

# Your Choice

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[www.hafal.org/recovery](http://www.hafal.org/recovery)

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

The name given to medication used to alleviate psychotic symptoms – delusions, voices and paranoia for example – is **antipsychotic** medication.

In this guide you will find a brief overview of the newer generation of antipsychotic medications for schizophrenia – **atypical antipsychotics**. These antipsychotics have been generally found to have a different set of side effects to older antipsychotics, called **typical antipsychotics**, and these side effects might not be as troublesome to the client. However, typical antipsychotics are still prescribed and may work well for some patients.

In this guide you will find:

- A. a summary of some of the main atypical antipsychotics looking at **side-effects** and other issues
- B. a brief guide to the process of choosing and monitoring antipsychotics based on NICE (the National Institute for Clinical Excellence) recommendations, along with **key tips** on how to get the most suitable atypical antipsychotic for you
- C. a brief general guide to achieving recovery from severe mental illness.

**NOTE:** In this guide we look only at a limited number of atypical antipsychotics. There are newer atypical antipsychotics becoming available to patients that may not be 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.

### About us

This guide has been produced by **Hafal**, a Welsh charity that works for – and is run by – people with a severe 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:

### hafal

Suite C2, William Knox House  
Britannic Way  
Llandarcy  
Neath SA10 6EL

**Tel:** 01792 816 600

**Email:** [hafal@hafal.org](mailto:hafal@hafal.org)

ar gyfer pobl  
gydag afiechyd  
meddwl difrifol

**hafal** for people  
with severe  
mental illness

# 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**.

## 1. Effectiveness

The **effectiveness** of a medication is simply a measure of how well it has been found to treat the symptoms of schizophrenia; however, bear in mind that there is still little documented proof that certain atypicals are better than others. Ultimately what works will depend on the individual. One drug might work for one person and not for another. You need the antipsychotic that is most effective for you. It is estimated that around 70 per cent of clients will respond to a particular antipsychotic – whether this is typical or atypical. The atypical antipsychotics do not appear to be any more effective than the typicals, with the exception of **clozapine**.

## 2. Management issues

**Management issues** include details on the form a medication takes (tablet, liquid, etc.), dosage (which might be “split” – i.e. taken in two or three doses each day) and initial dosage (dosage of some medications will initially be started low and then increased over 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 ideally 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.*

## 3. Side effects

Typical antipsychotics and atypical antipsychotics have different side effect profiles.

**The side effects of typical antipsychotics (i.e. the older medications) can be summarised as follows:**

*Extrapyramidal side effects which include:*

- Side effects which resemble Parkinson’s disease such as 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 of the legs (often called “restless-legs syndrome”).
- Long term side effects called tardive dyskinesia which result in facial movements such as the tongue poking out or smacking the lips together and odd movements of the arms and legs.

*Hormonal side effects which include:*

- Menstrual irregularity.
- Development of breast tissue and the production of milk in both men and women.
- Sexual dysfunction.

*A range of other side effects which include:*

Sedation (feeling drowsy), dry mouth, blurred vision, constipation, problems with passing water, weight gain, postural hypotension (which means you can feel giddy or faint when you stand up quickly) and cardiac problems.

## B. Medications Table

The side effects of **atypical antipsychotics** (i.e. the newer medications which we will look at more closely) are as follows. As the drugs in this group work in slightly different ways the side effect profile of each drug varies slightly but the main side effects include:

- Sedation, which can make it difficult for people to get up in the morning.
- Weight gain – this varies depending on which drug 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 circulating in the blood).

The atypical antipsychotics are less likely to produce the extrapyramidal side effects and hormonal side effects described above for the typical antipsychotics although it does depend on the drug. The relative likelihood of causing these side effects is shown in the table overleaf.

In the table overleaf we look at a number of prescribed atypical 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:

<b>Medication:</b>	Providing the <b>medical</b> name of the drug first, and its <b>brand</b> name in brackets.
<b>Prescribed for:</b>	The instances in which the medication is usually prescribed.
<b>Dose:</b>	The dosage range that is normally prescribed.
<b>Form:</b>	Whether you will take the medication in the form of a <b>tablet, orodispersible</b> (dissolved on the tongue), <b>liquid, injection</b> or <b>depot injection/long lasting injection</b> (an injection that disperses the medication slowly).
<b>EPSEs:</b>	How prone the medication is to causing extrapyramidal side effects such as shaking, stiffness or facial movements. See opposite page for more information.
<b>Prolactin levels:</b>	How likely the medication is to raise prolactin levels, which can sometimes lead to hormonal side effects such as menstrual irregularity, breast changes or sexual dysfunction. See opposite page for more information.
<b>Weight gain:</b>	How likely the medication is to increase appetite and body fat.
<b>Sedation:</b>	How likely the medication is to induce inactivity and make you feel drowsy.
<b>Anti-cholinergic:</b>	How prone the medication is to causing side effects including: dry mouth; constipation; urinary retention; blurred vision; rapid heart rate; impaired concentration/memory; confusion.

**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.**

Medication	Prescribed for	Dose	Form	EPSEs	Prolactin levels	Weight gain	Sedation	Anti-cholinergic
<b>Amisulpride (Solian®)</b>	Schizophrenia: acute psychotic episode	400-800mg daily in divided doses up to a max. dose of 1.2gm daily.	Tablets Liquid	◆	◆◆◆	Unknown	◆	◆
<b>Aripiprazole (Abilify®)</b>	Schizophrenia	15mg daily to a max. dose of 30mg.	Tablets	◆/◆	◆	◆	◆	◆
<b>Olanzapine (Zyprexa®)</b>	Schizophrenia  Control of agitation and disturbed behaviour in schizophrenia or mania	10mg daily adjusted to usual range of 5 to 20mg daily; doses greater than 10mg daily only after reassessment; max. 20mg daily.  Initially 5 to 10mg (usual dose 10mg) as a single dose followed by 5 to 10mg after 2 hours if necessary; max. 3 injections daily for 3 days. Max. daily combined oral and injectable dose is 20mg daily.	Tablets Orodispersible Injection	◆/◆	◆	◆◆◆	◆◆	◆
<b>Quetiapine (Seroquel®)</b>	Schizophrenia	25mg twice daily day 1, 50mg twice daily day 2, 100mg twice daily day 3, 150mg twice daily day 4, then adjusted according to the response; usual range 300-450mg daily in two divided doses; max. 750mg daily.	Tablets	◆	◆	◆/◆◆	◆◆	◆

Medication	Prescribed for	Dose	Form	EPSEs	Prolactin levels	Weight gain	Sedation	Anti-cholinergic
<b>Risperidone (Risperdal®)</b>	Acute and chronic psychosis	2mg in 1-2 divided doses on first day, then 4mg in 1-2 divided doses on second day (slower titration may be appropriate in some patients); usual dose range 4-6mg daily; doses above 10mg only if benefit considered to outweigh the risk (max. 16mg daily).  <i>Long acting injection:</i> usual starting dose 25mg intramuscularly every 2 weeks; may be increased to 37.5mg (and up to max. 50mg) every 2 weeks.	Tablets	◆ at lower doses  ◆◆ at higher doses	◆◆◆	◆/◆◆	◆	◆
			Orodispersible Tablets					
<b>Zotepine (Zoleptil®)</b>	Schizophrenia	Initially 25mg 3 times daily increased according to response at intervals of 4 days to max. 100mg 3 times daily.	Tablets	◆	◆◆◆	Unknown	◆◆◆	◆
<b>Clozapine (Clozaril®)</b>	Schizophrenia in patients unresponsive to or intolerant of conventional antipsychotic drugs	Dose titrated up to 300mg over 14 to 21 days depending on tolerability. Maximum dose 900mg but an average dose is between 200mg to 400mg.	Tablets	◆	◆	◆◆◆	◆◆◆	◆◆◆

**NOTE:** Doses for elderly patients may be different

Thanks to Wendy Davies, Principal Pharmacist at Whitchurch Hospital, for supplying the information presented in this table

**KEY:** ◆◆◆ high incidence/severity      ◆◆ moderate      ◆ low      ◆ very low

**References:**

British National Formulary 50, September 2005

The Maudsley Prescribing Guidelines, 8th Edition 2005-2006

Dr. Peter Haddad, Journal of Psychopharmacology 19(6) Supplement (2005) pp.16-27

## B. The Process of Choosing and Prescribing Antipsychotics

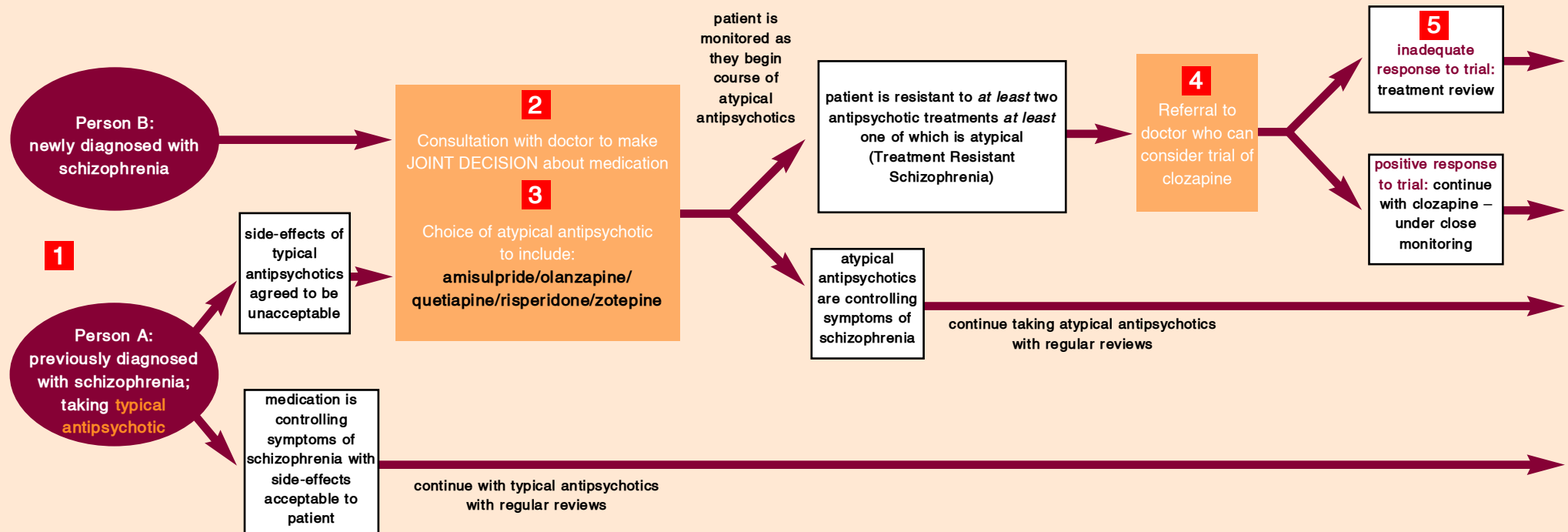
The National Institute for Clinical Excellence (NICE) is the independent organisation responsible for providing guidance on the treatment of ill health (in Wales the Assembly Government does not necessarily subscribe to NICE guidance – but there is no separate Wales guidance on antipsychotics). Here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

- 1 Who gets atypical antipsychotics?** According to the NICE guidelines, atypical antipsychotics should be prescribed to:
- people who are having unacceptable side-effects with *typical* antipsychotics
  - people newly diagnosed with schizophrenia.

**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 periodically – we advise that it is reviewed at least annually. Use the table on the previous page to ask questions and say you want to exercise choice – with your doctor's advice.

**TIP:** Decide on what side-effects are unacceptable to you. NICE guidance states that patients taking **typical** antipsychotics who are experiencing "unacceptable" side-effects should be prescribed atypical antipsychotics. But only **you** know what are acceptable or unacceptable side-effects – this should be substantially **your judgement**. If you have any side-effects and you believe you would be better off with one of the newer medications you should make this point to your doctor.

**Keep side-effects in mind when choosing a new medication with your doctor.** Know what is acceptable to you when you consider potential side-effects; if you find out that the side-effects of your new medication are unacceptable, ask for a different one. We also advise that the **minimum effective dosage** of a medication should be prescribed so that the risk of side-effects is minimal. Ask your GP or pharmacist for further information.



This diagram offers a simplified overview; anyone involved in prescribing medication will need to refer to official NICE guidance.

To read the NICE guidance on antipsychotics, go to: [www.nice.org.uk](http://www.nice.org.uk)

## 2 Consultation with a doctor.

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

- discuss with the patient which atypical 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 to exercise 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: 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.

## 3 The choice of medications.

If you have been newly diagnosed with schizophrenia then the NICE guidelines recommend that the following antipsychotics are considered in the choice of first-line treatments:

**amisulpride, olanzapine, quetiapine, risperidone and zotepine.**

**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.

**TIP: Don't be put off by "management issues".** It really is worth some trouble to choose a medication which 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.

### Points to be aware of:

- If more than one of the atypical 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 for on other aspects of care.

**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.

**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 client is found to have “**treatment resistant schizophrenia**” (TRS) – i.e., they are judged to have a “lack of satisfactory clinical improvement” despite receiving the recommended doses for 6 to 8 weeks of **at least two** antipsychotics, **at least one** of which should be an atypical – then the NICE guidance states that they should receive **clozapine** as soon as possible. (*Note: most clinicians would take a longer time before deciding to start someone on clozapine.*) Clozapine has been found to be one of the most effective medications for TRS, but it requires close monitoring with regular blood tests.

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

- 5** If the patient has an “inadequate response” to the full trial of clozapine it is recommended that they have a full assessment and treatment review. There are different strategies that can be used to help clozapine to take effect. You may be prescribed other medications in addition to clozapine, including lamotrigine (a medication often used to treat epilepsy), fish oils or another antipsychotic medication such as amisulpride.

## C. Recovery: the whole picture

Getting the right medication can be a very important part of recovery from a severe 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 Whole Person Approach along with some example goals which people might set in the eight areas:

#### Physical Health

You may choose to:

- Make sure you are registered with a local GP
- Take care of your health – paying attention to your diet, smoking, exercise and drinking
- Avoid taking illegal or street drugs
- Go to the dentist for regular check-ups
- Go to the optician
- Attend well man or well woman clinics

#### Medication for Mental Illness

- (You should consult your doctor before changing your medication regime) You may choose to:
- Find out about the latest medical treatments for severe mental illness
  - Ask your doctor to prescribe the most appropriate medication for you as an individual
  - Find out about side-effects and management requirements of your medication and talk to your doctor or nurse about them
  - Take the right amount of medication which has the most benefit for you with your doctor's advice

#### Employment

You may choose to:

- Work full or part-time in general employment
- Get specialist support to sustain you in general employment
- Use a specialist supported employment service
- Use occupational therapy services
- Be a volunteer

#### Other Treatment and Therapy for Mental Illness

You may choose to:

- Find out about the range of non-medical therapies and treatments for severe mental illness
- Ask your doctor about Cognitive Behavioural Therapy – CBT
- Ask your doctor about other psychotherapy/talking therapies
- Find out about other therapies, e.g. art therapy
- Explore alternative therapies

#### Training & Education

You may choose to:

- Study in full or part-time education
- Get special support to sustain you in training or education
- Use distance learning packages, e.g. Open University
- Follow work-related or interest-related adult education courses
- Take up self-study through reading, internet

#### Money

You may choose to:

- Earn a salary or wage
- Apply for a student grant or loan
- Maximise your social security, disability or other benefits
- Enhance your budgeting skills
- Get information about debt or savings management

#### Accommodation

You may choose to:

- Manage your own accommodation
- Share your home with family or friends
- Live in your own home with support
- Live in shared accommodation with support
- Stay in specialist 24-hour supported accommodation
- Live in hospital when you are seriously ill

#### Social Life

You may choose to:

- Maintain relationships with your family
- Maintain relationships with your friends
- Live in a personal relationship with a partner
- Engage with a religion of your choice or tradition
- Be supported while using leisure facilities
- Use specialist supported leisure facilities
- Follow your hobbies or interests individually/ in a group

For more information on recovery, visit: [www.hafal.org/recovery](http://www.hafal.org/recovery)