Aripiprazole

Alcohol
(Booze, ethyl or ethanol, adult beverage, brew, brewski, liquor, drink, shoot, sauce, root gut, hooch, giggle juice, moonshine, jello shots, wobbly pop)

Interaction
a) As a CNS depressant, aripiprazole has the potential to enhance the adverse or toxic effects of other CNS depressants, such as alcohol.

b) In a double-blind study, 18 healthy subjects received a single aripiprazole 2.5 or 10 mg dose 1 day prior to consuming 3 standardized drinks in a laboratory setting. A significant and dose-dependent increase in the sedative effects of alcohol was observed, along with a reduction of the euphoric effects of alcohol consumption.

c) Thirty non-treatment seeking alcoholics received randomized double-blind treatment with aripiprazole 15 mg or placebo for 8 days. Aripiprazole reduced drinking in a naturalistic setting over 6 days, and during a during a free choice limited-access alcohol consumption paradigm following an initial (priming) drink of alcohol in a bar-lab setting.

d) A retrospective study of 41 schizophrenic patients with and without concurrent substance use disorders stabilized on related medications quetiapine or clozapine found an increased rate of extrapyramidal symptoms (EPS) in those patients with concurrent substance use disorders.

e) 99 patients who met the DSM-IV criteria for alcohol dependence were randomized in a double-blind study. Individuals given 15mg of aripiprazole daily chose to consume less alcohol and increased the wait-time between drinks compared to placebo in a bar-lab setting.

Mechanism
a, b) The exact mechanism of increased CNS depression is unknown, but it appears that the effects are mainly additive.

b, c, e) The mechanism of lowered alcohol consumption in those receiving aripiprazole is unknown.

Significance
a, b) It is important to warn patients of the potential for a reduction in psychomotor function when these drugs are taken concurrently. They may or may not be aware of their deterioration in skill level and response will vary between individuals. They will likely experience a deterioration in their abilities to operate a vehicle and/or carry out tasks that require mental alertness.

b, c, e) Aripiprazole may be of value for the treatment of alcohol abuse. Aripiprazole was well tolerated and lowered alcohol use, especially in those with lower impulse control.

d) Excessive use of alcohol or other substances may make patients taking antipsychotic agents more prone to EPS.

Serious Risk for Harm
Mixing aripiprazole and alcohol will reduce alertness and attention more than alcohol by itself. It will be more dangerous to drive if you mix alcohol and aripiprazole.

Also, aripiprazole sometimes makes people sleepy, dizzy and confused, especially at first as your body gets used to it. Alcohol can make this worse.

Think First
If you are depressed, blue, or moody, alcohol is a ‘downer’ and will make you feel worse.

Tobacco
(smokes, butts, cigs, cigars, darts, stogies, cancer sticks, chew, dip)

Interaction
Cigarette smoking is unlikely to influence aripiprazole levels.

Mechanism
Aripiprazole is mainly metabolized via CYP3A4 and CYP2D6 pathways, and not via CYP1A2 or UGT which are induced by the polycyclic aromatic hydrocarbons found in tobacco smoke.

Significance
Concomitant use of aripiprazole and tobacco should not result in decreased therapeutic effect of aripiprazole. Thus, dose adjustments should not be necessary in cases of increased or decreased tobacco use.

Think First
Smoking cigarettes does not seem to affect how aripiprazole works.
Caffeine
(coffee, java, joe, soda, pop, tea, energy drinks (Red Bull®, Monster®, Rock Star®, Amp®, NOS®, Full Throttle®, 5-hour Energy Drink®, Beaver Buzz®), chocolate, cocoa)

Interaction
a) Caffeine is unlikely to influence aripiprazole levels.

b) Caffeine may worsen restlessness/akathisia, an adverse effect that may occur more often with aripiprazole than other antipsychotics.

Mechanism
a) Aripiprazole is mainly metabolized via CYP2D6 and CYP3A4. Inhibition of CYP1A2 by caffeine is unlikely to influence aripiprazole levels.

Significance
b) It is recommended to limit caffeine intake in patients experiencing antipsychotic-induced akathisia.

Think First
Caffeine may make some of the side effects of aripiprazole worse. For example, the restlessness, pacing, “can’t sit still” feeling. This is called ‘akathisia’.

Cannabis/ Hash
(marijuana, mary jane, BC bud, blunt, chronic, J, joint, hemp, pot, grass, herb, 420, dope, THC, weed, reever, ganja, ganster, skunk, hydro, hash oil, weed oil, hash brownies, grease, boom, honey oil, K2, spice, poppers)

Interaction
As a CNS depressant, aripiprazole has the potential to enhance the adverse or toxic effects of other CNS depressants, such as cannabis.

Mechanism
The exact mechanism of increased CNS depression is unknown, but it appears that the effects are mainly additive.

Significance
It is important to warn patients of the potential for a reduction in psychomotor function when these drugs are taken concurrently. They may or may not be aware of their deterioration in skill level and response will vary between individuals. They will likely experience a deterioration in their abilities to operate a vehicle and/or carry out tasks that require mental alertness.

Serious Risk for Harm
Aripiprazole can cause sleepiness, dizziness and confusion. Cannabis can make this worse, and make it more dangerous to drive or do activities that require alertness and attention.

Cocaine/ Crack
(coke, snow, flake, nose candy, blow, lady white, stardust, rock, crystal, bazooka, moon rock, tar)

Interaction
a) Concomitant administration of cocaine with the related medication risperidone, resulted in decreased clearance of risperidone and increased serum levels.

b) 21 recreational cocaine users participated in a double-blind, placebo-controlled, randomized study assessing the impact of aripiprazole (2mg and 10mg) on cocaine effects. Aripiprazole did not decrease self-use of IV cocaine or diminish the perceived positive effects (the “high”) of cocaine.

Mechanism
a) Cocaine is a strong CYP2D6 inhibitor, and aripiprazole (like risperidone) is a CYP2D6 substrate.

b) Aripiprazole does not seem to decrease the perceived positive effects of cocaine.

Significance
a) Concomitant use of cocaine with aripiprazole may enhance the adverse/toxic effects of aripiprazole. However, to what extent cocaine inhibits the metabolism of aripiprazole is unclear. Patients should be monitored for the appearance of adverse drug effects and counselled on avoidance of cocaine while taking aripiprazole.

b) Although related drugs have caused people to have a milder cocaine high, there is some evidence against this for aripiprazole.

Serious Risk for Harm
A medical report showed that using the related medication risperidone and cocaine together can cause uncontrolled movements of the body. These uncontrolled movements, called ‘dystonia’ or ‘EPS’ can be painful cramps in the neck, tongue, face, or body, or uncontrolled eye movements.

Think First
Although there is inconsistent evidence for aripiprazole, other medicines in the same family have caused people to have a milder cocaine high,
Opioids
(codesine, Tylenol #3®, code, meperidine, Demerol®, DXM, dextromethorphan, robo, skittles, morphine, morph, monkey, methadone, bup, sub, or dolly, oxycodone, Oxycotin®, hillbilly heroin, OxyNeo®, O.C, ox, roxy, percs, fentanyl, Sublimaze®, Duragesic®, china white, hydrocodone, Hycodan®, Vicodin®, suboxone®, buprenorphine, vike, heroin, H, horse, junk, smack, brown sugar, black tar, down, china white, purple drank, W18, carfentanil, elephant tranquilizer, loperamide, lope, lean)

Interaction

OPIOIDS: As a CNS depressant, aripiprazole has the potential to enhance the adverse or toxic effects of other CNS depressants, such as opioids.

METHADONE: a) Concomitant administration with the related medication risperidone resulted in decreased clearance of risperidone and increased serum levels.

Mechanism

OPIOIDS: The exact mechanism of increased CNS depression is unknown, but it appears that the effects are mainly additive.

METHADONE: Methadone is a moderate CYP2D6 inhibitor. Like risperidone, aripiprazole is a CYP2D6 substrate.

Significance

OPIOIDS: While the additive effects may be clinically appropriate, monitoring of the patient is advised. It is important to warn patients of the potential for a reduction in psychomotor function when these drugs are taken concurrently. They may or may not be aware of their deterioration in skill level and response will vary between individuals. They will likely experience a deterioration in their abilities to operate a vehicle and/or carry out tasks that require mental alertness.

METHADONE: Concomitant use of methadone with aripiprazole may enhance the adverse/toxic effects of aripiprazole. However, to what extent methadone inhibits the metabolism of aripiprazole is unclear. Patients should be monitored for the appearance of adverse drug effects and counselled on avoidance, if possible, of methadone while taking aripiprazole.

Serious Risk for Harm

OPIOIDS: Aripiprazole can cause sleepiness, dizziness and confusion. Opioids can make this worse, and make it more dangerous to drive or do activities that require alertness and attention.

Serious Risk for Harm

METHADONE: Taking methadone and aripiprazole together can cause you to have more side effects from aripiprazole such as uncontrolled movements of the body. These uncontrolled movements, called 'dystonia' or 'EPS' can be painful cramps in the neck, tongue, face, or body, or uncontrolled eye movements.

Amphetamines/ Stimulants
(upper, ecstasy, E, X, Molly, mesc, XTC, love drug, MDA, MDE, Eve, MDMA, adam, disco biscuit, bennies, black beauties, Dowedrine®, Adderall®, dextro, Ritalin®, speed, crystal, meth, ice, glass, tweak, cat, qat, ket, bath salts, Ivory Wave, Vanilla Sky, Cloud 9)

Interaction

METHYLPHENIDATE: Concomitant use of antipsychotics and methylphenidate may enhance each other's adverse or toxic effects.

AMPHETAMINE: Amphetamine-induced stimulatory effects may be reduced by antipsychotics.

a) A case report of 2 individual children receiving aripiprazole and stimulants experienced uncontrolled movements (dystonia), which seemed to occur upon abrupt discontinuation of the stimulant.

b) 7 adults who reported recreational amphetamine use in the past year were given aripiprazole 15mg daily. Aripiprazole seemed to diminish positive subject-rated effects (enjoyed the drug, willing to take again) of low-dose amphetamines, but not high dose amphetamines. Aripiprazole also reduced self-administration of methamphetamine.

c) In a double-blind, placebo-controlled, randomized trial of 90 methamphetamine-dependent adults given aripiprazole, there was a reduction in methamphetamine-positive urine screens. However, this reduction also occurred in the placebo arm and was not statistically significant.

Mechanism

The risk of creating extreme hyper- or hypodopaminergic states appears to be greatest when adjusting the dose of one class of medication in the setting of the other. When used with a stimulant, consider antipsychotic switching without cross-tapering.

a) Antipsychotic medications cause post-synaptic up-regulation of dopamine receptors over time. Removing the antagonism on these hypersensitive dopamine receptors while simultaneously increasing synaptic dopamine levels by an indirect agonist could cause an extreme hyperdopaminergic state.

b,c) The mechanism of reduced abuse-related effects of methamphetamine via aripiprazole is unknown.

Significance

METHYLPHENIDATE: If concomitant use is clinically appropriate, patients should be monitored for adverse or toxic effects of both aripiprazole and methylphenidate when initiating therapy or during dose changes.

AMPHETAMINE: The effectiveness of amphetamines may be diminished when aripiprazole is co-administered. Patients should be monitored upon initiation of one of these drugs and during dosage changes.

a) Abrupt discontinuation of stimulant treatment may result in emergence of extrapyramidal side effects due to removal of the anticholinergic effects of the stimulant. Conversely, sudden discontinuation of aripiprazole can result in severe dyskinesias. When used concurrently, stimulant and antipsychotic dosages should be tapered gradually before discontinuation.

b,c) Aripiprazole, given in a controlled and monitored setting, may have some benefit in attenuating the positive reinforcement effects of methamphetamine.

Serious Risk for Harm

Taking street doses of amphetamines or related stimulants like methylphenidate (Ritalin) together with aripiprazole can work against the helpful effects of aripiprazole and can cause uncontrolled movements of the body. These uncontrolled movements, called 'dystonia' or 'EPS' can be painful cramps in the neck, tongue, face, or body, or uncontrolled eye movements.
Think First
Doctors will sometimes prescribe small amounts of medical amphetamines or stimulants to patients taking aripiprazole to help treat certain illnesses, but this is done very carefully.

Phencyclidine/ Ketamine
(PCP, angel dust, PaCe Pill, rocket fuel, love boat, embalming fluid, elephant tranquilizer, hag, illy, wet, wet stick, dipper, toe tag, cadillac, snorts, or surfer; Special K, vitamin K, CVR, cat tranquilizer, cat valium, jet, kit kat, Ketalar®)

Interaction
PHENCYCLIDINE: In mice, related drug brexpiprazole dose-dependently attenuated the negative cognitive effects of phencyclidine. Novel antipsychotic agents such as aripiprazole may block the psychotomimetic effects of phencyclidine.

KETAMINE: a) As a CNS depressant, aripiprazole has the potential to enhance the adverse or toxic effects of other CNS depressants, such as ketamine.
b) A 34 year old male presented with agitation, altered mental status, hypertension, and tachycardia. Urine tests confirmed he recently used cannabis and ketamine. He was given the related drug paliperidone which led to symptom resolution.

Mechanism
KETAMINE: a) The exact mechanism of increased CNS depression is unknown, but it appears that the effects are mainly additive.
b) Antipsychotics can attenuate the effects of NMDA antagonists such as ketamine.

Significance
PHENCYCLIDINE: Some people may have a milder ‘high’ with phencyclidine if they are also taking aripiprazole.

KETAMINE: a) It is important to warn patients of the potential for a reduction in psychomotor function when these drugs are taken concurrently. They may or may not be aware of their deterioration in skill level and response will vary between individuals. They will likely experience a deterioration in their abilities to operate a vehicle and/or carry out tasks that require mental alertness.
b) Some people may have a milder ‘high’ with ketamine if they are also taking aripiprazole.

Serious Risk for Harm
KETAMINE: Aripiprazole can cause sleepiness, dizziness and confusion. Ketamine can make this worse, and make it more dangerous to drive or do activities that require alertness and attention.

Think First
KETAMINE: Some people may have a milder ‘high’ with ketamine if they are also taking aripiprazole.

LSD/ Hallucinogens
(acid, blotter, cartoon acid, hit, purple haze, trip, white lightning, raggedy ann, sunshine, window-pane, microdot, boomers, buttons, mesc, peyote, salvia, morning glory seeds, flying saucers, licorice drops, pearly gates, magic mushrooms, shrooms)

Interaction
MUSHROOMS: Novel antipsychotic agents similar to aripiprazole may block the psychotomimetic effects of psilocybin.

Mechanism
MUSHROOMS: Psychotomimetic effects are blocked dose-dependently by serotonin-2A antagonists such as related drug olanzapine, but were increased by the dopamine antagonist and typical antipsychotic haloperidol.

Significance
MUSHROOMS: Some people may have a milder ‘high’ with mushrooms, if they are also taking aripiprazole.

Benzodiazepines
(benzos, downers, tranquilizers, tranquilizers, Ativan®, Halcion®, Xanax®, Restoril®, Zoloft®, Valium®, Klonopin®, Rivotril®, Serax®, Rohypnol®, roofies, rope, the forget or date rape pill)

Interaction
As a CNS depressant, aripiprazole has the potential to enhance the adverse or toxic effects of other CNS depressants, such as benzodiazepines.
Mechanism
The exact mechanism of increased CNS depression is unknown, but it appears that the effects are mainly additive.

Significance
While the additive effects may be clinically appropriate, monitoring of the patient is advised. It is important to warn patients of the potential for a reduction in psychomotor function when these drugs are taken concurrently. They may or may not be aware of their deterioration in skill level and response will vary between individuals. They will likely experience a deterioration in their abilities to operate a vehicle and/or carry out tasks that require mental alertness.

Serious Risk for Harm
Aripiprazole can cause sleepiness and confusion, especially at first as your body gets used to it. Benzodiazepines can make this worse, and make it more dangerous to drive or do activities that require alertness and attention.

Think First
Doctors will sometimes prescribe benzodiazepines to patients taking aripiprazole to help treat certain illnesses, but this is done very carefully.

Benzodiazepines are ‘downers’. If you are depressed, blue, or moody, benzodiazepines can make this worse.

References
ALSO SEE OLANZAPINE


