

Loxapine

Oral capsules / Adasuve (inhaled)

An antipsychotic with two different uses. Capsules and supervised inhaled treatment are not interchangeable.

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

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

Report new movement symptoms

Adasuve is never a home rescue inhaler

Eight targets are retained. Separate benefits are not proven for every target; D3 functional review is pending.

What it is used for

Oral capsules treat schizophrenia. Other oral uses may be off-label. Adasuve treats acute agitation in adults with schizophrenia or bipolar I disorder.

Adasuve needs trained staff in a certified setting. Loxapine is not approved for dementia-related psychosis; death risk is higher in older adults.

How it works

Loxapine blocks dopamine and serotonin receptors. This can reduce psychotic symptoms, but some of the same actions can affect movement or hormones.

Other actions can cause sleepiness, dizziness or bowel and bladder problems. Its metabolite amoxapine does not make loxapine an established antidepressant.

What to expect over time

ORAL TREATMENT

Sleepiness may appear before symptom improvement. Benefit can take weeks; your team adjusts the dose to response and tolerability.

INHALED TREATMENT

Adasuve is for an acute episode, not daily maintenance. Staff check breathing before treatment and for at least 1 hour afterward.

FOLLOW-UP

Keep appointments after improvement. Discuss the ongoing plan, side effects and any dose changes; do not stop oral treatment abruptly.

Taking your medication

Take capsules on your prescribed schedule, usually divided through the day. Do not change the dose or substitute another form of loxapine yourself.

Adasuve: staff guide one inhaled dose, with no second dose within 24 hours. Report every lung condition, inhaler and breathing symptom beforehand.

Avoid alcohol, overheating and dehydration. Rise slowly. Do not drive or use dangerous equipment until you know the effects on alertness and movement.

When to get help

Breathing symptoms after Adasuve: tell staff immediately about wheezing, cough, chest tightness or shortness of breath. Severe breathing trouble: 911.

Emergency: fever with stiff muscles or confusion, seizure, collapse, throat spasm, or serious trouble breathing or swallowing. Seek emergency care now.

Urgent assessment: painful prolonged erection, inability to urinate, severe constipation with pain/vomiting, or fever/sore throat suggesting infection.

Early side effects

Sleepiness, dizziness, dry mouth, constipation or blurred vision can occur. Adasuve may cause a bitter taste or throat irritation; breathing symptoms are urgent.

Other effects to discuss

Report restlessness, stiffness, tremor or new face, tongue or limb movements. Discuss weight, menstrual, breast or sexual changes too.

What to keep track of

Keep movement, weight, blood-pressure, glucose and cholesterol checks. Past low white cells need closer blood-count follow-up. Adasuve staff must assess breathing directly; sleepiness can hide symptoms. Worsening mood or suicidal thoughts need prompt help at any age.

Before you start

Review seizures, heart disease, falls, low white cells, severe constipation, glaucoma, urinary retention, Parkinson disease or Lewy body dementia. Discuss all medicines, pregnancy and feeding plans. Before Adasuve, report even past asthma, COPD, other bronchospastic lung disease, airway medicines, current breathing symptoms or a previous reaction. These can rule it out. Mention allergy to loxapine or amoxapine.

Medicines & interactions

Alcohol, opioids and sedatives

Alcohol, opioids, benzodiazepines and sleep medicines can worsen sedation, low blood pressure and breathing risk. Lorazepam needs particular caution; do not combine on your own.

Allergy, bladder and bowel medicines

Anticholinergic medicines can worsen constipation, urinary problems, blurred vision and confusion. Ask before taking a nonprescription sleep or allergy product.

Lithium and Parkinson medicines

Lithium combinations need monitoring for neurologic effects. Loxapine can oppose medicines that boost dopamine. Your team should review the whole treatment plan.

Medicines that alter drug breakdown

Some medicines increase or decrease exposure. There is no universal dose adjustment to make yourself. Tell your team about new medicines and changes in smoking.

Procedures and emergency care

Tell dentists, anesthesia staff and emergency teams about loxapine; medicines or monitoring may need changing. Carry a current medication list.

Everyday tips

Keep a short record of symptoms, sleep and daily function.

Report new movements early, even if they seem minor.

Use reminders and arrange refills before you run out.

Ask for a constipation plan and take care with standing up.

Your questions, answered

What if I miss an oral dose?

Take it when remembered unless the next is nearly due; then skip it. Never double. Ask how to restart after several missed doses.

Can I stop when I feel better?

Plan a gradual oral taper with your team; abrupt stopping can bring symptoms back. One supervised inhaled dose does not need a taper. Serious reactions need urgent assessment.

Is Adasuve the same as my capsules?

No. Its use, dose, monitoring and lung restrictions differ. It is not an XR capsule or a take-home inhaler. Persistent agitation needs reassessment, not another dose within 24 hours.

Pregnancy or breastfeeding?

Discuss benefits and untreated-illness risks; do not stop oral treatment on your own. Pregnancy and milk data are limited. Late-pregnancy exposure may affect newborn movement, feeding or breathing.

Storage & safety

Keep oral capsules tightly closed at room temperature, away from heat and moisture and secured from children and pets. Never share; use pharmacy take-back. Overdose: Poison Help 1-800-222-1222. Collapse, seizure or breathing trouble: 911. U.S. crisis support: 988.

A final reminder

Read your formulation's full leaflet.

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://medlineplus.gov/druginfo/meds/a682311.html>
 2. <https://dailymed.nlm.nih.gov/dailymed/medguide.cfm?setid=50e11732-7387-452d-b3e6-db3a431d5c4a>
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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.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC