

Antipsychotic Medications

Some people will have symptoms of psychosis, which means that they will probably need to take antipsychotic medication as part of their treatment package. This is generally used to treat illnesses such as schizophrenia, hypomania and sometimes personality disorders. However, being prescribed an antipsychotic drug does not necessarily mean that you have one of these diagnoses; it simply means that you have symptoms that may be reduced by this kind of medication.

Taking antipsychotic medication may help with hallucinations and delusions and help you feel more in control of your life. There are different types of antipsychotics and you cannot predict which one will work best for you. It is helpful for you to know about the different options so that you can play an active role in your treatment plan. This fact sheet looks at the following questions:

1. How do antipsychotics work?
2. What are the different types of antipsychotic medication and what are their side effects?
3. What about stopping antipsychotic medications?
4. How will my antipsychotic affect other medications?
5. Can I drink or drive on medication?
6. What about sex, pregnancy and medication?
7. Further information.

1. How do they work?

There are a number of natural chemicals ('neurotransmitters') in the brain, including two called *serotonin* and *dopamine*. These are messenger chemicals involved in thinking, emotions, behavior and perception. In illnesses where psychotic symptoms are experienced, these chemical messengers can be too active or not active enough. Antipsychotics work by correcting this chemical imbalance, reducing symptoms.

2. What different types of antipsychotic are there?

There are two types of antipsychotic medication: *typical* (older drugs) and *atypical* (more recently developed drugs). There are differences between these types, especially in relation to the side effects they may cause. It is important to remember that each person reacts differently to a medication, so it is never certain how they will be affected by side effects, or how effective the prescribed drug will be in reducing symptoms. This can mean that the first medication you try may not be the right one for you. However, many people find the side effects of the newer atypical drugs easier to cope with than those of the typical drugs. If you have been on an

antipsychotic for several weeks and the side effects are too difficult to put up with, you should ask your psychiatrist about trying a different one.

Antipsychotic medication can come as tablets, a syrup or as an injection (this is called a depot). The injections could be useful for someone who may not remember to take their medications when they are supposed to. The current guideline from the National Institute of Clinical Excellence advises that the choice of oral medication is to be made by the service user together with the clinician. They should consider together the side effect profiles of each drug. The previous guideline had recommended that atypical medication should be prescribed in the early stages. The carer should be involved in the decision unless the service user objects.

Typical antipsychotics

Typical antipsychotics have been available since the 1950s and are by far the most researched. They were also the most prescribed for a long time, but individuals with new diagnoses should usually be started on atypicals now. The following medications are typical antipsychotics with the brand name in brackets.

Chlorpromazine (*Largactil*)

Thiorodazine (*Melleril*)

Fluphenazine (*Modecate, Moditen*)

Trifluoperazine (*Stelazine*)

Flupenthixol (*Fluanxol*)

Zuclopenthixol (*Clopixol*)

Haloperidol (*Haldol, Serenace, Decanote*)

Pimozide (*Orap*)

Methotrimeprazine or levomepromazine (*Nozinan*)

Loxapine (*Loxapac*)

Fluspirilene (*Redeptin*)

Droperidol (*Droleptan*)

Benperidol (*Anquil*)

Promazine (*Sparine*)

Pericyazine (*Neulactil*)

Sulphide (*Dolmatil, Sulpitil, Sulparex*)

Perphenazine (*Fentazin*)

Pipothiazien (*Piportil*)

Side effects of typical antipsychotics can include:

Stiffness and shakiness – this can often be reduced by lowering the dose. However, if a high dose is necessary, the shakiness can be treated with the same kind of medication that it used for Parkinson's disease.

Uncomfortable restlessness (Akathisia)

Persistent abnormal movement, usually of jaw, lips and tongue(Tardive Dyskinesia)

Sexual problems due to hormonal changes

Atypical antipsychotics

The following medications are atypicals with the brand name in brackets.

Amisulpride (*Solian*)

Aripiprazole (*Abilify*)

Clozapine (*Clozaril, Denzapine*) – used when other medications have no effect

Risperidone (*Risperdal & Risperdal Consta*)

Olanzapine (*Zyprexa*)

Quetiapine (*Seroquel*)

Zotepine (*Zoleptil*)

Side effects of atypical antipsychotics can include:

Sleepiness and slowness(sedation)

Severe weight gain (obesity), which has been linked with increased instances of diabetes in individuals taking antipsychotics

Stiffness and shakiness which can be treated with anti-parkinsonian medications

Sexual problems due to hormonal changes

According to the National Institute of Health and Clinical Excellence, other side effects that have been linked with antipsychotic drugs are:

Blurred vision due to increased pressure inside the eye

Dry mouth and eyes

Constipation

Urinary retention

Fits

Heart problems (such as changes to heartbeat)

Severe weight gain

Diabetes – symptoms of diabetes include increased thirst, going to the toilet all the time - especially at night, extreme tiredness, weight loss, genital itching or regular episodes of thrush, blurred vision.

The most promising strategy for reducing the risk of tardive dyskinesia is the use of atypical antipsychotics. Olanzapine has been shown to cause less tardive dyskinesia than haloperidol. Such a benefit may also be seen with other atypicals such as risperidone. Tardive dyskinesia is extremely rare with clozapine. In fact, many people who have symptoms of tardive dyskinesia improve slowly when given clozapine. There is some evidence of benefit with tetrabenazine (Nitoman); but this drug has its own fairly frequent, serious side-effects such as drowsiness and depression. Vitamin E may help in some people and has few side-effects.

4. What about stopping taking antipsychotic medication?

Many people begin to feel well after a period of taking antipsychotics. They may then wish to stop taking the drugs. For some this will be possible and should be done with the supervision of your doctor. Your doctor will gradually reduce the dose you take while you and your relatives or friends keep watch for any signs that your illness may be returning. For some people stopping taking drugs may result in symptoms returning within weeks or even many months after the drug has been stopped. Some people may not be able to stop taking antipsychotics. This is because the antipsychotics are keeping them well and preventing the symptoms of the illness returning. Stopping antipsychotics suddenly can cause 'rebound psychosis'. This means that the symptoms of the original illness return suddenly, and may result in you needing to be admitted to hospital.

5. How will my antipsychotic interact with other medication?

Interaction problems are uncommon, although a few have been recorded. The phenothiazines can interact with a few drugs, including some antidepressants and anticonvulsants, although your doctor should know about these.

Chlorpromazine, fluphenazine, methotimeprazine or levomepromazine, pericyazine, perphenazine, pipothiazine, promazine, thioridazine and trifluoperazine

Other medicines, for example, the painkiller co-proxamol, and some antihistamines can make you drowsy. When combined with phenothiazines, this could make you even drowsier. This does not necessarily mean the drugs cannot be used together, just that you may need to follow your doctor's instructions very carefully. You should tell your doctor before starting or stopping these or any other drugs. ***Make sure your doctor knows about all the medicines you are taking.***

6. Can I drink or drive on my medication?

Many antipsychotics can impair alertness, concentration and driving performance. Antipsychotics can cause sedation, impair coordination and response-time. Effects are particularly marked at the start of treatment and after increasing the dose. It is important to stop driving during this time if adversely affected. The use of alcohol will further increase any impairment.

7. What about sex, pregnancy and medication?

People with psychosis are less able to develop good psychosexual relationships and, for some, treatment with an antipsychotic can improve sexual functioning. However, sexual dysfunction has been reported as a side-effect of all antipsychotics. According to the Maudsley Hospital's Prescribing Guidelines (eighth edition) up to 45% of people taking typical antipsychotics experience sexual dysfunction. Whether you will be affected varies with the individual and all the effects are reversible. Antipsychotics can decrease libido and may increase prolactin levels. This can cause periods to stop in women and a lack of libido, breast enlargement and the production of breast milk in both men and women. You may find it harder to get aroused and men may have particular problems with erection and ejaculation. If you are experiencing any of the above problems you should contact your doctor. They may reduce the dose or stop the drug in question. The older drugs usually have greater sexual side-effects than the newer atypical drugs. Clozapine, olanzapine, quetiapine have the fewest effects, however this may vary between each individual. If you are advised to stay on a drug which is causing you problems there are a number of other medications that can be prescribed to allow a return to normal sexual function.

Pregnancy

The majority of the data on the safety of use of antipsychotics in pregnancy is for the older typical antipsychotics. Although the data is patchy, it is assumed that there is only a small risk of complications if you take typical drugs during pregnancy. Data relating to atypical antipsychotics are now appearing. The use of clozapine or olanzapine appears not to increase the risk of malformation to the child, although gestational diabetes and neonatal seizures may be more likely to occur. Very limited data suggest neither quetiapine nor risperidone are associated with malformations in the foetus.

The following are guidelines about the treatment of women with psychosis:

Women wishing to get pregnant who take antipsychotic medication are advised to discuss a planned pregnancy as soon as possible. Research and experience with

pregnancy and antipsychotic medications has found after birth the baby may experience antipsychotic withdrawal symptoms including crying, agitation, and increased suckling. There may be other very serious problems when using antipsychotics during pregnancy.