reduction to limit withdrawal and relapse. A depot dose stays in the body for weeks and cannot be removed.

What about pregnancy or breastfeeding?

Discuss pregnancy promptly; late-pregnancy exposure can affect a newborn's feeding, movement or breathing. UK leaflets advise against breastfeeding during treatment. Plan care with your team.

What if I take too much?

Get urgent poison-service or emergency advice even if you feel well. Collapse, seizure, trouble breathing or inability to wake: call emergency services. Take the medicine container.

Storage & safety

Keep tablets in their original container, out of reach of children and pets, and follow the pack's storage directions. Never share. Ask a pharmacist about disposal. Your clinic usually stores and handles depot supplies.

A final reminder

local product instructions may differ.

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/files/pil.997.pdf>
 2. <https://www.medicines.org.uk/emc/product/11768/pil>
 3. <https://www.medicines.org.uk/emc/product/996/pil>
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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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