* **[Brittany Hall](https://herzing.instructure.com/courses/16568/users/35873%22%20%5Co%20%22Author%27s%20name)**

WednesdayMar 17 at 7:07pm

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[https://youtu.be/cH4LaW0I3zE (Links to an external site.)](https://youtu.be/cH4LaW0I3zE)

Hello! My name is Brittany Hall, and I will be getting consent for a long acting injectable for any age patient.

The medication I chose to start my patient on is Invega Sustenna, also known as Paliperidone. This medication is commonly used for Schizophrenia in ages 12 and up, maintaining response in Schizophrenia, and schizoaffective disorder. According to Stahl, 2021 this medication works by blocking dopamine 2 receptors which will reduce positive symptoms of psychosis and stabilizing affective systems. It also blocks serotonin 2A receptors and causes enhancement of dopamine release in certain brain regions which reduces motor side effects and improves cognitive and affective symptoms. In layman’s terms, it restores balance of dopamine and serotonin in the brain.

When taking this medication, you will start by taking it by mouth to build tolerance and then you will start the long acting injectable. When starting the oral Paliperidone, the milligrams can range between 3mg and 12mg titrating up or down every 4-5 days if needed. The first dose of the long acting injectable is 234mg in the deltoid. One week after the first injection, you will take another injection of 156mg. The maintenance dose of Invega Sustenna is given monthly (every 28 days). The recommended maintenance dose is 117mg but can be adjusted based on tolerability. Once you start receiving the maintenance dose, it can be given in the gluteal muscle if you prefer that over the deltoid. The benefit to taking Invega Sustenna as an injection, you do not have to remember to take a pill every day, just keep your monthly injection appointments. In hopes of not missing a dose, the maintenance dose can be given as early as four days before the scheduled dose or up to four days later. Also, this medication is usually well tolerated with fast efficacy.

Like all medications, there are side effects with this medication. Some of the most common sides effects include drug-induced parkinsonism which includes tremors and shuffling. Other side effects are restlessness and abnormal muscle movements, uncontrolled involuntary movements and abnormal movements of the eyes which is also known as tardive dyskinesia. Some life threatening side effects include hyperglycemia and neuroleptic malignant syndrome. These side effects are rare but if they were to appear, you should contact your healthcare provider immediately.

If you are pregnant or wanting to become pregnant, please let your healthcare provider know. If you are on Invega Sustenna, it is recommended to bottle feed or discontinue the Invega Sustenna because studies have shown it to be found in a mother’s breast milk (Stahl, 2021).

While taking this medication is important for your provider to monitor your body mass index because it is known to cause weight gain. It is also important to get a history of diabetes, obesity, dyslipidemia and cardiovascular disease. While on this medication, it is also important to monitor fasting triglycerides, fasting plasma glucose and fasting lipids. Even if a patient does not have a history of diabetes, on this medication, diabetic ketoacidosis can occur.

When starting Invega Sustenna, psychotic symptoms can improve within one week but can take 4-6 weeks to see the full effect. Some alternatives to Invega Sustenna include: Risperdal, Seroquel, Abilify, Haldol, Zyprexa and Geodon (Stahl, 2021). If you do not want to take an injection, we can take a look at your medication history to see which alternative can work best for you. If you do want to get started with Invega Sustenna, then I will need you to sign this consent form. Thank you.

References:

Stahl, S. M. (2021). *Prescriber's guide: Stahl's essential psychopharmacology* (7th ed.). Cambridge University Press.

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[**Margaret Nnandilobi**](https://herzing.instructure.com/courses/16568/users/40377)

12:37amMar 19 at 12:37am

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[https://youtu.be/HgFPSUkryWw  (Links to an external site.)](https://youtu.be/HgFPSUkryWw)

Case Study

A 68 years old Caucasian female Ms. Paris, was brought to the clinic by her daughter Ms.Hope, who reported that her mother has not slept well at night for about three weeks. Ms. Paris stays up talking to herself and to people who are not there.  She had lost weight recently as she refuses to eat certain meals of the day because she wants a particular TV chef to make her meals. Patient is a poorly groomed elderly woman. Patient’s daughter is concerned about the sleeplessness and behaviors. Ms. Paris has been treated for schizophrenia in the past, her symptoms had significantly improved, and she stopped taking her medications. Her daughter noticed a decline in her self-care after traveling to see her during Christmas and decided to bring her home with her. Ms. Paris takes Amlodipine Besylate 10mg 1 tablet daily for Hypertension, and Acetaminophen 500mg 1-2 tablets every 6 hours as needed for joint pain. Her family medical history includes maternal grandmother- Type II DM, Hypertension, Mother-Hypertension, Father- Hypertension.

Assessments

Height: 5feet 7inches

Weight: 148 lbs

Body mass index (BMI)- 23.2

Blood Pressure- 125/78; Heart Rate 93

Fasting plasma glucose: 88

LDL- 85; HDL- 68

Diagnosis: Schizophrenia

Treatment: Quetiapine (Seroquel) 25mg 1 tablet by mouth twice daily; give 60 tablets; 0 refill

                                                                     References

Stahl, S. M. (2017). *Prescriber's guide: Stahl's essential psychopharmacology* (6th ed.). Cambridge

           University Press.

U.S. Food & Drug Administration. (2016). Seroquel (quetiapine fumarate) and seroquel xr

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