

Trifluoperazine

Stelazine / former US brand

Know your treatment goal, your dose plan and the symptoms worth reporting early.

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

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

ORAL TABLETS

ANXIETY USE HAS STRICT LIMITS

Anxiety and schizophrenia use different doses. Follow your own prescription, not another person's schedule.

What it is used for

Trifluoperazine treats schizophrenia. It may help with voices, suspicious thoughts and other psychotic symptoms.

It is also approved for short-term nonpsychotic anxiety, but is not a first choice. For anxiety: no more than 6 mg/day or 12 weeks.

How it works

It blocks some dopamine signaling. This can help psychotic symptoms, but can also cause stiffness, restlessness or hormone changes.

The diagram is not a prediction of your response. Some target actions still need independent confirmation.

What to expect over time

EARLY ON

Movement effects or dizziness may appear before you notice much benefit.

OVER SEVERAL WEEKS

Some psychotic symptoms improve early; fuller improvement usually takes longer.

AT FOLLOW-UP

Review benefit and side effects. Anxiety treatment also needs a clear end date.

Taking your medication

Use the dose and timing on your label. Do not take extra tablets for anxiety or restlessness.

Avoid alcohol. Check before adding sleep aids, supplements or other medicines.

Stand up slowly. Wait to drive or use machinery until you know how it affects you.

When to get help

Emergency help: breathing or swallowing trouble, collapse, seizure, or fever with stiff muscles and confusion.

Emergency help: an erection lasting four hours. Call promptly: yellow skin/eyes or fever and sore throat.

Call promptly: new spasms or repeated mouth movements, severe restlessness, vision changes, or painful constipation or urinary difficulty.

Early side effects

Sleepiness, dizziness, dry mouth, blurred vision and constipation can occur. Report falls, unsteadiness or side effects that disrupt your day.

Other effects to discuss

Tell your team about stiffness, tremor, restlessness, weight changes, milk production, changed periods or sexual difficulties. Some abnormal movements can persist.

What to keep track of

Expect checks of symptoms, movement, weight, blood pressure and blood tests. Some people need closer blood-count or liver checks. Keep recommended eye appointments and report new vision changes.

Before you start

Tell your team about liver disease, low blood counts or marrow problems, phenothiazine allergies, heart disease, fainting, seizures, glaucoma, bowel/urinary problems and pregnancy or nursing. This drug is not approved for dementia-related psychosis and can increase death risk in older adults with dementia.

Medicines & interactions

Alcohol and sedating medicines

Opioids, sleeping tablets and some allergy remedies can worsen sleepiness, falls or breathing problems.

Blood-pressure or drying medicines

These can add dizziness, constipation, urinary difficulty or overheating. Propranolol needs a specific interaction review.

Lithium and Parkinson medicines

Lithium can add serious neurologic effects. Trifluoperazine can oppose some Parkinson treatments. Have your whole list checked.

Other medicines and procedures

Review blood thinners and seizure medicines. Tell surgery, dental and spinal-imaging teams you take this medicine; let them plan any changes.

Everyday tips

Track the symptoms and daily activities you want to improve, as well as any troublesome effects.

Tell your team if you cannot sit still. This may be a side effect, not a need for more medicine.

Protect your skin from sun and avoid overheating. Ask for a practical hot-weather plan.

Use reminders and keep a current medicine list. If someone helps with tablets, ask the pharmacist about avoiding direct skin contact.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is almost due. Then skip it. Never double up; ask after several missed doses.

Can I stop when I feel better?

Plan changes with your prescriber. Sudden stopping can cause nausea, dizziness or returning symptoms. Serious reactions need urgent advice.

What about pregnancy or nursing?

Contact your prescriber to plan treatment and feeding. Do not stop suddenly on your own.

What if I take too much?

Call US Poison Control at 1-800-222-1222. Call 911 for collapse, seizure, breathing trouble or inability to wake. Do not wait for symptoms.

Storage & safety

Keep tablets in their original closed container away from light, heat and moisture, out of children's reach. Ask a pharmacist about medicine take-back. Never share tablets.

A final reminder

Stelazine is a former US brand. The existing target diagram retains its recorded evidence limits.

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/fda/fdaDrugXsl.cfm?setid=ae43c10e-cfa9-4298-8af5-7a3e6524bbda>
 2. <https://medlineplus.gov/druginfo/meds/a682121.html>
 3. <https://www.poisonhelp.org/help>
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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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Jeffrey Panko, PMHNP-BC