

Molindone

Oral tablets / formerly sold as Moban

An antipsychotic for schizophrenia. Review symptom relief and movement effects together.

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

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

Keep your divided-dose schedule

Report restlessness, stiffness or new movements

D2 has a supported role. The D3 action label still needs verification; alpha2 binding has no established separate clinical benefit.

What it is used for

Molindone is approved to treat schizophrenia. It may help hallucinations, suspicious beliefs and disorganized thinking, but response varies from person to person.

It is not approved for dementia-related psychosis. Antipsychotics increase the risk of death in older adults with that condition; discuss alternatives with the team.

How it works

It blocks dopamine D2 receptors. This can reduce psychotic symptoms, but can also cause restlessness, stiffness and hormone-related effects.

The whole treatment effect is not explained by one receptor. Other targets in the diagram do not prove extra benefits or predict how the medicine will feel.

What to expect over time

EARLY DAYS

Sleepiness or dizziness may begin early. Dose changes depend on symptoms and side effects. Do not increase the dose yourself.

OVER WEEKS

Some symptoms may improve within a week; fuller benefit takes several weeks. Track daily function, hallucinations and suspiciousness.

EACH REVIEW

An urge to keep moving may be akathisia, a side effect, not worsening illness. Tell your team so the cause and treatment can be reviewed.

Taking your medication

Take the agreed divided doses consistently, usually three or four times daily. Use the schedule on your prescription; do not combine doses on your own.

Avoid alcohol and driving until effects are known. Rise slowly. Avoid overheating or dehydration, including during strenuous exercise.

Check before adding medicines, including sleep or allergy products. Do not stop abruptly. Plan refills early and call if tablets are unavailable.

When to get help

Stop and get emergency help: fever with severe muscle stiffness, confusion, sweating or an unstable heartbeat may be neuroleptic malignant syndrome.

Emergency: trouble swallowing or breathing, throat/neck spasms, seizure, collapse, severe belly pain with vomiting, or a prolonged painful erection.

Call promptly: new mouth/tongue or other involuntary movements, fever/sore throat, jaundice, rash, severe restlessness or inability to pass urine.

Early side effects

Drowsiness, dizziness, dry mouth, blurred vision, nausea or constipation can occur. Report falls, persistent sleepiness and bowel symptoms early.

Other effects to discuss

Discuss breast changes, milk production, menstrual or sexual changes. Weight effects may be less than with some drugs, but metabolic checks still matter.

What to keep track of

Keep movement, weight, blood pressure, blood sugar and cholesterol checks. Prior low white cells need closer blood-count monitoring. Report fever or infection signs promptly. Tell your team about depression, suicidal thoughts or major behavior changes; get emergency help if you cannot stay safe. Ask someone you trust to notice changes.

Before you start

Review prior movement problems, Parkinson disease or Lewy body dementia, seizures, falls, heart disease, glaucoma, constipation, urinary difficulty and low white blood cells. Discuss breast cancer history, kidney/liver disease, pregnancy, feeding and all medicines. Severe nervous-system depression or coma rules out use. Children below 12 do not have established safe and effective dosing.

Medicines & interactions

Alcohol, opioids and sedatives

Alcohol, opioid pain medicines, sleep aids and other sedatives can worsen sleepiness and impairment. Check before combining; do not drive if affected.

Phenytoin and tetracyclines

Calcium sulfate in the tablets can reduce absorption of phenytoin sodium and tetracycline antibiotics. Ask your pharmacist about timing and monitoring; there is no universal spacing rule in the label.

Bowel, bladder and movement drugs

Anticholinergic medicines can worsen constipation, urinary difficulty, confusion and some persistent movements. Do not add them automatically for restlessness or stiffness.

Blood-pressure medicines and lithium

Blood-pressure medicines may add dizziness or fainting. Lithium combinations need monitoring for nervous-system toxicity. Report new marked tremor, confusion or unsteadiness promptly.

Procedures and new medicines

Tell dental, anesthesia and emergency teams that you take molindone. Carry a full medicine list, including nonprescription products and supplements; check changes with your pharmacist.

Everyday tips

Use reminders for each prescribed dose time.

Track one or two symptoms and daily activities.

Keep movement checks even when symptoms improve.

Pair treatment with support, therapy and routine.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is nearly due; then skip. Never double. If several doses are missed, contact your team before restarting at your previous dose.

Can I stop when I feel better?

Plan a gradual taper with your prescriber to reduce relapse and rebound symptoms. A serious reaction is different and may require stopping urgently. Do not change treatment without advice.

What do new movements mean?

They need assessment. Some persistent movements, called tardive dyskinesia, may not fully go away. Treatment options exist; tell your team early rather than hiding movements or adding another drug yourself.

Pregnancy or breastfeeding?

Discuss an individual plan. Pregnancy evidence is limited; late exposure can affect newborn movement, breathing or feeding. Milk and infant-safety data are unavailable in the reviewed sources; discuss alternatives and feeding with a specialist.

Storage & safety

Store tightly closed at room temperature, protected from light and moisture, secure from children and pets. Never share. Suspected overdose: call Poison Help, 1-800-222-1222, immediately. Call 911 for collapse, seizure, breathing trouble, inability to wake or imminent self-harm. U.S. crisis support is also available through 988.

A final reminder

Read the full product information; local supply must be checked.

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://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=1275e92f-9573-4d0c-8e77-1c9ac47696d2>
 2. <https://www.medlineplus.gov/druginfo/meds/a682238.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