strangedays
Sheffield Early Intervention Service

Medication

Medication is often offered to people experiencing a first episode of psychosis. It is often prescribed in conjunction with other treatments and therapies (Link) and can be viewed as part of an overall care plan. For some people, it can be very useful for reducing or stopping symptoms associated with psychosis that may lead to distress and disruption. For many, this can often come as a welcome relief. However, there are also many people who feel worried by the idea of taking medication. They will often have many questions yet feel unsure were to find the answers. This can be viewed as a normal and understandable reaction and for this purpose; you may find the following information helpful to inform both your choice and consent to medication.

Ask Questions!

One way to discuss any concerns you may have about medication is to talk to your doctor, Nurse or other health service provider. All should be happy to explain medication choices with you and to look at any worries that you may have. Medication is much more likely to help you in the long run if you are able to trust the advice that you are given and feel that your concerns are legitimately understood and acknowledged. For some people, writing down a list of queries they would like to discuss often helps when seeing their Doctor, Nurse or key worker. Being accompanied to an appointment by someone you trust can also help with finding out the right information. You may wish to refer to our own downloadable form (preparing for an appointment) to register any concerns or queries you may have. Further information is also provided on this link which you may find helpful.

Types of medication

There are generally two types of medication used for the treatment of psychosis. They are the newer ‘atypical’ medications and the older medications (also called 'conventional' antipsychotics). Newer medications are viewed to be superior to older ones due to there reduced risk of side effects and their potential for better overall outcomes. If offered medication by your practitioner, you should by practice be offered an ‘atypical’ medication (see below for types of). If not, you may wish to ask for a rationale as to why not! Medication should also be prescribed at a low end dose range and gradually built up to a therapeutic dose to effectively target symptoms and minimise side effects. By rule of thumb, you may wish to think on the lines off ‘*start low, increase slow*’.

Medication can also be administered in different forms. For some people, receiving an injection every two to four weeks can be less troublesome than having to remember to take tablets on a daily basis. Some Medications can also be prescribed in liquid form. Please refer to medications below for form and dose range.

Atypical Medication Currently Licensed and Available on prescription in the UK

Amisulpride (Solian) – Tablet or solution. Dose range: 100-1200 mg

Aripriprazole (Abilify) – Tablet. Dose range 10 to 30 mg

Clozapine (Clozaril, Clopine) – Tablet. Clozipine is usually given if other medications have not proved to be successful. Usually, a person will try at least two antipsychotic medications before clozaril is considered. People taking clozapine must have regular blood tests to check for early signs of a very rare but serious blood disorder. These tests prevent serious problems occurring. Dose range 12.5-600 mg

Olanzapine (Zyprexa) – Tablet, quick-dissolving wafer or intramuscular injection. Dose range 5-20 mg

Quetiapine (Seroquel) – Tablet. Dose range 200-800 mg
Risperidone (Risperdal) – Tablet, quick-dissolving wafer, solution or long-acting injection. Dose range 2-8 mg

Older (Typical) Medications Currently Licensed and Available on Prescription in the UK

Chlorpromazine (Largactil) Dose range: 75-800 mg, also available as Intra muscular Injection
Haloperidol (Haldol, Serenace) Dose range: 2-10 mg also available as Intra muscular Injection
Trifluoperazine (Stelazine, Parstelin) Dose range: 2-30 mg
Zuclopenthixol (Clopixol) Dose range: 10-15 mg

Ok, so how does it work?

People experiencing symptoms of psychosis often report problems with seeing things others cannot, hearing voices, imagining things and having terrifying thoughts. With regards to medication, a popular theory about why this happens is the so-called 'Dopamine hypotheses'.
Dopamine is a neurotransmitter within the brain which amongst other things is involved and somewhat responsible for our perception. By perception, we mean the brain processing information through the senses, which include touch, taste, sound, smell and vision. Perception of theses types of sensory information also affects our emotions.
If a person is given a drug that increases the activity of dopamine in the brain, it can over stimulate the perceptual system. This can lead to a distortion of the senses and induce symptoms often associated with psychosis. It is as if the senses as we ordinarily experience veer of track and generate a surreal or dreamlike state. The only difference from dreaming is that the dream like content is experienced when the person is fully conscious and awake.
Amphetamines (speed) and other illicit substances are known to sometimes do this. When this occurs, a person may be described as having a drug induced psychosis. The basic principle is that too much dopamine is being produced and transmitted from one nerve cell to the next creating 'too much perception'. Put simply, medication

works by reducing dopamine activity, i.e. blocking the receptors at each nerve ending so excess dopamine cannot pass through to the next nerve cell and in turn reducing the symptoms of psychosis.

What are the side effects?

All medications have side-effects and the skill of prescribing is to achieve a balance between desirable and unwanted effects. Individuals vary markedly in their responses to different medications. Some of the common side-effects are:

Drowsiness: is the most common side-effect. People who are drowsy shouldn't work machinery or drive.

Dry mouth: for which we suggest people use sugarless gum to stimulate the production of saliva.

Weight gain and/or constipation: People with these problems should have a sensible, high-fibre diet and fluids combined with exercise. Body weight should be monitored. A program should be put in place to combat expected gains on some medications, such as olanzapine and clozapine.

Lowering of blood pressure: This can be experienced as dizziness or faintness. Affected people should rise slowly from a sitting or lying position and sit on the side of the bed before standing up. If symptoms persist, a medication review is necessary.

Menstrual disorders: or false positive pregnancy tests. If these side-effects persist over a period of weeks, the client should return to the prescriber for a medication review.

Agranulocytosis: Clozapine has a rare but fatal potential to depress the body's white cells (which fight infection). Regular blood tests are needed to monitor the white cell count.

Cardiac or heart problems: Many medications, but especially thioridazine and clozapine, have caused potentially fatal heart problems, ranging from changes in rhythm to inflammation. Heart health should therefore be monitored in people on these medications, or in anyone with existing heart problems.

Neuroleptic Malignant Syndrome (NMS): A rare but potentially fatal syndrome that can develop at any time. It is mostly seen in hospitals when acutely excited individuals have been given large or rapidly escalating doses. The major features of NMS are: fever, muscular rigidity, high and fluctuating blood pressure and pulse and respiratory rates. Side-effects can be relieved by reducing or increasing medication, or by adding different medications. Dystonias, Parkinsonian features and akathisia can be treated with anticholinergics such as benztropine mesylate (Cogentin™), benzhexol (Artane™), procyclidine hydrochloride (Kemadrin™) and orphenadrine (Disipal™). Side-effects may be uncomfortable, but they often improve with time and dose reduction. Stopping the medication "cold turkey" is not the answer. We strongly recommend an immediate visit to the prescribing doctor.

Diabetes: Some recent research suggests that there may be a link between atypical medications and an increased rate of diabetes. There is not an established causal link. People taking atypical medications should discuss this issue with their treating doctor and learn about the warning signs of diabetes so that if it is developing it can be detected quickly and managed.

Another group is called extra-pyramidal side-effects. These affect certain muscles of the body and can lead to discomfort for the client. These are as follows:

Dystonias: Eyes turning upwards, a distressing situation for the client who may need immediate medical intervention; slurred speech; large muscle contractions leading to odd posture or even arching of the back.

Parkinsonian features: tremor, muscular rigidity or absence of normal movement.

Akathisia: a feeling of generalised restlessness, often worse in the legs. People feel unable to sit still, they must get up and move about. They feel worried and uncomfortable.

Tardive dyskinesia: This involves an abnormal chewing of the lips and tongue, sometimes movement of fingers and toes, and occasionally also trunk muscles. This may be mild and barely noticeable. Of all the side-effects, it is the only one that is irreversible if not treated early.

To stop medication without supervision may lead to deterioration in the person's mental state. It is very important for people on long-term medication to have regular reviews. An underlying principle is that medication should be the minimum necessary to prevent relapse as well as minimising the risk of side-effects. This may only be achieved on a trial and error basis.

What will happen to me when I start taking my antipsychotic?

Antipsychotic medication does not take effect straight away. For example, it may take several days, or even weeks, for some of the symptoms to reduce. To begin with, most people find that this medication will help them feel more relaxed and calm. Later, after one or two weeks, other symptoms should begin to improve.

How long will I have to take my medication for?

There is no set rule for how long someone should remain on medication. Like many other mental health problems, a variety of factors needs to be taken into account when deciding when someone should come off medication. Current thinking suggests that the risk of relapse is highest within the first three years from onset of a first episode psychosis. It is during this period that medication, in addition to other interventions can prove helpful for not only reducing psychotic symptoms but also protecting a person from further encountering symptoms. Guidance would recommend the continuation of medication for up to a period of two years following a psychotic episode. Any decision to stop taking medication should be discussed with your Doctor or care worker with a shared plan put in place to support any decision made. Withdrawal from antipsychotic medication ought to be gradual with regular monitoring for any signs of symptom re-emergence.