

# Your Choice

## A Patient's Guide to Antipsychotic Medications for Schizophrenia

The name given to medication used to address psychotic symptoms such as delusions, voices and paranoia is **antipsychotic** medication.

In this guide we present a brief overview of the antipsychotic medications available for schizophrenia. These antipsychotics have been called **atypical (newer) antipsychotics** and **typical (older) antipsychotics**.

NICE (the National Institute for Health and Clinical Excellence) has changed its view about atypical and typical antipsychotics. Previously NICE held that atypical antipsychotics were preferable to typicals. But recent NICE guidance has said that there is little difference in effectiveness between atypical antipsychotics and typicals.

However, typical and atypical antipsychotics do have different side effects. Our view is that you should take note of whether a medication is typical or atypical. Atypicals tend to cost more and you need to make sure this is not a factor in deciding which medication you receive.

Hafal would like to thank **Wendy Davies, Principal Pharmacist at Whitchurch Hospital**, and **Professor Stephen Bazire, Chief Pharmacist, Norfolk and Waveney Mental Health NHS Foundation Trust** for their extensive support, advice and information

To help you make an informed decision with your doctor about which medication is right for you, this guide gives you:

- A. a summary of some of the main antipsychotics looking at **side-effects** and other issues
- B. a brief guide to the process of choosing and monitoring antipsychotics along with **key tips** on how to get the most suitable antipsychotic for you
- C. a brief guide to achieving recovery from serious mental illness.

Medication should only be a part of a patient's treatment. For a comprehensive guide to treatments for serious mental illness including psychological therapies please read Hafal's [Treatments for Serious Mental Illness: A Practical Guide](#).

**NOTE:** In this guide we look only at the main antipsychotics. There may be newer atypical antipsychotics that are not listed in this guide. This is because there is a process involved when new medications become available which ensures they are properly tested – but do ask your doctor about these medications as it may be in your interest to consider them.

This guide has been produced using information available at the time of preparation. To ensure you have the **most up-to-date** information available, please ask your doctor.



# A. Making the choice

The decision you make with your doctor about which medication is best for you should be based on three factors: **effectiveness**, **management issues** and **side-effects**. Often it is the side-effects that are the biggest difference between the medications.

## 1. Effectiveness

The **effectiveness** of a medication is simply a measure of how well it has been found to treat the symptoms of schizophrenia. Recent studies suggest that there is little difference in effectiveness between the newer, atypical antipsychotics and the older, typical antipsychotics. However, one drug might work for one person and not for another. You need the antipsychotic that is most effective **for you**. It is thought that around 3 in 4 people will improve on a particular antipsychotic – whether this is typical or atypical. The only atypical antipsychotic that may be more effective than others is **clozapine**.

## 2. Management issues

**Management issues** include:

- The form a medication takes e.g., tablet, capsule, liquid, injection etc.
- Dose, which might be “split” – i.e. taken in two or three doses each day.
- Starting dose – the dose of some medications will initially be started low and then increased over a few days or weeks.

Some medications may have more management issues than others (for example, you may need to remember to take them more often). However, these may be worth living with if the outcome is better.

Apart from talking to your doctor, it is advisable to speak to your pharmacist about management and other issues. Pharmacists are trained to deal with any medication issues, whether they are hospital pharmacists or community pharmacists.

*Note: The medications listed should begin to work within a few weeks, and none of them are addictive, but you should not stop taking them suddenly.*

## 3. Side effects

Atypical antipsychotics and typical antipsychotics have different side effects. When choosing an antipsychotic with your doctor we recommend that you use the table on the following pages to consider which side effects are most important to you, and to make your choice accordingly.

The side effects of antipsychotics include:

*Extrapyramidal side effects (EPSEs) which include:*

- Side effects which look a bit like Parkinson’s Disease, for example tremor, shaking hands, difficulty in walking, a mask-like expression on the face.
- Muscular side effects where the muscles feel very stiff and can go into spasm, particularly the muscles of the eyes and the neck.
- Feelings of restlessness both inside the body and the legs (often called akathisia).

*Hormonal side effects which include:*

- Menstrual irregularity (having irregular or no periods).
- Development of breast tissue and the production of milk in both men and women.
- Sexual problems.

# Medications Table

## *A range of other side effects, which include:*

- Sedation, which can make it difficult for people to get up in the morning.
- Weight gain – this varies depending on which medication you are taking; the likelihood of the drug causing weight gain is shown in the table overleaf but it seems to be more of a problem with clozapine and olanzapine.
- Metabolic syndrome: a number of these drugs seem to cause some problems with blood glucose levels resulting in a person developing type II diabetes, although this is complicated by the fact that people with schizophrenia are more likely to become diabetic. The medication can also cause hyperlipidaemia (the presence of too much fat in the blood).
- Anticholinergic side effects, e.g. dry mouth, blurred vision, constipation, problems with passing water, putting on weight, postural hypotension (which means you can feel giddy or faint when you stand up quickly) and cardiac problems.

The relative likelihood of causing these side effects is shown in the table overleaf. Many of these side effects can be reduced by, for example, getting the dose right, and changing the time of day you take medication.

In the table overleaf we look at the main antipsychotics, taking into account issues such as side-effects and dosage. Remember that this guide presents a very brief overview; you should ask your doctor and/or pharmacist for more information on any or all of these medications.

The table is divided into the following sections:

- Medication:** Providing the medical name of the drug first, and its brand name in brackets.
- Prescribed for:** The instances in which the medication is usually prescribed.
- Dose:** The dosage range that is normally prescribed.
- Form:** Whether you will take the medication in the form of a tablet, orodispersible (dissolved on the tongue), liquid, injection or depot injection/long lasting injection (an injection that releases the medication slowly).
- Sedation:** How likely the medication is to make you feel sleepy and less active
- EPSEs:** How likely the medication is to causing extrapyramidal side effects such as shaking, stiffness or facial movements. See opposite page for more information.
- Weight gain:** How likely the medication is to increase appetite or make you put on weight
- Anticholinergic:** How likely the medication is to causing side effects such as dry mouth, constipation, urinary retention, blurred vision, rapid heart rate, poor concentration or memory, confusion.
- Prolactin levels:** How likely the medication is to raise prolactin levels, which can sometimes lead to hormonal side effects such as irregular periods, breast changes or sexual problems.

***NOTE: The table overleaf should not be treated as a substitute for the medical advice of a health care professional. We are not responsible or liable for any choices made as a result of using this table and we do not endorse any commercial product listed.***

Medicine	Prescribed for	Usual dose per day	Form in which it is taken	Some of the main side effects				
				Sedation	Movement problems (EPSEs)	Weight gain	Anti-cholinergic	Prolactin & sexual problems
<b><i>Newer ones (atypicals, second generation)</i></b>								
Amisulpride (Solian®) <sup>1</sup>	Psychosis and schizophrenia	400-800mg a day	Tablets, syrup	●	●●	●●	●	●●●
Aripiprazole (Abilify®) <sup>1</sup>	Schizophrenia, bipolar mania	15-30mg a day	Tablets, melt-in-the mouth tablets, liquid, short-acting injection	●	●	●	○	○
Clozapine (Clozaril®, Denzapine®, Zaponex®) <sup>1</sup>	Resistant schizophrenia	Usually around 300-600mg a day	Tablets, syrup	●●●	●	●●●	●●●	●
Olanzapine (Zyprexa®) <sup>1</sup>	Schizophrenia, bipolar mania	10-20mg a day	Tablets, melt-in-the-mouth tablets, short-acting injection, long-acting injection	●●●	●	●●●	●	●
Quetiapine (Seroquel XL®) <sup>1</sup>	Schizophrenia, bipolar mania, bipolar depression	Around 600mg a day	Tablets, slow-release tablets	●●●	●	●●	●	●
Risperidone (Risperdal®) <sup>1</sup>	Schizophrenia, bipolar mania	4-6mg a day	Tablets, melt-in-the-mouth tablets, syrup, long-acting injection	●	●●	●●	●	●●
Risperidone (Risperdal Consta®) <sup>2</sup>	Schizophrenia, bipolar mania	25-50mg a fortnight	Long-acting injection	●	●●	●●	●	●●
Paliperidone (Invega®) <sup>1</sup>	Schizophrenia, bipolar mania	6mg a day	Tablets	●	●●	●●	●	●●
Zotepine (Zoleptil®) <sup>1</sup>	Schizophrenia	Up to 300mg a day	Tablets	●●●	●	●●●	●	●●●
<b><i>Older ones (typicals)</i></b>								
Chlorpromazine (Largactil®) <sup>1</sup>	Psychosis and schizophrenia	75-300mg a day	Tablets, syrup, short-acting injection	●●●	●●	●●	●●	●●●
Flupenthixol decanoate (Depixol®) <sup>3</sup>	Psychosis and schizophrenia	20-100mg a fortnight	Long-acting injection	●	●●	●●	●●	●●●

Fluphenazine decanoate (Modecate®) <sup>3</sup>	Psychosis and schizophrenia	25-100mg a fortnight	Long-acting injection	●	●●●	●●	●●	●●●
Haloperidol (Haldol®, Serenace®) <sup>1</sup>	Psychosis and schizophrenia	5-20mg a day	Tablets, capsules, syrup, short-acting injection	●	●●●	●●	●	●●●
Haloperidol decanoate (Haldol decanoate®) <sup>3</sup>	Psychosis and schizophrenia	50-200mg a month	Long-acting injection	●	●●●	●●	●	●●●
Levomepromazine (Nozinan®) <sup>1</sup>	Psychosis and schizophrenia	100-200mg a day	Tablets, syrup, short-acting injection	●●●	●●	●●●	●●	●●
Pericyazine (Neulactil®) <sup>1</sup>	Psychosis and schizophrenia	5-20mg a day	Tablets, syrup	●●●	●	●●●	●●●	●●
Perphenazine (Fentazin®) <sup>1</sup>	Psychosis and schizophrenia	12-24mg a day	Tablets, syrup	●●	●●●	●●	●	●●●
Pipothiazine palmitate (Piportil®) <sup>3</sup>	Psychosis and schizophrenia	25-50mg a fortnight	Long-acting injection	●	●●	●●	●●	●●●
Sulpiride (Dolmatil®, Sulpitil®) <sup>1</sup>	Psychosis and schizophrenia	400-1600mg a day	Tablets, syrup	●	●●	●●	●	●●●
Trifluoperazine (Stelazine®) <sup>1</sup>	Psychosis and schizophrenia	5-15mg a day	Tablets, syrup	●	●●●	●●	●	●●●
Zuclopenthixol decanoate (Clopixol®) <sup>3</sup>	Psychosis and schizophrenia	25-50mg a fortnight	Long-acting injection	●●	●●	●●●	●●	●●●

**Key:** ●●● high incidence/severity ●● moderate ● low ○ very low

### How to stop taking the medications:

1. Stopping should be no problem but we suggest that stopping it gently over several weeks or months is the safest way (in consultation with your doctor).
2. After stopping, Risperidone carries on being released for another 5-7 weeks after the last injection.
3. Because the medicine is released from a "depot" over several weeks, stopping is not a problem as the medication slowly reduces. The main problem is symptoms coming back.

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## B. The Process of Choosing and Prescribing Antipsychotics

The National Institute for Clinical Excellence (NICE) is the independent organisation responsible for providing guidance on the treatment of ill health (in Wales the Assembly Government does not necessarily subscribe to NICE guidance – but there is no separate Wales guidance on antipsychotics). Here we look at the process of choosing and prescribing medication for schizophrenia with reference to NICE guidelines.

### 1 Who gets antipsychotics?

Antipsychotics are prescribed to people who have psychosis. This can be a symptom of schizophrenia, but can also occur in bipolar disorder and other illnesses.

**TIP:** Whatever medication you are taking it is **always** worth asking your doctor or pharmacist if anything might work better. Ideally your medication should be reviewed regularly – we advise that should be at least once every year. Use the table on the previous page to ask questions and say you want some choice, with your doctor's help. But remember that none of these antipsychotics are a “magic bullet”. It is best to try to get the best out of your first drug before trying another.

**TIP:** **Decide on what side-effects are unacceptable to you.** Only you know what are acceptable or unacceptable side-effects. If you have side effects that you find unacceptable, ask your doctor to consider switching to another medication.

**TIP:** **Get the dose right for you.** You should be having the lowest dose that helps control your symptoms. In that way you won't get more side effects than you need to. Ask your GP or pharmacist for further information.

### 2 Consultation with a doctor.

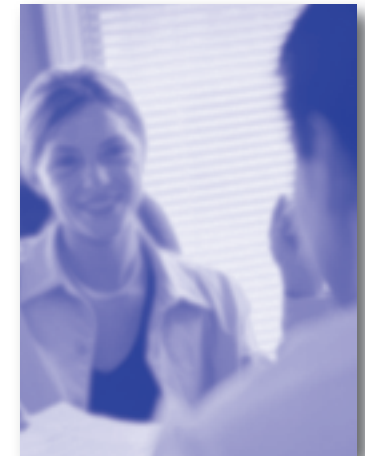
According to the NICE Guidelines, during a consultation the doctor should:

- discuss with the patient which antipsychotic they should take
- explain the benefits and side-effects of the medications.

In other words, it is required that the doctor makes a decision about the medication **JOINTLY** with the patient (or carer if the patient is not well enough) and only when they have been fully informed about side-effects, management issues, etc.

**TIP:** **Exercise choice.** If you are being prescribed medication for the first time tell your doctor you want some choice in your recovery – with the doctor's advice, of course – taking into account the differences between the various medications. You can use the table on the previous page to ask questions.

**TIP:** **Think long-term.** Some medications may take longer to have an effect – but it may be worth the wait if they end up working better. So try sticking things out to get the best results.



### 3 The choice of medications.

Use the table to help you choose your medication. There is a larger list and more information on [www.choiceandmedication.org.uk](http://www.choiceandmedication.org.uk).

**TIP: Don't be put off by "management issues".** It is worth some trouble to choose a medication that requires extra care to manage if it works better. But of course, you do need to have a clear understanding of any management issues a medication might have.

**TIP: Make a balanced decision.** Choose your medication – with the advice and support of your doctor – by balancing effectiveness, side effects and management issues according to your needs and priorities. The table will help you to do this.

These are some points to be aware of:

- If more than one of the antipsychotics is suitable for you – taking side-effects into account – your doctor is advised to prescribe the least expensive one.
- It is advised that antipsychotic drug treatment should only be part of an overall package of care addressing “medical, emotional and social needs”.

NICE has provided further guidance on other aspects of care – you can read it at [www.nice.org.uk](http://www.nice.org.uk).

**TIP: Make sure cost is not an issue.** Of course, if all else is equal between the considered medications, it is fair enough to look at cost. But look closely at the choice of medication: Hafal believes it's for you to judge which is the best choice, even if this might mean more expense for the NHS in the short-term. After all, you cost a lot less if you're well and not in hospital, as opposed to being unwell and in hospital!

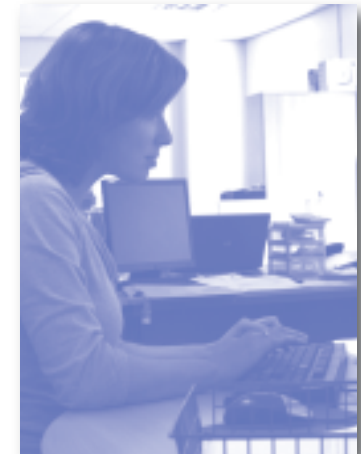
**TIP: Make sure your care package is not only based on medication.** If you have schizophrenia you almost certainly will take part in the Care Programme Approach (CPA) which can give you the opportunity to ensure that all of your care needs are met (including housing, benefits, etc.).

### 4 If the medication isn't right.

The doctor and key worker are advised to monitor how well the medication is working for a patient in the initial weeks, and to record any side-effects. If the person is found to have “treatment resistant schizophrenia” (TRS) – i.e., they are judged to have a “lack of satisfactory clinical improvement” despite receiving a good dose for 6 to 8 weeks of at least two antipsychotics, at least one of which should be one of the newer ones – then the NICE guidance states that they should be offered clozapine as soon as possible. *(Note: most clinicians would take a longer time before deciding to offer someone clozapine.)*

Clozapine has been found to be one of the most effective medications for TRS, where other antipsychotics have not helped. However, it needs close monitoring with regular blood tests. About 1 in 3 people improve dramatically on clozapine and 1 in 3 show more moderate improvements.

**TIP: It is essential to comply with a programme of medication, especially before diagnosing Treatment Resistant Schizophrenia (TRS).**



## C. Recovery: The Whole Picture

Getting the right medication can be a very important part of recovery from a serious mental illness, but to be effective, recovery requires a much broader approach. From the experiences of its many Members and clients Hafal has found that there are **three** components essential to recovery. These are:



### 1. Empowerment and self-management

*Empowerment* means exercising rights and responsibilities in making choices about life. *Self-management* means taking the actions required to lead a life based on those choices.

### 2. Commitment to progress

Recovery depends on actively taking steps to improve life. It is vital to agree and act upon a step-by-step, goal-focused plan.

### 3. A 'Whole Person Approach'

Recovery requires a "Whole Person" approach (sometimes called a 'holistic' approach). This means addressing all key aspects of life which together contribute to well-being. By setting goals in all areas of life people can approach recovery more comprehensively. Opposite we set out the areas of life which should be considered as part of the Whole Person Approach.



For more on Hafal's Recovery Programme please visit [www.hafal.org](http://www.hafal.org)

### About us

This guide has been produced by **Hafal**, a charity that works for – and is run by – people with a serious mental illness and their families. For more information on what we do, visit [www.hafal.org](http://www.hafal.org), or get in touch with us at:

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