

High-risk EPSE/side-effect

- CD4 <200 cells/mm<sup>3</sup>
- High/Determined viral load
- Past history of EPSE
- · Low lean body mass
- Neurocognitive impairment present

Low-risk EPSE/side-effect

- CD4 >200 cells/mm<sup>3</sup>
- Low viral load
- No history of EPSE/past history of neuroleptic use
- Normal body mass
- No neurocognitive impairment
- First-line: low-dose risperidone\* (0.5 daily increasing by 0.5 mg daily to 2 mg daily (average dose) or 4 mg daily (maximum dose))
- Second-line: quetiapine\* (50 mg twice daily, increasing by 50 mg daily to 200 mg daily (average dose) or 600 mg daily (high dose))
- Third-line (for treatment resistance): clozapine – ensure that: WCC is >4.0; patient is medically stable; drug is prescribed by specialist experienced in HIV care; WCC needs to be monitored weekly for 18 weeks, thereafter monthly for duration of treatment

 Low-dose haloperidol (0.5 mg daily; dose range 0.5 mg - 5 mg daily; observe for EPS using at least 2 measures (tone, glabellar tap, gait, arm swing))<sup>†</sup>

## OR

 If LFTs are normal or <1.5x normal: chlorpromazine (50 -200 mg daily) may be used