# Low dose Risperidone every 3.8 hours: Superior efficacy in treatment of Bipolar Disorders

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**Abstract**

Background

This paper presents a previously unpublished Bipolar Disorder treatment using low-dose Risperidone that gives superior-efficacy, prevents overmedication, and prevents medication-induced anxiety and irritability. Standardized other Bipolar Disorder treatments have a failure rate of 82% to 87.1%. When dropouts and poor adherence are combined, only 12.9% to 18% of Bipolar patients adhere to medications within three years. Self-defensive providers primarily blame Bipolar patients for treatment failures. When that bias is removed, failure is due to overmedication and anxiety and irritability caused by medications. This paper shows the neurobiochemical processes that cause those problems. Published prescription-guidelines recommend Risperidone in high amounts that intentionally activate its 9-Hydroxyrisperidone metabolite under auspices that it is virtually the same as Risperidone and lasts for 24 hours. In truth, however, the beneficial Risperidone chemical lasts for four hours and 9-Hydroxyrisperidone agonizes Bipolar-toxic Serotonin. Low-dose Risperidone neutralizes 9-Hydroxyrisperidone.

Methods

Low doses of Risperidone were calculated to be therapeutic amounts without causing overmedication, anxiety, and irritability. Doses were calculated to metabolize low plasma concentrations of 9-Hydroxyrisperidone that stay below the neural-activation threshold level. Four-hour-duration low doses of Risperidone were administered every 3.8 hours.

Results

3.8-hour dosing sustained steady benefits by overlapping 15-minute efficacy-onset with the 15-minute termination of each previous dose. Steady transitions between doses and five administrations per day gave therapeutic efficacy for 16 hours. Taking dose #5 at bedtime gave improved sleep.

Conclusions

Low doses of Risperidone activate its therapeutic benefits while neutralizing Bipolar-toxic Paliperidone. Low-dose Risperidone every 3.8 hours maintains stability with room for adding occasional extra doses to control exacerbations of symptoms. This study provides a new biochemistry-based Bipolar Disorder treatment that is vitally needed because the failure rate of traditional treatments is too high. Traditional treatments and research are guided by commercial drug manufacturers' recommendations and data. Traditional treatment dropout and non-adherence rates attest to the immediate need for this paper's new paradigm of analytic neurobiochemistry.

*Keywords:* 9-Hydroxyrisperidone, 9-OH-Risp, efficacy-duration, Invega, Paliperidone, Risp, Risperdal, Risperidone.