

## Psychosis

### A handy chart to help you compare the medicines to help the symptoms of psychosis and schizophrenia

**Please note: You are unique** and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking and family therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

#### What the sections in the table mean:

**Medicine** – these are the main medicines to help treat the symptoms of **psychosis and schizophrenia**, and a few others that are sometimes used.

- These medicines are in no special order, although the newer ones are usually used as the first choice
- We have listed them as their “generic name” (the name of the actual medicine). We have also mentioned the trade name where possible
- This is only a short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

**Usual dose per day** – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a medicine slowly; it's kinder to your brain.

**How we think it might work** – this is how we think the medicine works in the brain. There is more on this on our website. Taking two medicines with the same way of working doesn't often help much. Dopamine is one of the brain's chemical messengers. It has many effects but helps control movement, reward and behaviour. Too much can cause psychosis and hallucinations.

**How long it takes to work** – this is just a guide as some people may get better quicker or slower. But don't give up too early.

**Some of the main side effects** – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleep, sedated or doped up
- **Muscle stiffness** – can be stiffness or a slight shake or tremor
- **Weight gain** – feeling more hungry and putting on weight
- **Dry mouth etc** – plus blurred vision, constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire, performance or pleasure

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

**How long you could or should take it for** - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

**How to stop it** – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder to your brain.

#### Tips on how to get the best out of medication:

- Read our website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

## A handy chart to help you compare the medicines to help the symptoms of psychosis

Medicine	Usual dose	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsi-ness	Muscle stiffness	Weight gain	Dry mouth etc	Sexual problems		
<b>Newer ones (atypicals, second generation)</b>										
Risperidone	4-6mg a day	Mainly blocks dopamine receptors	Usually there may be an effect in a few days, with the effect building over 3-4 weeks	●	●●	●●	●	●●	If taking one of these medicines for a first episode of psychosis or possible schizophrenia, taking it for at least 2 years will reduce the chances of the symptoms coming back.  If taking it for schizophrenia that keeps coming back, then taking it for at least 5 years will much reduce the chances of the symptoms come back.	Should be no problem but we suggest that stopping it gently over several weeks or months is the safest way
Paliperidone (Invega®)	6mg a day			●	●●	●●	●	●●		
Olanzapine	10-20mg a day	Blocks dopamine and other receptors		●●●	●	●●●	●	●		
Quetiapine	Around 600mg a day			●●●	●	●●	●	●		
Aripiprazole (Abilify®)	10-30mg a day	Regulates dopamine	As above but you might get a bit more agitated before getting better	●	●	0	0	0		
Clozapine <i>- only for resistant schizophrenia</i>	Usually around 300-600mg a day	Blocks a wide range of receptors	Usually there may be an effect in a few days, with the effect building over 3-4 weeks. Can be up to 6 months for clozapine	●●●	●	●●●	●●●	●		
<b>Other antipsychotics</b>										
Haloperidol	5-20mg a day	Block dopamine receptors	Usually there may be an effect in a few days, with the effect building over 3-4 weeks	●	●●●	●●	●	●●●	If for symptoms of psychosis, then it may only be needed for a few weeks or months	Should be no problem but stopping it gently over several weeks or months is the safest way
Amisulpride	400-800mg/d			●	●●	●●	●	●●●		
Sulpiride	400-1600mg a day			●	●●	●●	●	●●●		
Zuclopenthixol	10-25mg a day			●●	●●	●●●	●●	●●●		

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<b>Phenothiazines</b>										
Chlorpromazine	75-300mg/d	Blocks dopamine receptors, some serotonin and many other receptors	Usually have an effect in a few days, with the effect building over 3-4 weeks	●●●	●●	●●	●●	●●●	If taking one of these medicines for a first episode of psychosis or possible schizophrenia, taking it for at least 2 years will reduce the chances of the symptoms coming back. If taking it for schizophrenia that keeps coming back, then taking it for at least 5 years will much reduce the chances of the symptoms come back. If for symptoms of psychosis, then it may only be needed for a few weeks or months	Should be no great problem but we suggest that stopping it gently over several weeks or months is the safest way
Levomepromazine	100-200mg/d			●●●	●●	●●●	●●	●●		
Pericyazine	75-300mg a day			●●●	●	●●●	●●●	●●		
Perphenazine	12-24mg a day			●●	●●●	●●	●	●●●		
Trifluoperazine	5-15mg a day			●	●●●	●●	●	●●●		
<b>Depot and longer-acting injections</b>										
Risperidone (Risperdal Consta®)	25-50mg every two weeks	Mainly blocks dopamine receptors	At least 4 weeks before any effect, but will then build over several weeks	●	●●	●●	●	●●	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.	
Paliperidone palm-itate (Xeplion®)	50-150mg once a month	Mainly blocks dopamine receptors	Usually takes a week or so before it begins to work	●	●●	●●	●	●●		
Olanzapine pamoate (Zypadhera®)	210-405mg every two or four weeks	Block dopamine and many other receptors		●●●	●	●●●	●	●		
Zuclopenthixol decanoate (e.g. Clopixol®)	200-500mg every two weeks			●●	●●	●●●	●●	●●●		
Flupentixol decanoate (e.g. Depixol®)	20-200mg every two weeks			●	●●	●●	●●	●●●		
Haloperidol decanoate (e.g. Haldol Decanoate®)	50-200mg a four weeks			Blocks dopamine receptors	●	●●●	●●	●		●●●
Fluphenazine decanoate (e.g. Modecate®)	25-100mg every two weeks	Block dopamine, serotonin and many other receptors		●	●●●	●●	●●	●●●		
Pipothiazine palmitate (Piportil®)	25-50mg every two weeks	many other receptors		●	●●	●●	●●	●●●		