

Perphenazine

Trilafon (historical brand) / perphenazine

An antipsychotic for schizophrenia. Treatment means checking benefit, movement and other side effects together.

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

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

Tablets: 2, 4, 8, 16 mg

Follow your prescribed daily schedule

Also used for severe adult nausea and vomiting · Not approved for dementia-related psychosis

What it is used for

Treats schizophrenia symptoms such as hallucinations and unusual beliefs. Other psychotic-disorder uses may be off-label.

It also treats severe nausea and vomiting in adults, using a different regimen. It is not a routine sleep or simple-anxiety medicine.

How it works

Blocks dopamine D2 receptors. This can reduce psychotic symptoms but also contribute to stiffness, restlessness or hormone changes.

Other receptor actions may contribute to sleepiness and dry mouth. No diagram predicts exactly how much benefit or risk you will have.

What to expect over time

FIRST DAYS

Sleepiness, standing dizziness or muscle symptoms may appear. Report sudden spasms or distressing restlessness promptly.

OVER SEVERAL WEEKS

Psychosis may improve gradually. Follow daily function as well as symptoms; being quieter or sleepier is not the only goal.

THROUGHOUT TREATMENT

Keep movement and physical-health checks from the start. Some involuntary movements can persist after treatment stops.

Taking your medication

Take at the prescribed times, with or without food. Doses may be divided; do not combine them into one evening dose yourself.

Rise slowly. Avoid alcohol and driving or dangerous tasks until you know how the medicine affects alertness, balance and movement.

Do not stop suddenly or make dose changes yourself. Tell your prescriber if restlessness, stiffness or slowing is getting worse.

When to get help

Fever with severe stiffness, confusion or a racing pulse: do not take more; seek emergency care for a possible serious drug reaction.

Sudden neck, jaw or eye spasms need urgent treatment. Call 911 for trouble breathing/swallowing, collapse, seizures or immediate danger.

Get urgent care for jaundice or severe belly pain/swelling. Call promptly for fever, sore throat, new movements or severe restlessness.

Early side effects

Drowsiness, standing dizziness, dry mouth, constipation and blurred vision can occur. Stiffness or an urge to keep moving needs review.

Other effects to discuss

Report tremor, involuntary movements, breast changes, missed periods or sexual problems. Weight and blood-sugar changes are still possible.

What to keep track of

Keep movement checks, including a baseline and periodic AIMS exam. Follow weight, blood pressure, blood sugar and cholesterol early and over time. Blood counts and liver/kidney tests also matter. Heart tracing and hormone tests depend on your risks or symptoms; lower relative risk is not no risk.

Before you start

Discuss prior blood-count or liver problems, brain injury, Parkinson disease, dementia, seizures, falls, heart or breathing disease, glaucoma, retention and constipation. Share medicines, allergies, alcohol use and pregnancy or breastfeeding plans. Existing blood disorders or liver damage can rule this medicine out.

Medicines & interactions

Medicines that raise levels

Fluoxetine, paroxetine, bupropion and other enzyme blockers may increase perphenazine effects. Your prescriber may need to adjust dosing or monitoring.

Alcohol / other sedatives

Avoid alcohol. Opioids, sleep or anxiety drugs and sedating allergy medicines add impairment; combinations require your prescriber's review.

Other movement-related medicines

Metoclopramide and other dopamine-blocking drugs can add movement problems. With lithium, report new confusion, poor balance or marked tremor urgently.

Cold, allergy or bladder medicines

Some worsen constipation, retention, confusion and overheating. Ask before adding them; do not routinely self-treat movement symptoms with diphenhydramine.

Heart, blood-pressure and other drugs

Check drugs that affect rhythm, blood pressure or seizure risk, including tramadol. Perphenazine can oppose levodopa and other dopamine medicines.

Everyday tips

Use sun protection and avoid overheating. Plan suitable fluids, shade and breaks in hot weather; ask before strenuous exercise in heat.

Tell your team about constipation, urinary trouble, falls or persistent vision changes. Do not assume emotional flatness only means a high dose.

Tell your doctor or dentist before surgery. Keep a medicine list and arrange refills early. Ask about secure, limited supplies if safety is a concern.

Keep all follow-ups. Older adults with dementia-related psychosis have an increased risk of death with antipsychotics; discuss this warning with the team.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is near; then skip it. Never double. Ask your pharmacist if timing or several missed doses are unclear.

Can I stop when I feel better?

Plan a gradual taper with your prescriber, often over weeks or longer. Abrupt stopping may cause nausea, insomnia, new movements or returning psychosis.

Is an older medicine less useful?

Not necessarily. Choose based on your response and side effects, not age of the medicine. Movement checks do not replace metabolic or other safety monitoring.

Pregnancy or breastfeeding?

Discuss benefits and risks rather than stopping on your own. Late-pregnancy exposure may affect newborn movement, feeding or breathing. Nursing data are limited; monitor infant alertness and feeding.

Storage & safety

Store in the original light-protective container at room temperature, securely away from children; never share. Suspected overdose: call U.S. Poison Help 1-800-222-1222 immediately. Do not induce vomiting. Call 911 for collapse, seizure, breathing trouble, inability to wake or imminent self-harm.

A final reminder

Does not replace your prescription or pharmacy information.

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=0ebf4c11-1810-42f6-a8e3-071616e33d5d>
 2. <https://medlineplus.gov/druginfo/meds/a682165.html>
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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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