Anticholinergics and Antihistamines

Specific medications:
- Benztropine (Cogentin)
- Diphenhydramine (Benadryl)
- Trihexaphenidyl (Artane)
- Hydroxyzine (Atarax)
- Biperiden (Akineton)

Use:
- Treat side effects of antipsychotic medications
- Treat anxiety or insomnia.

Risks and side effects:
- Sedation, fatigue, drowsiness, dizziness when standing
- Upset stomach, heartburn, constipation
- Dry mouth and eyes
- Sexual side effects, problems with erection or climax
- Increased appetite and weight gain
- Rapid heartbeat or palpitations
- Difficulty urinating
- May precipitate glaucoma
- Irregular heart beat and arrhythmia
- May cause confusion, agitation, or psychotic symptoms in rare instances

Though most medication side effects are not dangerous, they can rarely be medically serious or even life threatening. Let your doctor know if you notice any changes in your health.

Expected onset of action: These medications generally begin to take effect within 30 minutes to an hour after taking them by mouth. Because they can cause sedation, do not take them immediately before driving or other activities that require you to be alert in order to be safe.

Use in pregnancy: Although birth defects have not been reported, the full effect of these medications on developing babies is not known. It is safest to use birth control while taking these medications. Let your doctor know if you may be or wish to become pregnant.

Interactions with other drugs and food: Street drugs and alcohol should be avoided while taking these medications.

Laboratory monitoring: Laboratory monitoring is generally not necessary. Your doctor may recommend you get an EKG while taking these medications.

Discontinuation effects: If these medications are stopped suddenly, you may experience anxiety, restlessness, insomnia, or stomach cramps and other GI symptoms. This can be avoided by tapering the medication slowly.

I acknowledge that I have discussed this information with my doctor and have received a copy of this form for my records.

Individual Served: __________________________ Date: _________________

Physician: __________________________ Date: _________________

[ ] Copy given for guardian