A Case Report of the Oral Ingestion of Aripiprazole Long-Acting Injectable

To the Editor: Aripiprazole long-acting injectable (LAI) is a lyophilized powder form of the second-generation antipsychotic aripiprazole and was approved for use by the US Food and Drug Administration in 2013. LAIs are felt to offer the patient convenience with less frequent dosing and, therefore, improve compliance. Studies[1–3] have shown that LAIs demonstrate improved prevention of next hospital stay and reduce treatment failure compared to oral antipsychotics. The side effect profile for LAIs and oral antipsychotics are believed to not be significantly different. Serious side effects include increased risk of death in elderly people with dementia and neuroleptic malignant syndrome. Here, we present the case of a patient who orally ingested 400 mg of aripiprazole LAI.

Case report. Ms A is a 39-year-old woman with a history of schizophrenia who presented to the emergency department after ingesting 400 mg of aripiprazole LAI. She was started on aripiprazole LAI during a recent psychiatric hospitalization and discharged with a prescription. She filled the prescription at her pharmacy and began to hear several voices telling her to drink the solution. This was the patient's first time using an injectable form of medication on an outpatient basis. She ingested the aripiprazole LAI and reported this to a family member, who promptly brought her to the emergency department. The patient had no specific or extrapyramidal symptoms, change in mental status, or gastrointestinal issues.

Ms A was admitted to the medical floor for observation and seen by the psychiatry team. She was found to be paranoid and anxious. No side effects from the medication were noted at that time, and she denied any somatic complaints. The patient was followed by internal medicine physicians and underwent an extensive evaluation consisting of a complete metabolic panel, complete blood count, urinalysis, urine drug screen, and telemetry. Her laboratory results and electrocardiogram were within normal limits, with the exception of a blood glucose level of 550 mg/dL. Ms A denied any symptoms of hyperglycemia, and her blood glucose improved after treatment with her outpatient dosage of insulin. This finding was thought to be secondary to noncompliance with insulin rather than an overt side effect from the medication.

Ms A denied that the ingestion was a suicide attempt but reported that she took the medication to relieve the auditory hallucinations. She said she thought that by drinking her medication it would work faster. The patient was restarted on oral aripiprazole and titrated to a dosage of 30 mg to control her auditory hallucinations. She was instructed to follow her outpatient psychiatrist's recommendations on when to start aripiprazole LAI, and a prescription was faxed directly to the physician.

To our knowledge, this is the first identified case involving the oral consumption of aripiprazole LAI. The manufacturer of aripiprazole LAI was contacted and was unaware of any reported cases of aripiprazole LAI oral ingestion. Although no side effects were noted in this particular case, the gastrointestinal availability still remains a question for this formulation. This case highlights the difficulty providers have in attempting to ensure outpatient compliance with treatment. If administered correctly, LAI medications have demonstrated clinical efficacy in treating the symptoms of bipolar disorder and schizophrenia and reducing hospital readmissions. We suggest that physicians communicate directions explicitly to the patient and, ideally, have the LAI sent directly to the administering clinician.

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