What is molindone?

First generation ‘typical’ antipsychotics such as molindone are an older class of antipsychotic than second generation ‘atypical’ antipsychotics. They are used primarily to treat positive symptoms including the experiences of perceptual abnormalities (hallucinations) and fixed, false, irrational beliefs (delusions). First generation antipsychotics may cause side effects which can differ depending on which antipsychotic is being administered and on individual differences in reaction to the drug. Reactions may include dyskinesias such as repetitive, involuntary, and purposeless body or facial movements, Parkinsonism (cogwheel muscle rigidity, pill-rolling tremor and reduced or slowed movements), akathisia (motor restlessness, especially in the legs, and resembling agitation) and dystonias such as muscle contractions causing unusual twisting of parts of the body, most often in the neck. These effects are caused by the dopamine receptor antagonist action of these drugs.

What is the evidence for molindone?

Moderate to low quality evidence suggests no differences in effectiveness between molindone and other first generation antipsychotics. Low quality evidence is unable to determine differences in adverse effects between molindone and other first generation antipsychotics.

For more information see the technical table

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone 1300 888 019 or make a secure donation at neura.edu.au/donate/schizophrenia.