Alberta Children's Hospital

Trihexyphenidyl (Artane) Guideline for Dystonia Management

Exclusions / Considerations
- *Use with caution in hepatic impairment, glaucoma, GI obstruction and post-NEC/short gut*
- *Consider a Sinemet trial for patients with prominent choreiform movements as these may be exacerbated*

Anticipated Responders
- *Preterm*
- *Upper limb dystonia*
- *Younger age at treatment initiation*
- *Higher IQ*

Preparation
- *Available as 2 and 5 mg regular release tablets*
- *Suspension prepared as 0.4mg/mL*

Side Effects/Adverse Drug Reactions (ADRs)
- *Dry mouth*
- *Constipation*
- *Blurred vision*
- *Drowsiness*
- *Forgetfulness*
- *Behaviour changes*
- *Transient irritability*
- *Rarely, worsening of dystonia*

Titrate medication as follows
Week 1 & 2: 0.05 mg/kg bid
Week 3 & 4: 0.05 mg/kg tid
Week 5 & 6: 0.10 mg/kg tid

→ **Baseline Assessment**
- HAT
- CCQ
- COPM
- Adapted Tardieu
- Physical Exam

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Reassessment in clinic at **6 weeks**

→ **6 Wk Assessment**
- HAT
- Screen for ADRs
- Physical Exam

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Continue medication titration as follows
Week 7 & 8: 0.15 mg/kg tid
Week 9 & 10: 0.20 mg/kg tid
Continue at 0.20 mg/kg tid until reassessment at 3 months

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Reassessment in clinic at 3 months
Expected optimal response at 3 to 4 months post-medication initiation
Consider increase to 0.25 mg/kg tid if suboptimal response

→ **Follow up Assessment**
- HAT
- CCQ
- Screen for ADRs
- Physical Exam

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Reassess in clinic every 3 months for first year of trial then
Reassess in clinic every **6 months** with a repeat Baseline Assessment annually

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For suboptimal response or serious ADRs taper medication slowly over 4 weeks

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