**Discontinuation of Orphenadrine.**

We have been advised that Disipal (Orphenadrine) will be discontinued by the manufacturer on 1st December 2015. The only generic alternative has a long term manufacturing problem and has not provided us with a date that it will be available for use as such it is necessary to look for alternative treatment options.

The following guidance is intended to offer advice on how to manage patients currently using it for side effects associated with antipsychotic medication.

- Initially the need to use orphenadrine should be reviewed, many patients who have been on this medication for long periods may no longer require it.

- If the plan is to discontinue the orphenadrine, the discontinuation should be slow and gradual, over 1-2 weeks. High doses of medication should be withdrawn even more gradually over a period of weeks. Possible withdrawal symptoms may include:
  - feeling sick and being sick
  - flu-like symptoms
  - stomach cramps
  - runny nose
  - watery eyes
  - Hypersalivation (too much saliva, which may cause you to dribble)
  - indigestion
  - sweating
  - vivid dreams
  - insomnia

- If after review it is felt that an anticholinergic is required then medication of choice would be procyclidine. The table below states rough dosage equivalences and a straight swap between the two should be considered

<table>
<thead>
<tr>
<th>Suggested Dosage Ranges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orphenadrine</td>
</tr>
<tr>
<td>Procyclidine</td>
</tr>
</tbody>
</table>

- The SPC for procyclidine states that once treatment with procyclidine has commenced it is advisable to review the clinical need after three to four months. If the symptoms are still present after this time it should then be reintroduced.

- If initiating Procyclidine in the absence of any previous anticholinergic treatment the BNF advises the following, to start at 2.5mg three times per day and then gradually increase the dose by 2.5 - 5mg at intervals of 2 - 3 days. As stated above the maintenance dose of procyclidine is 15 - 30mg Daily. It should be noted that younger patients and in postencephalitic patients may require doses at the higher end of the licensed maximum dose.

Ian Winton, January 2016