New to Choice and Medication?
Want to know what it's all about?
Can't find what you're looking for?

Then try our tutorial that you can work through at your own speed.

Choice and Medication has three sections:

1. Medicines in mental health – about 30 Q&As on over 160
2. Mental health conditions – over 15 Q&As on 22 different conditions
3. Leaflets – over 1200 printable leaflets
   - Medicines
   - Translated leaflets
   - Fact sheets
   - Medicines in pregnancy
   - Handy charts
   - Book on how medicines work

Aims of Choice and Medication

- C&M provides quality, free to the user resources
- Absolutely NO sponsorship, grants, adverts, pop-ups or hidden influence
- Paid for by subscribers (larger organisations and people)
- Comprehensive, up-to-date and easy to read
- Well-known and authoritative authors
- Consistency in font, style, content, size

1. Medicines

- Over 170 medicines covered
- At least 30 Q&As each
- See all the questions and answers by clicking “See all answers”
- References included
- Links to leaflets

Over 170 mental health medicines covered

Acamprosate, Adderall, agomelatine, alprazolam, amisulpride, amitriptyline, amoxapine, aripiprazole, asenapine, atomoxetine, benperidol, benzhexol, benzatropine, biperidin, brivaracetam, bromazepam, buprenorphine, bupropion, buspirone, caffeine, carbamazepine, cariprazine, chloral betaine, chloral hydrate, chlordiazepoxide, chlorpromazine, citalopram, clobazam, clomethiazole, clomipramine, clonazepam, clonidine, clorazepate dipotassium, clozapine, desipramine, dexamfetamine, diazepam, diphenhydramine, disulfiram, donepezil, dosulepin, doxepin, droperidol, duloxetine, escitalopram, esketamine, flunitrazepam, fluoxetine, flupenthixol, fluphenazine, fluphenazine decanoate, flurazepam, fluspirilene, fluvoxamine, gabapentin, galantamine, guanfacine, haloperidol, imipramine, isocarboxazid, lamotrigine, levomepromazine, lliothyronine, levothyroxine, lisdexamfetamine, lithium carbonate, lithium citrate, lofepramine, lofexidine, loprazolam, lorazepam, lormetazepam, loxapine, lurasidone, maprotiline, melatonin, memantine, methadone, methylphenidate, mianserin, mirtazapine, moclobemide, naltrexone, nitrazepam, nortriptyline, olanzapine, olanzapine pamoate, orphenadrine, oxazepam, oxcarbazepine, oxprenolol, Pabrinex, paliperidone, paliperidone palmitate, paroxetine, pericyazine, perphenazine, phenelzine, phenobarbital, pimozide, phenytoin, pipothiazine decanoate, pirenzepine, prazosin, pregabalin, primidone, procyclidine, promazine, promethazine, propranolol, protriptyline, quetiapine, reboxetine, risperidone, rivastigmine, sertindole, sertraline, sodium oxybate, sodium valproate, St. John's wort, sulpiride, temazepam, thiamine, tiagabine, thioridazine, topiramate, tranylcypromine, trazodone, triazolam, trifluoperazine, trimipramine, tryptophan, valproate semisodium, valproic acid, venlafaxine, vigabatrin, vitamin B & C, vortioxetine, zaleplon, ziprasidone, zolpidem, zopiclone, zotepine, zuclopenthixol and zuclopenthixol decanoate.

30 Q&As for each medicine

- What is this medicine?
- Where can I print information?

What it is:

- What is it used for?
- What is the dose?
- What are the alternatives?
- How does it work?

Starting, taking and stopping

- How should I take it?
- When should I take it?
- How long will it take to work?
- How long will I need to take it for?
- Is it addictive?
- Can I stop taking it suddenly?
- What if I forget to take it?

Unwanted effects:

- What sort of side-effects I get?
- Will it make me drowsy?
- Will it cause me to put on weight?
- Will it affect my sex life?

Interactions, food and drink

- Can I drink alcohol while taking it?
- Are there any foods or drinks that should be avoided?
- Will it affect my other medication?
- What about smoking?
- What about cannabis, cocaine, ecstasy and opiates?

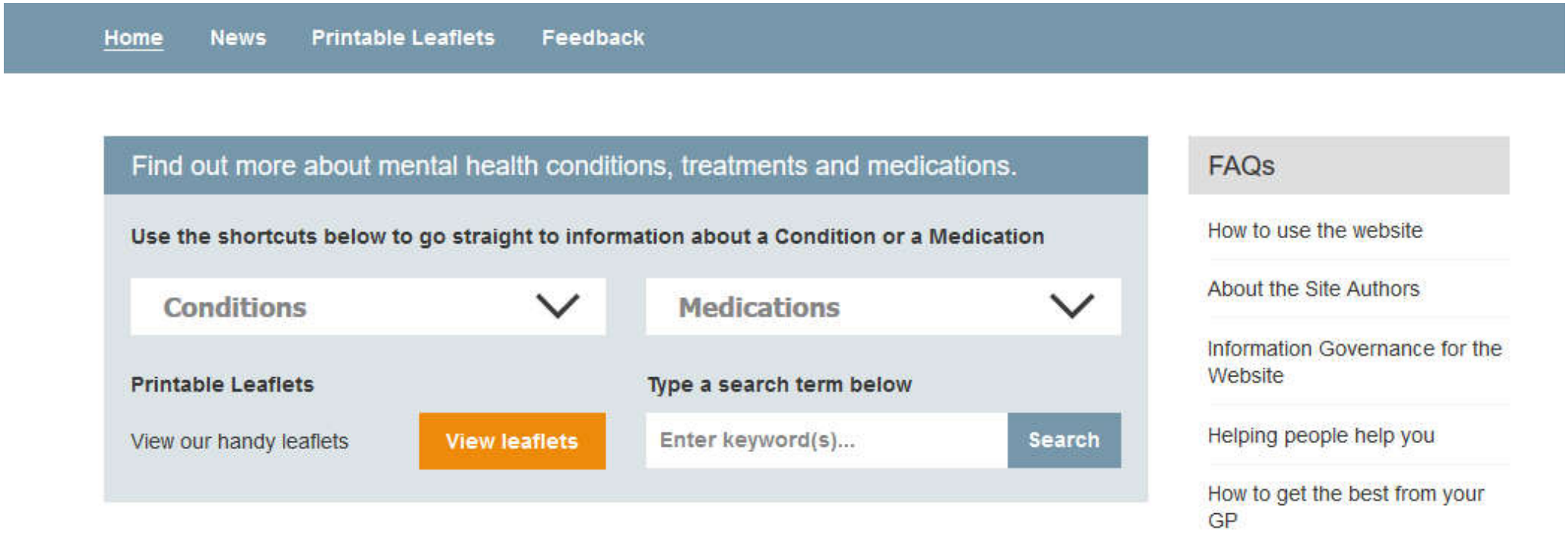
Women's health section:

- If I am on the contraceptive pill, will it be affected?
- Will emergency contraception ("morning after pill") work?
- Will it affect my periods?
- What if I want to start a family or find I'm pregnant?
- Can I breastfeed if I am taking it?

Other questions and answers:

- Will I need blood tests?
- Can I drive while I am taking it?
- Further information e.g. EMA

How to use the website



Find out more about mental health conditions, treatments and medications.

Use the shortcuts below to go straight to information about a Condition or a Medication

Conditions

Medications

Medications
Acamprosate
Adderall (not UK)
Agomelatine
Alprazolam
Amisulpride
Amitriptyline
Amoxapine (not UK)
Aripiprazole
Aripiprazole long-acting injection
Asenapine
Atomoxetine
Atropine sulfate eye drops
Baclofen (for alcohol dependence)
Benperidol (not RoI)
Benzatropine (not RoI)
Biperiden (not UK)
Brexpiprazole
Brivaracetam
Bromazepam (not UK)

Printable Leaflets

View our handy leaflets

View leaflets

service uses and carers in achieving safe and effective me
medicines by providing a high quality and friendly service.

- Accurate and independent information and education a
  service users and carers
- Clinical and dispensing activities to facilitate the manag nt
  and community teams
- Support to ensure that medicines management resources are used cost effectively within NSFT

FAQs

- How to use the website
- About the Site Authors
- Information Governance for the Website
- Helping people help you
- How to get the best from your GP

Condition: Attention Deficit Hyperactivity Disorder

Show all answers +

- 1. ADHD (Attention Deficit Hyperactivity Disorder) - read all about it
- What are the main symptoms of ADHD?
- Can adults have ADHD?
- Does anything else have the same symptoms as ADHD?
- What causes ADHD?
- What are the risks of having ADHD?
- What will happen to my symptoms of ADHD?
- What will affect the chances of my ADHD improving?
- 2. ADHD - the options
- Main alternatives for ADHD - self-help
- Main alternatives for ADHD - help from others
- Main alternatives for ADHD - medicines
- How long will the medicine take to work for ADHD?
- Is there an easy way to compare the main medicines for ADHD?
- What are my chances of getting better if I have treatment for ADHD?
- If the medicine is working for ADHD, how long will I need to keep taking it?
- How many medicines should I be taking for my symptoms of ADHD?
- What might happen if I don't have any treatment for my ADHD?
- 3. ADHD - decision making
- Should I be worried about taking medicines for ADHD? Are talking therapies better?
- Are there any guidelines I can look at for the treatment of ADHD?
- Where can I find out more information about ADHD?

Medication: **Pregabalin**

Show all answers +

Pregabalin (often known by its trade name Lyrica®) has several uses, one of which is to help treat the symptoms of anxiety. It is quite different to the benzodiazepines (diazepam etc). Pregabalin is also used as an anticonvulsant for epilepsy and to help neuropathic pain (pain that comes from damaged nerve fibres, and where paracetamol and other common painkillers do not work well).

Pregabalin was first made available in the UK in 2004. It is now widely used across the world for many symptoms and is becoming much more popular for anxiety.

If you want to see all the questions and answers in full, click the "Show all answers" button.

Where can I print information about Pregabalin?

WHAT IT IS:

What is pregabalin used for?

Pregabalin is mainly used to help treat the symptoms of:

- Anxiety (GAD or Generalised Anxiety Disorder)
- Epilepsy
- Neuropathic pain.

Pregabalin can also sometimes (usually when the standard treatments haven't worked) be used to help the symptoms of:

- Borderline Personality Disorder
- Social Anxiety

There are other treatments for the conditions above. The main ones are included in the section on each of the conditions above.

2. Conditions

At least 15 Q&As on each of 22 mental health conditions

Plus screen grabs

What are the risks of having ADHD?

There are risks from anything and everything, but ADHD has some extra risks. Some of the risks of having untreated ADHD are:

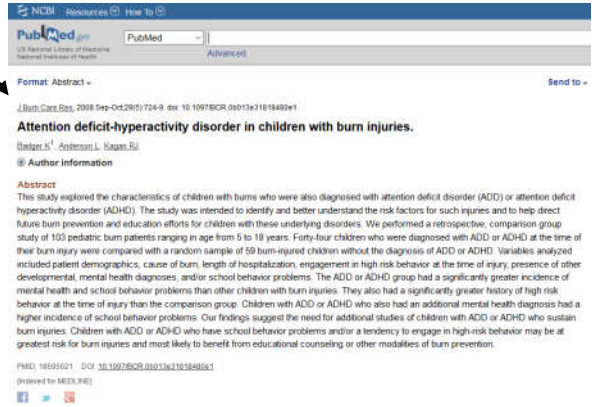
- Accidents – people with ADHD are twice as likely to have regular road traffic accidents compared to people of the same age (Ludolph 2009), which is important as road accidents are the number one cause of death in young adults. This is probably due to increased risk-taking and being easily distracted (Merkel, 2013). Also having accidents that cause serious injuries (especially in younger people and males) (Merrill 2009) e.g. burns (Badger 2008).
- Criminal convictions – Twice as likely to be arrested, 5-6 times more likely to be convicted, 15 times more likely to end up in prison than other people of same age, especially for aggression (Mardre 2011), and 12 times more likely to be convicted for violent crimes (Dalsgaard et al, 2013). However, part of this might because someone with ADHD is more likely to get caught. People with ADHD who have treatment are much less likely to commit crimes (Lichtenstein 2012)and 30% less likely to get a criminal conviction
- Poor relationships, sometimes due to "intimate partner violence" (i.e. violence to wife, girlfriend, husband, boyfriend) (Fang 2010)
- Conduct disorder (Fang 2010) or oppositional defiant disorder
- 10 times as likely to be bullied at school, or 4 times more likely to be a bully (Holmberg 2008)
- Stomach pain – twice as likely to have regular stomach pain (Holmberg 2010). About 1 in 20 (5%) have constipation or incontinence. This doesn't alter whether treated or not treated (McKeown, 2013)
- More likely to change jobs a lot. This is partly from wanting to be busy, and partly from social rejection as it can be more difficult to make friends with someone with ADHD (Jastrowski 2007). 1 in 2 (51%) adults with untreated ADHD had been unable to work in last year, especially if they had lack of attention and other mental health symptoms (Fredriksen and Peleikis, 2016).
- Poorer education – Adults with ADHD may have lower educational achievement levels e.g. not many GCSEs, "A" levels etc. But this is not because of low IQ (Antshel 2009), and is more likely because schooling has not been as effective (Biederman, 2012). Over 1 in 2 (56%) young adults with ADHD have not completed secondary education (Fredriksen and Peleikis, 2016). It is even worse if there is a lot of cannabis smoking and limited parental control (Trampush 2009). Children with ADHD are more likely to have to repeat a year at school

To find out more, download or print our handy leaflets

View leaflets

FAQs

- How to use the website
- About the Site Authors
- Information Governance for the Website
- Helping people help you
- How to get the best from your GP



14+ Q&As for each condition

Part one – the condition

- What are the symptoms?
- What causes the condition?
- What else has the same symptoms?
- What are the risks of having the condition?
- What will happen to my symptoms?
- What are the chances of improving with no treatment?

Part two – the options

- Self-help
- Help from others
- Medicines
    - What are the chances of improving with treatment?
    - If a medicine is working, how long will I need to keep taking it?
    - If a medicine isn't working, how long before a change is considered?
    - Is there a way to compare the medicines? (Handy charts)
    - How many medicines should I be taking? (combinations)

Part three – shared decision making and choice

- Are talking therapies better?
- Are there any guidelines or further help?

22 mental health conditions

- Anxiety
- Acute psychiatric emergency
- ADHD
- Alcohol dependence
- Alcohol withdrawal
- Bipolar mood disorder
- Bipolar depression
- Bipolar mania
- Borderline Personality Disorders
- Dementia
- Depression
- Eating disorders
- Epilepsy
- Insomnia
- OCD
- Panic disorder
- PTSD
- Psychosis
- Schizoaffective disorder
- Schizophrenia
- Seasonal Affective Disorder
- Social anxiety

Find out more about mental health conditions, treatments and medications.

Use the shortcuts below to go straight to information about a Condition or a Medication

Conditions

Medications

Conditions
Borderline Personality Disorder
Dementia and Alzheimer's disease
Alcohol dependence
Alcohol withdrawal
Anxiety
Attention Deficit Hyperactivity Disorder
Bipolar depression
Bipolar mood disorder
Depression
Eating disorders
Epilepsy
Insomnia
Mania or hypomania
Obsessive Compulsive Disorder
Opiate dependence
Opiate withdrawal
Panic disorder
Post traumatic stress disorder
Psychiatric emergency (crisis; APE)

Type a search term below

Enter keyword(s)... Search

W
T

Th harmacy Services exist to proactively support staff, ser e medicines management, optimising the use of me vice. We do this by providing:

- ion about medicines to other healthcare professionals,
- anagement of medicines by service users within inpatient
- Support to ensure that medicines management resources are used cost effectively

FAQs

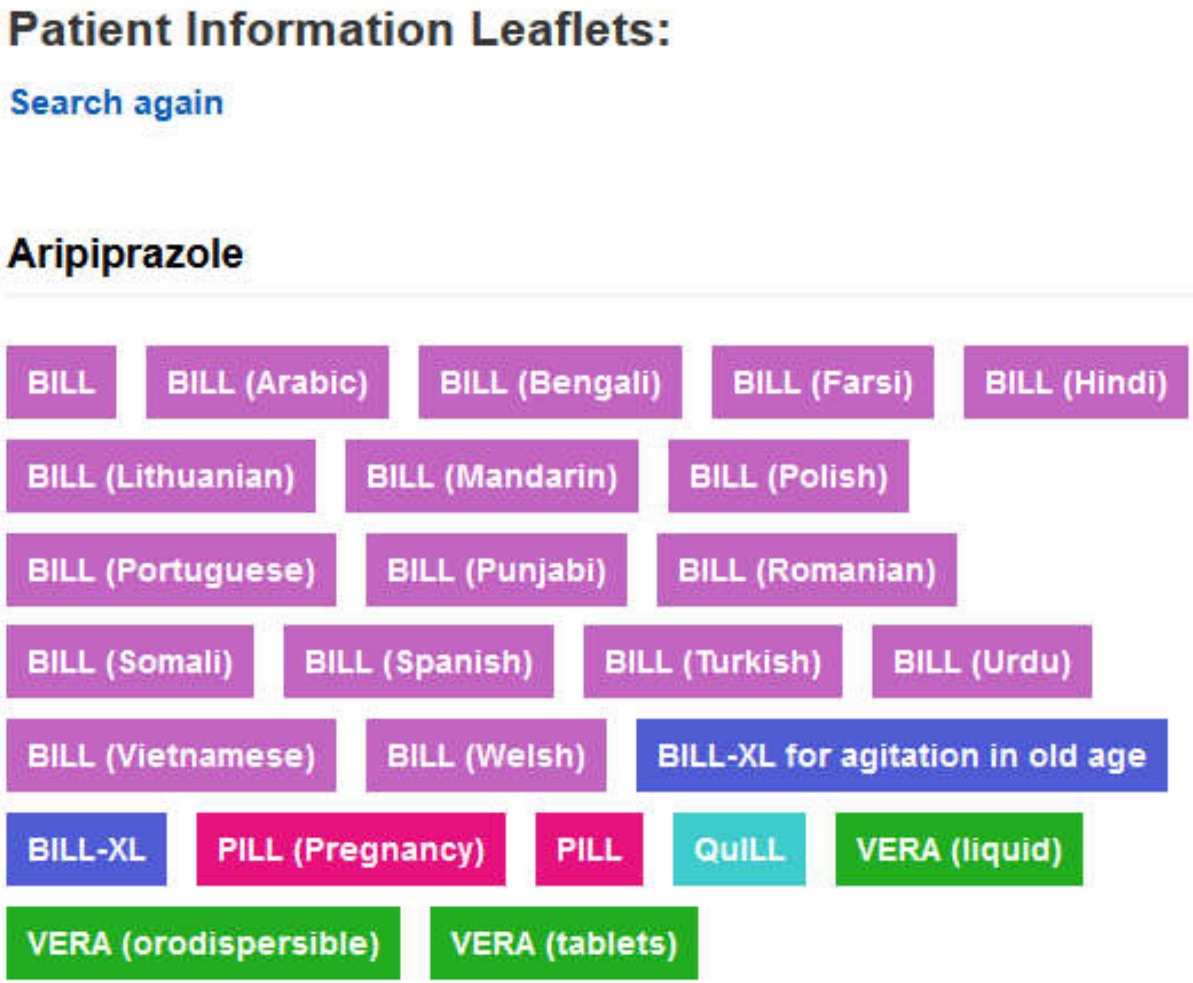
- How to use the website
- About the Site Authors
- Information Governance for the Website
- Helping people help you
- How to get the best from your GP

3. Leaflets

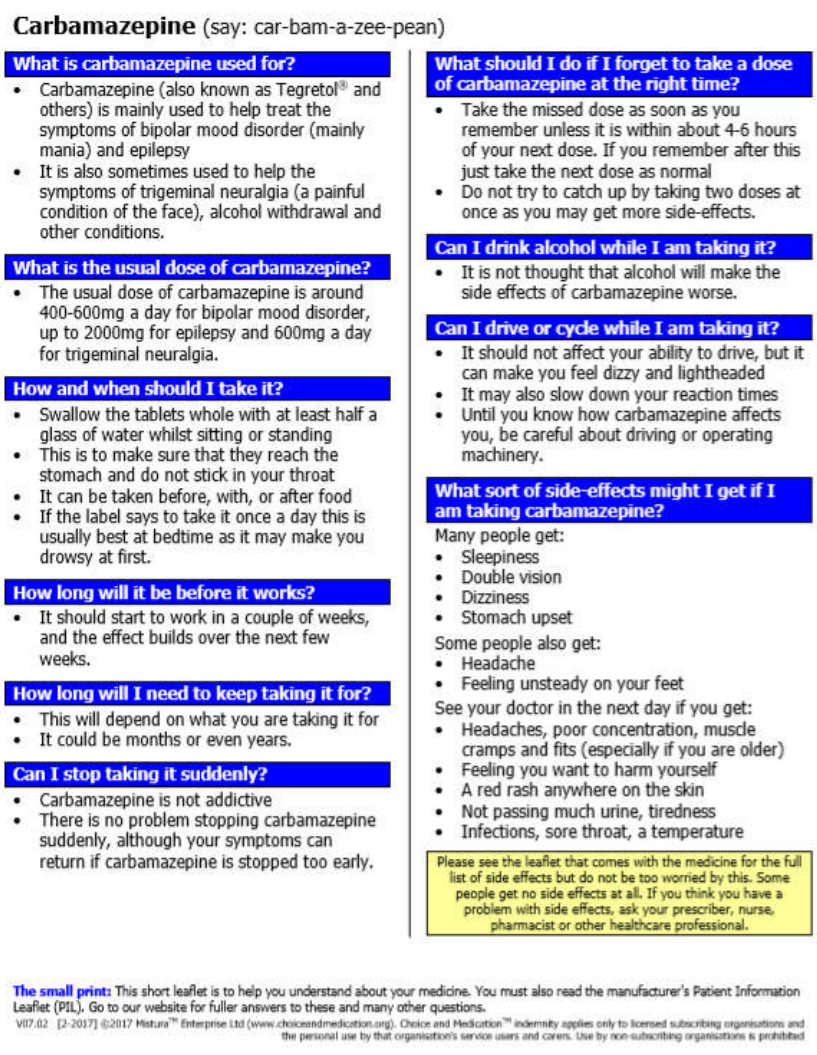
Over 1200 printable leaflets:

- Medicines
  - BILL – one page, headline information
  - BILL-XL – the BILLs in larger print
  - PILL – two page more detailed information
  - QuILL – two page, aimed at younger readers
  - VERA – Very easy-reads
- Translated leaflets
  - 34 medicines in 16 languages
- Fact sheets
  - Over 40 fact sheets
- Medicines in pregnancy
  - 6 comparative charts and 50 specific medicine leaflets
- Handy charts
  - Our 19 unique comparative charts for all medicines for each condition
- Book on how medicines work
  - In sections according to which medicines you're interested in

Example of leaflet selection for a medicine



a. BILLs (one-page brief information leaflets)



Carbamazepine (say: car-bam-a-zee-pean)

What is carbamazepine used for?

- Carbamazepine (also known as Tegretol®) and others) is mainly used to help treat the symptoms of bipolar mood disorder (mainly mania) and epilepsy
- It is also sometimes used to help the symptoms of trigeminal neuralgia (a painful condition of the face), alcohol withdrawal and other conditions.

What is the usual dose of carbamazepine?

- The usual dose of carbamazepine is around 400-600mg a day for bipolar mood disorder, up to 2000mg for epilepsy and 600mg a day for trigeminal neuralgia.

How and when should I take it?

- Swallow the tablets whole with at least half a glass of water whilst sitting or standing
- This is to make sure that they reach the stomach and do not stick in your throat
- It can be taken before, with, or after food
- If the label says to take it once a day this is usually best at bedtime as it may make you drowsy at first.

How long will it be before it works?

- It should start to work in a couple of weeks, and the effect builds over the next few weeks.

How long will I need to keep taking it for?

- This will depend on what you are taking it for
- It could be months or even years.

Can I stop taking it suddenly?

- Carbamazepine is not addictive
- There is no problem stopping carbamazepine suddenly, although your symptoms can return if carbamazepine is stopped too early.

What should I do if I forget to take a dose of carbamazepine at the right time?

- Take the missed dose as soon as you remember unless it is within about 4-6 hours of your next dose. If you remember after this just take the next dose as normal
- Do not try to catch up by taking two doses at once as you may get more side-effects.

Can I drink alcohol while I am taking it?

- It is not thought that alcohol will make the side effects of carbamazepine worse.

Can I drive or cycle while I am taking it?

- It should not affect your ability to drive, but it can make you feel dizzy and lightheaded
- It may also slow down your reaction times
- Until you know how carbamazepine affects you, be careful about driving or operating machinery.

What sort of side-effects might I get if I am taking carbamazepine?

Many people get:

- Sleepiness
- Double vision
- Dizziness
- Stomach upset

Some people also get:

- Headache
- Feeling unsteady on your feet

See your doctor in the next day if you get:

- Headaches, poor concentration, muscle cramps and fits (especially if you are older)
- Feeling you want to harm yourself
- A red rash anywhere on the skin
- Not passing much urine, tiredness
- Infections, sore throat, a temperature

Please see the leaflet that comes with the medicine for the full list of side effects but do not be too worried by this. Some people get no side effects at all. If you think you have a problem with side effects, ask your prescriber, nurse, pharmacist or other healthcare professional.

The small print: This short leaflet is to help you understand about your medicine. You must also read the manufacturer's Patient Information Leaflet (PIL). Go to our website for fuller answers to these and many other questions.

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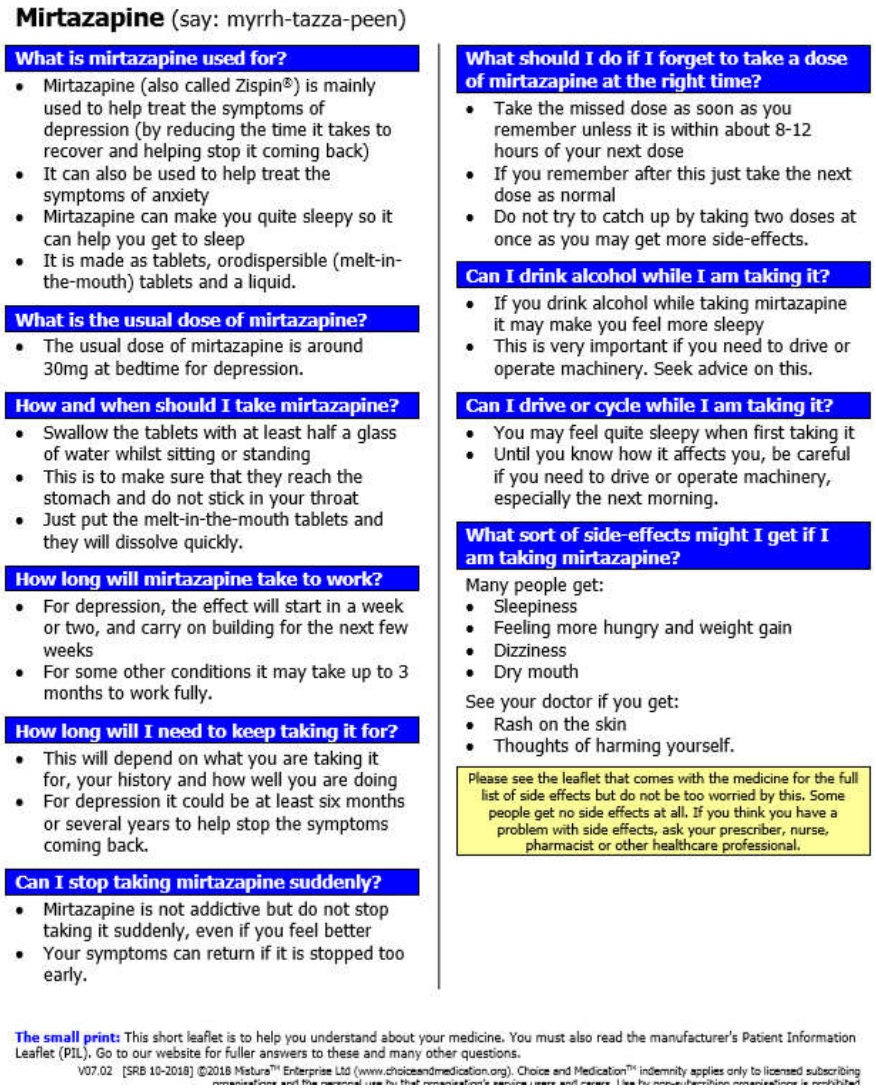

Mirtazapine (say: myrrh-tazza-peen)

What is mirtazapine used for?

- Mirtazapine (also called Zispin®) is mainly used to help treat the symptoms of depression (by reducing the time it takes to recover and helping stop it coming back)
- It can also be used to help treat the symptoms of anxiety
- Mirtazapine can make you quite sleepy so it can help you get to sleep
- It is made as tablets, orodispersible (melt-in-the-mouth) tablets and a liquid.

What is the usual dose of mirtazapine?

- The usual dose of mirtazapine is around 30mg at bedtime for depression.

How and when should I take mirtazapine?

- Swallow the tablets with at least half a glass of water whilst sitting or standing
- This is to make sure that they reach the stomach and do not stick in your throat
- Just put the melt-in-the-mouth tablets and they will dissolve quickly.

How long will mirtazapine take to work?

- For depression, the effect will start in a week or two, and carry on building for the next few weeks
- For some other conditions it may take up to 3 months to work fully.

How long will I need to keep taking it for?

- This will depend on what you are taking it for, your history and how well you are doing
- For depression it could be at least six months or several years to help stop the symptoms coming back.

Can I stop taking mirtazapine suddenly?

- Mirtazapine is not addictive but do not stop taking it suddenly, even if you feel better
- Your symptoms can return if it is stopped too early.

What should I do if I forget to take a dose of mirtazapine at the right time?

- Take the missed dose as soon as you remember unless it is within about 8-12 hours of your next dose
- If you remember after this just take the next dose as normal
- Do not try to catch up by taking two doses at once as you may get more side-effects.

Can I drink alcohol while I am taking it?

- If you drink alcohol while taking mirtazapine it may make you feel more sleepy
- This is very important if you need to drive or operate machinery. Seek advice on this.

Can I drive or cycle while I am taking it?

- You may feel quite sleepy when first taking it
- Until you know how it affects you, be careful if you need to drive or operate machinery, especially the next morning.

What sort of side-effects might I get if I am taking mirtazapine?

Many people get:

- Sleepiness
- Feeling more hungry and weight gain
- Dizziness
- Dry mouth

See your doctor if you get:

- Rash on the skin
- Thoughts of harming yourself.

Please see the leaflet that comes with the medicine for the full list of side effects but do not be too worried by this. Some people get no side effects at all. If you think you have a problem with side effects, ask your prescriber, nurse, pharmacist or other healthcare professional.

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BILL-XLs (the BILL in larger print)

Donepezil (say: don-eppy-zil)

What is donepezil used for?
Donepezil (also called Aricept® and others) is known as an 'acetylcholinesterase inhibitor'. It is used to help treat memory problems. It is made as tablets, melt-in-the-mouth tablets and a liquid (5mg in 5ml).

What is the usual dose of donepezil?
The usual dose of donepezil is 5-10mg once a day, usually in the evening.

How should I take donepezil?
Swallow the tablets with at least half a glass of water whilst sitting or standing. This is to make sure that they reach the stomach and do not stick in your throat. For the melt-in-the-mouth tablets, just put it on your tongue and it will dissolve quickly.

How long will it be before donepezil works?
Donepezil usually starts to work in a couple of weeks or so.

How long will I need to keep taking donepezil for?
You may need to take it for the rest of your life.

Can I stop taking donepezil suddenly?
Donepezil is not addictive. There is no problem stopping donepezil suddenly, although your symptoms can return if treatment is stopped too early.

What should I do if I forget to take a dose of donepezil at the right time?
Start again as soon as you remember if it is within about 12 hours of when the next dose is due. After this just take the next dose as normal. Do not try to catch up by taking two doses at once as you may get more side-effects.

Can I drink alcohol while I am taking donepezil?
It is not thought that alcohol will make the side effects of donepezil worse.

Can I drive or cycle while I am taking donepezil?
Donepezil should not affect your ability to drive, but it can cause a little dizziness and lightheadedness. You should be careful as it may slow down your reaction times. Until you know how donepezil affects you, be careful about driving or operating machinery.

What sort of side-effects might I get if I am taking donepezil?

Many people get:	A few people get:	See your doctor if you get:
• Headache • Feeling sick • Diarrhoea (the "runs")	• Sleep problems • Not feeling hungry • Dizziness	• Fits or seizures

This table shows some of the most common side effects and any you might need to take action on but do not be worried by this. If you think you might have a side effect to this medicine, ask your prescriber, pharmacist or other healthcare professional.

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PILLs (2 page more detailed)

Olanzapine (say: o-lans-a-pean)

What is olanzapine used for?

- Olanzapine (also called Zyprexa® and others) is mainly used to help treat the symptoms of psychosis, schizophrenia, bipolar mania and in a crisis and to help stop the symptoms coming back
- It is sometimes also used to help the symptoms of ADHD, depression, OCD (Obsessive Compulsive Disorder), eating disorders and other conditions
- Olanzapine is made as tablets, melt-in-the-mouth tablets and a short-acting injection
- It is also made as a long-acting injection (Zypadhera®, see a separate leaflet)

What is the usual dose of olanzapine?

- The usual dose of olanzapine is around 10-20mg a day
- It should be much lower in older people.

How should I take olanzapine?

- Swallow the tablets with at least half a glass of water whilst sitting or standing
- This is to make sure that they reach the stomach and do not stick in your throat
- For the melt-in-the-mouth tablets, just put them on your tongue and they will dissolve quickly.

When should I take olanzapine?

- Taking it at mealtimes may make it easier for you to remember as it can be taken with or after food
- If you take it once a day this may be best at bedtime as it may make you drowsy at first.

What are the alternatives to olanzapine?

- This will depend on what you are taking it for
- There are many other antipsychotics and medicines, talking therapies and treatments for psychosis, schizophrenia, mood disorders and other conditions.

☞ See our "Handy charts" for psychosis, mania, acute crisis, ADHD, depression and OCD to help you compare the medicines available
☞ This will help you talk to your prescriber, nurse, pharmacist or other healthcare professional.

How long will olanzapine take to work?

- This will depend on what you are taking it for
- It will usually start to work in a couple of weeks and the effect should build over the next few weeks.

How long will I need to keep taking it for?

- This will depend on what you are taking it for
- It could be for months or years to help stop your symptoms coming back.

Is olanzapine addictive and can I stop taking it suddenly?

- Olanzapine is not addictive
- It is unwise to stop taking it suddenly, even if you feel better
- Your symptoms can return if treatment is stopped too early. This may occur some weeks or even months after olanzapine has been stopped
- When the time comes, you should stop it by a gradual drop in the dose over several weeks when your stress levels are low
- You should discuss this fully with your prescriber, doctor, nurse or pharmacist.

See our handy fact sheet on 'Coming off medicines'

What should I do if I forget to take a dose of olanzapine at the right time?

- Take the missed dose as soon as you remember unless it is within about 12 hours of your next dos
- If you remember after this just take the next dose as normal
- Do not try to catch up by taking two doses at once as you may get more side-effects.

If you often have problems remembering your doses (as many people do) ask your pharmacist, doctor or nurse about this. There are some special packs, boxes and devices that can be used to help you remember.

Can I drink alcohol while I am taking it?

- If you drink alcohol while taking olanzapine it may make you feel more sleepy
- This is important if you need to drive or operate machinery and you must seek advice on this.

Will olanzapine affect my other medication?

Olanzapine has a few possible interactions with other medicines. The main ones include:

- The effects of olanzapine can sometimes be increased by fluvoxamine and decreased by smoking (and *increased* if you stop smoking)
- If olanzapine is taken with benzodiazepines (e.g. diazepam, lorazepam, temazepam), sleeping tablets or alcohol, it will cause more sleepiness
- The effects can be reduced by up to a third by valproate.

Please see the Patient Information Leaflet (PIL) for the full possible list. Not all of these interactions happen in everyone. Some of these medicines can still be used together but you will need to follow your doctor's instructions carefully.

Can I drive or cycle while I am taking it?

- You may feel a bit sleepy at first when taking it so be careful as it may slow down your reactions
- Until this wears off, or you know how olanzapine affects you, do not drive or operate machinery.

Will I need any blood or other tests if I am taking olanzapine?

- You may need to have some blood tests to check on some possible side effects e.g. blood sugar or cholesterol levels.

If you have bipolar, schizophrenia or other long-term mental health problem, your physical health is also important. NHS guidance for GPs in 2018 ("Improving physical healthcare for people living with severe mental illness") recommends regular checks on your blood pressure, weight, blood glucose and blood fats. This may be done by a hospital to start with, but your GP should then arrange for these checks **at least every year**. And then to do something if anything needs treating.

What sort of side-effects might I get if I am taking olanzapine?

This table shows some of the most common side effects and any you might need to take action on. You must also see the maker's Patient Information Leaflet for the full list of possible side effects but do not be worried by this. Some people get no side effects at all. Some side effects are the brain getting used to a medicine and these usually wear off in a few days or weeks. Starting slower may help. If you think you might have a side effect to this medicine, you should ask your prescriber, pharmacist or other healthcare professional.

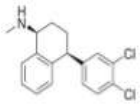
Side effect	What happens	What to do about it
VERY COMMON *(more than about 1 in 10 people might get these)*		
Sleepiness	Feeling sleepy or sluggish for a few hours after taking a dose.	Don't drive or use machinery.
Weight gain	Eating more, putting on weight, especially just after starting.	A diet full of vegetables and fibre may help prevent weight gain. *Ask to see our fact sheet on this for some advice.*
COMMON *(fewer than about 1 in 10 people might get these)*		
Postural hypotension	A low blood pressure - this can make you feel dizzy, especially when you stand up.	Try not to stand up too quickly. If you feel dizzy, don't drive. It usually wears off in a few days.
Dry mouth	Not much saliva or spit.	Suck sugar-free gum or boiled sweets. If it is bad, your doctor can give you a mouth spray. It usually wears off in a few days.
Constipation	When you cannot pass stools, or poo, regularly, or cannot completely empty your bowels.	Eat enough fibre, bran or fruit. Make sure you are drinking enough fluid, keep active and get some exercise e.g. walking. If this does not help, ask your pharmacist for a mild laxative. It usually wears off in a few weeks.
Peripheral oedema	When your ankles swell up.	Discuss with your doctor.
Diabetes	You may lose weight, pass lots of urine, and feel thirsty and hungry all the time.	Tell your doctor if you get these symptoms. You can then have some simple tests to see if you are getting diabetes.
RARE but important *(can be serious if not dealt with quickly)*		
VTE – venous thromboembolism	• Chest pain, worse if you breathe deeply or cough • Coughing up blood, dizziness or fainting • Rapid breathing, short of breath or odd heartbeat.	See your Doctor straight away. The symptoms could be caused by a blood clot moving around the body. It mostly happens in older people.
NMS (Neuroleptic Malignant Syndrome)	• Fever or high temperature, sweating and confusion • Racing heart beat • Muscle stiffness and difficulty moving.	See your Doctor straight away if you have had a change in dose or taken other antipsychotics.
"DRESS"	• Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) begin as a rash that can spread all over the body.	Go to an Accident and Emergency department if you get any swelling of the face, lips or tongue or being short of breath.

Some side effects (weight, diabetes, cholesterol) can be grouped together as the "metabolic syndrome". Ask to see our fact sheets on the metabolic syndrome, weight gain and rare effects on the heart.

The small print: This leaflet is to help you understand about your medicine. You must also read the manufacturer's Patient Information Leaflet (PIL). You may find more on the internet but beware as internet-based information is not always accurate. Do not share medicines with anyone else. The 'Handy charts' will help you compare the main medicines for each condition, how they work and their side effects. Go to our website for fuller answers to these and many other questions.

QuILLs (2 page, aimed more at younger readers)

Sertraline (say: cert-ral-een)



What is sertraline?

- Sertraline (also called Lustral®) is usually used to help treat the symptoms of depression (by reducing the time it takes to recover), anxiety, and OCD (Obsessive Compulsive Disorder)
- It can also help social anxiety, PTSD, panic, PMS and seasonal affective disorder
- It is often known as an SSRI (Selective Serotonin Reuptake Inhibitor)
- It is only made as tablets.

Please note: Sertraline is sometimes used in adults but it is not "licensed" or officially approved for people under 18 except for OCD. This is because it has not been fully studied in this younger age group. If you are under 18 you may be offered this medicine because we have experience of it and we know it helps adults. If you wish to know more please ask for a copy of our "Unlicensed uses of licensed medicines" fact sheet.

What does sertraline help?

- Sertraline can help many symptoms. These can include feeling low, nervous, very shy, panicky, or having to do things exactly the right way and checking all the time. In lower doses (e.g. 25mg a day) it can help anxiety, worries and distress
- For depression, about 2 in 3 (65%) of people get better with a first antidepressant
- If that doesn't work or it has too many side effects, then switching to another antidepressant means about half of those people get better (total of about 75%, or 3 in 4 people). There are other options after that e.g. other medicines and therapies.

How and when should I take sertraline?

- Swallow the tablets with at least half a glass of water whilst sitting or standing. This is to make sure that they reach the stomach and do not stick in your throat
- It is best taken with or after food, in the morning.

How long will I have to wait before it works?

- This will depend on what you are taking it for but for depression the effect usually starts in a week or two, and builds over the next couple of weeks
- For some other conditions it may take up to 3 months to work fully.

How long will I need to keep taking sertraline for?

- This will depend on what you are taking it for

For depression, if an antidepressant has got you better:

- First episode: Taking it for 6 months reduces the chances of becoming depressed again
- Second episode: Taking it for 1-2yrs reduces the chances of becoming depressed again

Can I stop taking sertraline suddenly?

- It is better not to do this without talking it over first with other people e.g. relatives or your prescriber, nurse, pharmacist or other healthcare professional
- It normally works out much better if you stop medication in a planned way at a time when your stress levels are lower, rather than e.g. around exam times, mid-winter and life events
- Your symptoms can return if treatment is stopped too early. This may occur some weeks or even months after sertraline has been stopped
- When the time comes, you should withdraw sertraline by a gradual reduction in the dose over several weeks
- You might also get some discontinuation symptoms such as 'flu-like symptoms, and sleep disturbance (e.g. more vivid dreams). They can start 2-4 days after stopping, usually only last a few weeks (but can be a bit longer) and will go if started again.

What should I do if I forget to take a dose of sertraline at the right time?

- Start again as soon as you remember if within about 12 hours of your next dose
- After this just take the next dose as normal
- Do not try to catch up by taking two doses at once as you may get more side-effects.

Can I cycle or drive while I am taking sertraline?

- You may feel a bit light-headed at first when taking sertraline
- Until this wears off, or you know how sertraline affects you, be careful cycling and, if you are old enough, do not drive or operate machinery.

What sort of side-effects might I get with sertraline?

Very common *(more than about 1 in 10 people might get these)*

Feeling sick or being sick, or stomach pain
- Taking it after food may help
- It usually wears off in a few weeks
- If not, tell your prescriber.

Not being able to get to sleep at night
- Make sure you take the dose early in the day
- Let your prescriber know as a change in dose may help.

Sex
- Finding it hard to have an orgasm
- No desire for sex
- Discuss this with your doctor.

Common *(fewer than about 1 in 10 people might get these)*

Headache
- If your head is painful, paracetamol usually helps.

Not feeling hungry
- You will usually get your appetite back in a few weeks
- If not, let your prescriber know next time you meet.

Diarrhoea
- Going to the toilet more than usual and "having the runs"
- Drink plenty of water
- Get advice from your pharmacist
- If it lasts for more than a day or so, contact your prescriber.

Feeling more anxious or nervous
- This usually only lasts for a few weeks while you get used to your SSRI
- If not, tell your prescriber next time you meet.

See your prescriber if you get any of these rare side effects:

Thoughts of harming yourself
- Feeling anxious, restless, poor sleep and feeling you might want to harm yourself
- See your doctor in the next day, especially if you are under about 20 years old, started the medicine in the last few weeks, have had a dose change, or may have bipolar depression.

Serotonin Syndrome
- You may feel confused, agitated, restless, sweaty, feverish, fast heart beat, twitching, shivering and shaky
- It may happen if you have just started, had a dose increase, overdose, or start to take any other medicines
- See your doctor in the next few hours if this happens.

Rash
- This can be a rash or itching seen anywhere on the skin
- If this happens, stop taking your SSRI and contact your prescriber in the next day.

Hyponatremia or "SIADH"
- You do not pass much urine, are tired, confused, muscle cramps and you can get a headache
- This can be dangerous so contact your prescriber now.

This table shows some of the most common side effects and any you might need to take action on. You must also see the maker's Patient Information Leaflet for the full list of possible side effects but do not be worried by this. Some people get no side effects at all. Some side effects are the brain getting used to a medicine and these usually wear off in a few days or weeks. Starting slower may help. If you think you might have a side effect to this medicine, you should ask your prescriber, pharmacist or other healthcare professional.

The small print: This leaflet is to help you understand about your sertraline. You must also read the manufacturer's Patient Information Leaflet (PIL). You may find more on the internet but beware as internet-based information is not always accurate. Do not share medicines with anyone else. The 'Handy charts' will help you compare the main medicines for each condition, how they work and their side effects. Go to our website for fuller answers to these and many other questions.

VERAs (aimed at people with limited reading skills)

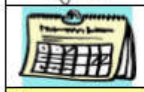
Your medicine is called brivaracetam (tablets)

It is to help:

Seizures

How to take it:

Take each tablet with half a glass of water



Take every day – do not miss any doses

You may also: (tell your carer if any of these worry you)

Feel dizzy

Feel sleepy or tired

Not feel hungry

Feel sick or be sick

Get constipated (being bunged up) Tell a carer if you haven't done a poo for 2 days

Get a cough or cold

Not get to sleep easily (insomnia)

Always let a carer know straight away if you:

Feel you want to harm yourself

If you would like to know more:

Ask your nurse, pharmacist or doctor.
Or ask one of your carers to find out more for you.

This is a summary of the information below.
You must also see the maker's Patient Information Leaflet (PIL) for full information.

Some more information on brivaracetam tablets

Brivaracetam is an anticonvulsant drug used in the treatment of epilepsy.

How to take it: Swallow the tablets whole with a small drink. Do not bite or chew them. It does not matter whether you take it with food or not. If you miss a dose take it as soon as you remember, and take the next dose when you normally would.

Possible side effects include: You could feel dizzy or sleepy while on this treatment. It can also cause nausea and reduce appetite. You could get constipation. A cough and flu like symptoms can happen.

Less common but important side effects include: Some people feel low or depressed while on this treatment. Let your health professional know if this happens especially if you get thoughts about harming yourself or feel suicidal.

Warnings and Cautions: If you feel dizzy or tired you should not drive or operate machinery. Alcohol could make this worse. Drinking alcohol while on this medication is not advisable. It is not known whether this medication is safe during pregnancy or breast-feeding. It does not mix well with a lot of medicines, so check with your healthcare professional before taking any other medicines. Let your health professional know if you get any side effects while on this treatment.

With many thanks to Danielle Adams, Pharmacy & Medicines Optimisation Team, Hertfordshire Partnership University NHS Foundation Trust, for help and advice

The small print: This short leaflet is to help you understand about brivaracetam. You must also read the manufacturer's Patient Information Leaflet (PIL). Go to our website for fuller answers to many questions.

b. Translated leaflets (34 BILLs in 16 languages)

Languages available:

Arabic, Bengali, Farsi, Hindi, Lithuanian, Mandarin, Polish, Portuguese, Punjabi, Romanian, Somali, Spanish, Turkish, Urdu, Vietnamese, Welsh

Medicines available:

Acamprosate, amisulpride, aripiprazole (oral and LAI), buprenorphine, carbamazepine, chlordiazepoxide, citalopram, clozapine, diazepam, disulfiram, donepezil, escitalopram, fluoxetine, flupenthixol, haloperidol, lamotrigine, lithium, lorazepam, methadone, methylphenidate, mirtazapine, olanzapine, paliperidone, pregabalin, procyclidine, quetiapine, risperidone, rivastigmine (oral and patches), sertraline, valproate salts, venlafaxine, zopiclone, zuclopenthixol.

Plus sheets on medicines in Ramadan in

English in one column (bulleted) and the target language next to it (so you know what it says)

Lamotrigine (đọc: lam-ot-ree-jean)

Vietnamese

Lamotrigine được sử dụng để làm gì?
- Lamotrigine chủ yếu được sử dụng để giúp điều trị chứng động kinh và giúp ngăn các triệu chứng trầm cảm lưỡng cực quay trở lại
- Thuốc được chế dưới dạng viên nén và dạng viên phân tán.

Liều lượng lamotrigine thông thường là bao nhiêu?
- Bởi vì nó có thể gây ra các vấn đề về da, bạn nên bắt đầu với liều 25mg một ngày trong hai tuần, sau đó tăng lên 50mg một ngày trong hai tuần
- Sau đó liều lượng có thể được tăng lên sau mỗi tuần hoặc mỗi hai tuần
- Việc này có thể cần bắt đầu bằng một nửa tần suất đó (ví dụ bắt đầu với liều lượng 25mg cách ngày) nếu bạn cũng đang sử dụng valproate
- Liều lượng lamotrigine thông thường cuối cùng là khoảng 50-200mg trong một ngày.

Tôi nên sử dụng lamotrigine khi nào và ra sao?
- Nuốt các viên thuốc với ít nhất nửa cốc nước trong khi đang ngồi hoặc đứng
- Điều này nhằm đảm bảo rằng thuốc sẽ xuống đến dạ dày và không mắc lại ở cổ họng
- Bạn có thể uống thuốc trước, trong, hoặc sau bữa ăn.

Sau bao lâu thì lamotrigine có tác dụng?
- Thuốc có thể cần đến một hoặc hai tháng để bắt đầu có tác dụng
- Tác dụng sẽ dần ổn định trong một vài tháng tiếp theo.

Tôi cần tiếp tục sử dụng lamotrigine trong thời gian bao lâu?
- Nếu thuốc có hiệu quả, bạn có thể muốn sử dụng thuốc trong vài năm.

Tôi có thể đột ngột dừng sử dụng lamotrigine không?
- Lamotrigine không gây nghiện
- Sẽ không có vấn đề gì khi đột ngột dừng sử dụng lamotrigine, mặc dù vậy các triệu chứng của bạn có thể sẽ quay lại nếu dừng sử dụng lamotrigine quá sớm
- Chúng tôi khuyên nên ngưng thuốc từ từ, trong vài tuần, vì mục đích an toàn.

Tôi nên làm gì nếu quên uống liều lượng lamotrigine đúng thời gian?
- Hãy uống liều lượng đã quên ngay khi bạn nhớ ra trừ khi thời điểm bạn nhớ nằm trong khoảng 4-6 giờ trước khi bạn uống liều tiếp theo
- Nếu bạn nhớ ra sau thời điểm đó, hãy uống liều tiếp theo như bình thường.

English

What is lamotrigine used for?
- Lamotrigine is mainly used to help treat epilepsy and to help stop the symptoms of bipolar depression returning
- It is made as tablets and dispersible tablets.

What is the usual dose of lamotrigine?
- Because it can cause skin problems, you should start at 25mg a day for two weeks, then increase to 50mg a day for two weeks
- The dose can then be increased every week or two after that
- This start needs to be half that speed (e.g. starting at 25mg every other day) if you are also taking valproate
- The usual final dose of lamotrigine is around 50-200mg a day.

How and when should I take lamotrigine?
- Swallow the tablets with at least half a glass of water whilst sitting or standing
- This is to make sure that they reach the stomach and do not stick in your throat
- You can take it before, with, or after food.

How long will it be before lamotrigine works?
- It may take as long as a month or two to start to work
- The effect builds over the next few months.

How long will I need to keep taking lamotrigine for?
- If it works you may want to take it for several years.

Can I stop taking lamotrigine suddenly?
- Lamotrigine is not addictive
- There is no problem stopping lamotrigine suddenly, although your symptoms can return if lamotrigine is stopped too early
- We would suggest coming off it slowly, over several weeks, just to be on the safe side.

What should I do if I forget to take a dose of lamotrigine at the right time?
- Take the missed dose as soon as you remember unless it is within about 4-6 hours of your next dose
- If you remember after this just take the next dose as normal

- Đừng cố theo đúng liều bằng cách uống cùng lúc hai liều nếu không bạn có thể gặp nhiều tác dụng phụ hơn
- Nếu bạn quên trong thời gian hơn một tuần, bạn sẽ phải bắt đầu lại với liều lượng 25mg một ngày để đảm bảo rằng bạn không gặp vấn đề về da.

Tôi có thể uống rượu trong thời gian sử dụng lamotrigine không?
- Nếu bạn uống rượu trong khi sử dụng lamotrigine thì điều đó có thể khiến bạn cảm thấy buồn ngủ hơn.

Tôi có thể lái xe, đạp xe hoặc vận hành tàu thuyền trong thời gian sử dụng lamotrigine hay không?
- Lamotrigine có thể ảnh hưởng đến khả năng lái xe của bạn. Nó có thể gây ra sự chóng mặt nhẹ và đầu óc quay cuồng
- Bạn nên cẩn trọng vì nó có thể khiến thời gian phản ứng của bạn bị chậm lại.
- Cho đến lúc bạn biết về ảnh hưởng của lamotrigine đến bạn ra sao, hãy cẩn thận khi lái xe hoặc vận hành máy móc.

Tôi có thể gặp loại phản ứng phụ nào khi sử dụng lamotrigine?

Nhiều người gặp triệu chứng:
- Cảm thấy buồn ngủ
- Cảm thấy chóng mặt
- Đau đầu
- Cảm thấy hoặc bị ốm

Một số ít người gặp triệu chứng:
- Mắt mờ

Hãy gặp bác sĩ ngay nếu bạn gặp triệu chứng:
- Phản ban đỏ, giộp da hoặc sưng mũi, miệng và mắt. Nó có thể trông giống bị bỏng nặng hoặc cháy nắng tuy nhiên có thể nguy hiểm
- Vết thâm hoặc nhiễm trùng không mong muốn
- Sự lên cơn hoặc các cơn.

Hãy xem tờ rời đi cùng thuốc để biết danh sách đầy đủ các tác dụng phụ nhưng đừng quá lo lắng về điều này. Một số người không hề gặp tác dụng phụ nào cả. Nếu bạn cho rằng mình có vấn đề về tác dụng phụ, hãy hỏi người kê đơn, y tá, dược sĩ hoặc chuyên gia chăm sóc sức khỏe khác

Chữ nhỏ: Tờ rời ngắn này nhằm giúp bạn hiểu về thuốc bạn sử dụng. Bạn cũng nên đọc tờ rời của nhà sản xuất hoặc truy cập trang web thuốc và lựa chọn của chúng tôi để biết thêm thông tin. Không chia sẻ thuốc của bạn với người khác.

- Do not try to catch up by taking two doses at once as you may get more side-effects
- If you forget for more than a week you will have to start again at 25mg a day to make sure you don't get the skin problem.

Can I drink alcohol while I am taking lamotrigine?
- If you drink alcohol while taking lamotrigine it may make you feel more sleepy.

Can I drive, cycle or operate a boat while I am taking lamotrigine?
- Lamotrigine may affect your ability to drive. It can cause a little dizziness and lightheadedness
- You should be careful as it may slow down your reaction times
- Until you know how lamotrigine affects you, be careful about driving or operating machinery.

What sort of side-effects might I get if I am taking lamotrigine?

Many people get:
- Feeling sleepy
- Feeling dizzy
- Headache
- Feeling or being sick

A few people get:
- Blurred vision

See your doctor straight away if you get:
- Red rashes, blisters or swelling of the nose, mouth and eyes. It may look a bit like serious burning or sunburn but can be dangerous
- Unexpected bruising or infections
- Seizures or fits.

Please see the leaflet that comes with the medicine for the full list of side effects but do not be too worried by this. Some people get no side effects at all. If you think you have a problem with side effects, ask your prescriber, nurse, pharmacist or other healthcare professional.

The small print: This short leaflet is to help you understand about your medicine. You should also read the manufacturer's leaflet or visit our choice and medication website for more information. Do not share medicines with anyone else.

Methadone (say: meth-a-doan) (美沙酮)

Mandarin Chinese

美沙酮有何用途？

- 美沙酮(Methadone)主要是用来帮助病人戒除阿片类药物，如海洛因和吗啡。它可以作为这些物品的替代物。
- 应该在社会帮助、医疗救助和心理指导下共同使用。
- 低剂量的美沙酮可用作止痛药和止咳剂。

美沙酮的常用剂量是多少？

- 美沙酮的常见起始剂量是每天 10-40 毫克。
- 常见的维持剂量是每天 40-100 毫克，但更高的剂量也可能被使用（如高达每天 120 毫克）。

应如何以及何时服用美沙酮？

- 对于液体，请使用药勺或口服注射器
- 大多数人认为早上服用最适合他们
- 坐下或站立时，用至少半杯水将片剂吞下
- 这是为了确保它们到达胃部，不会卡在喉咙。

美沙酮要多久才会起作用？

- 美沙酮（液体或片剂）通常在 30-60 分钟后会起作用。
- 在 4 小时左右时，药物作用发挥到顶峰，大约 24 小时后需要再次服药。

需持续服用美沙酮多久？

- 通常为至少 3 个月，大概 6 个月或更长。

可以随时停止服用美沙酮吗？

- 您不应该突然停止服用美沙酮，因为您会出现戒断症状，与海洛因戒断症状类似。

如果忘记服一剂美沙酮应怎么办？

- 除非是在您下次服药的 10-12 小时之内，否则尽快补服该此剂量。
- 如果在此之后您才记起，则如常服用下次剂量。
- 不要试图一次服用两剂，因为您可能会出现更多副作用，并且，这种行为有可能导致您呼吸停止。

English

What is methadone used for?

- Methadone is mainly used to help people get off opiates such as heroin and morphine. It acts as a replacement for these drugs.
- It should be used with social help, medical help and psychological help
- It is also used in lower doses as a pain killer and as a cough suppressant.

What is the usual dose of methadone?

- The usual starting dose of methadone can be 10-40mg a day
- The usual maintenance dose can be around 40-100mg a day but higher doses (e.g. up to 120mg a day) can be used.

How and when should I take methadone?

- For the liquid, use a medicine spoon, or oral syringe
- Most people find taking it in the morning suits them best
- Swallow the tablets with at least half a glass of water whilst sitting or standing
- This is to make sure that they reach the stomach and do not stick in your throat.

How long will it be before methadone works?

- Methadone (liquid or tablets) usually starts to have an effect after about 30-60 minutes
- The effect peaks at about 4 hours and a further dose is needed after about 24hrs.

How long will I need to keep taking methadone for?

- Usually for at least 3 months, probably around 6 months or longer.

Can I stop taking methadone suddenly?

- You should not stop methadone suddenly, because you can and will get withdrawal symptoms, similar to heroin withdrawal.

What should I do if I forget to take a dose of methadone at the right time?

- Take the missed dose as soon as you remember unless it is within about 10-12 hours of your next dose
- If you remember after this just take the next dose as normal
- Do not try to catch up by taking two doses at once as you may get more side-effects and it might stop you breathing.

服用美沙酮期间可以饮酒吗？

- 如果您在服用美沙酮期间饮酒，您可能会觉得更困。
- 美沙酮和大量的酒精会导致呼吸困难加重。

服用美沙酮期间，可以开车或骑车吗？

- 美沙酮可能会影响您的驾驶能力。
- 它可引起一点点头晕和胸闷。
- 您要小心，因为它可能会减慢您的反应速度。
- 除非您知道美沙酮对您有何影响，否则驾驶或操作机械时请格外小心。

美沙酮有何副作用？

大多数人会出现如下症状：

- 便秘
- 睡眠不佳
- 感觉不适或虚弱
- 昏厥和头晕
- 站起来时感觉头晕
- 眼瞳孔收缩
- 性生活问题
- 嗜睡

如果您出现如下症状，请立即就医：

- 心脏跳动奇怪
- 过敏反应（突然喘息、呼吸困难、脸部或手部肿胀、瘙痒）

不要担心这些副作用。对于有些人完全没有副作用，对于有些人可能出现这里没有列出的一些副作用。如果您认为自己可能出现药物副作用，请咨询您的开药医师、医生、护士或药剂师。

安全存放美沙酮。

即使是小剂量的美沙酮也足以使儿童致死。将美沙酮瓶或盒子放在儿童触及不到的地方（如果可能的话，放在锁着的柜子里）。

如果孩子服用美沙酮，请立即拨打 999

附属细则：本资料小手册旨在帮助您了解您的药物。您也应阅读制造商的患者信息宣传单（PIL）或浏览我们的网站，了解更多信息。请勿与任何人分享药物。

Can I drink alcohol while I am taking methadone?

- If you drink alcohol while you are taking methadone it will make you more sleepy
- Methadone and a lot of alcohol can make it more difficult to breathe.

Can I drive, cycle or operate a boat while I am taking methadone?

- Methadone may affect your ability to drive
- It can cause a little dizziness and lightheadedness
- You should be careful as it may slow down your reaction times
- Until you know how methadone affects you, be careful about driving or operating machinery.

What sort of side-effects might I get if I am taking methadone?

Most people get:

- Constipation
- Not sleeping well
- Feeling or being sick
- Fainting and dizziness
- Feeling dizzy when you stand up
- Eye pupils constricted
- Sexual problems
- Sleepiness

See your doctor straight away if you get:

- Odd heart beat
- Allergic reaction (sudden wheezing, difficulty breathing, swelling face or hands, itching)

Do not be worried by this list of side effects. Some people get no side effects at all and others may get some effects that are not listed here. If you think you might have a side effect to your medicine, you should ask your prescriber, doctor, nurse or pharmacist.

Store your methadone safely.

Even a small dose of methadone could kill a child. Keep your methadone bottle or box out of the reach of children (in a locked cupboard if possible).

Dial 999 straight away if a child takes methadone

The small print: This short leaflet is to help you understand about your medicine. You should also read the manufacturer's leaflet or visit our choice and medication website for more information. Do not share medicines with anyone else.

c. Fact sheets

Fact sheets include:

ADHD formulations, Clozapine (amber blood results, red blood results, sialorrhoea or hypersalivation, constipation, smoking, blood levels), Depot or Long-Acting Injections vs. oral medicines, driving and medication, extra-pyramidal side effects, generic medicines, handy history, how to get the best from your GP, hyperprolactinaemia, hyponatraemia, lamotrigine rash, MAOI advice sheets, medicines over the Internet, Metabolic Syndrome, methadone vs buprenorphine, olanzapine and smoking, QTc prolongation with antipsychotics, Serotonin Syndrome, sleep hygiene, stopping or coming off medicines (plus antidepressants), storing methadone safely poster, unlicensed medicines, unlicensed uses factsheet, weight gain with antipsychotics

Handy Fact Sheet
Insomnia and sleep hygiene

What is insomnia?

- Insomnia is not just finding it hard to fall asleep or stay asleep
- It can also mean that you do not wake up feeling refreshed and do not feel alert during the next day
- Sleep is vital to allow the body to recover and repair itself
- Sleep should feel "restorative" or refreshing the next day.

There are three main types of insomnia:

- Transient - lasting less than a week. It is often caused by depression, anxiety or stress
- Intermittent - poor sleep for a few days over several weeks
- Chronic or primary insomnia – poor sleep lasting for longer than a month.

The important thing is to have the right sleep length for you:

- This might vary from 4 to 10 hours
- The **important thing is how alert you feel during the day**, and how awake you feel
- If you don't sleep much but feel refreshed and feel alert for most of the day, then you are probably having enough sleep.

Is lack of sleep a problem?

Lack of sleep can be serious for some people.

- Transient insomnia for less than a week or so is not usually a problem
- If your sleep is poor for longer it could mean you end up with worse mental health problems
- You might start taking drugs (including alcohol) to help you sleep
- You might cope less well with stress, have depression and anxiety and have accidents
- There can also be physical health problems e.g. you are more likely to put on weight, get diabetes, and have more infections and heart problems.

What causes poor sleep?

Insomnia is often a symptom of other illnesses rather than an "illness" in its own right. It can be caused by many things:

- Mental health problems such as depression, ADHD, mania, PTSD, anxiety, emotional problems, stress, life events and parasomnias such as nightmares and sleep-walking.
- Chemicals e.g. non-prescribed drugs (such as nicotine, caffeine, ephedrine, illicit drugs), and prescribed medicines (such as some antidepressants, lamotrigine, beta-blockers, calcium channel blockers, stimulants, some asthma treatments, modafinil, some antibiotics, some anti-inflammatories)
- Physical illness e.g. heart disease, breathing problems (e.g. sleep apnoea), incontinence, bowel problems, hormone changes, brain injury, pain (e.g. arthritis, back pain), infections, and restless legs.
- Sleep gets worse as you get older, insomnia is more common in women, a history of light sleeping, shift work, jet lag, work or financial problems, and external reasons such as too much noise or light at bedtime can stop you sleeping.

Please see our website for a full list of possible causes and for more information about sleep hygiene.

What can I do about poor sleep?

- Sleep hygiene is a series of steps you can take to give you the best chance of getting to sleep naturally - see over the page for some advice about sleep hygiene
- Sleep hygiene has never been scientifically proven to work but if you *don't* follow any of these steps then getting to sleep will be more difficult.

If all this doesn't help then there are other things you can try:

- There are some psychological treatments e.g. Cognitive Behavioural Therapy, alternative therapies
- If all else fails, you can try sleeping tablets
- Please see our website for more information.

Sleep hygiene helps you get to sleep naturally

	**Avoid caffeine, alcohol and nicotine, especially in the three hours before going to bed** • Caffeine is found in tea, coffee, colas and chocolate • A hot milky drink (decaffeinated of course!) at bedtime may help • Alcohol may help you get off to sleep but it breaks up the second half of sleep so you feel less refreshed in the morning • Alcohol can also make you wee more, and this can wake you up • Nicotine can be a stimulant and keep you awake. Some smokers find smoking helps them relax so work out what is best for you.
	**Do not stay in bed for more than about an hour if you are not asleep** • Get up for a short while and then go back to bed again • But don't watch television or check your phone.
	**Avoid daytime naps or long periods of sitting or lying around** • Try to keep active during the day – exercise helps release growth hormone which helps overall functioning • Get at least 8 hours natural daylight so your brain knows there has been a day.
	**Make sure that the bed and bedroom are comfortable** • People tend to sleep better in colder rooms but keeping your hands and feet warm help some people • Avoid excess noise and temperature. Ear-plugs may help if there is a lot of noise • The scent of lavender in a bedroom can help sleep • Leaving a radio or iPod with speakers on with soft familiar music may help if there are noises you can't ignore.
	**Try to have a regular bedtime routine** • A warm bath or exercise a few hours before bedtime can help • Avoid heavy exercise or mental activity within 2 hours of bedtime.
	**Get up at the same time every morning, no matter how well or long you slept** • This is easier said than done but this makes sure that you are ready for sleep the next night • If you sleep in after a poor night's sleep it will be harder to fall asleep the next night.
	**Carbohydrate can help sleep** • Some carbohydrate e.g. pasta can help but do not eat a big meal within about two hours of going to bed • Sugar may stop you sleeping, as can some vitamin supplements.
	**Do not look at back-lit screens for an hour before bedtime** • Back-lit screens produce a blue light with a wave length that stops your brain releasing melatonin. Melatonin is the brain's trigger to go to sleep. Less melatonin means it is harder to fall asleep • Back-lit screens include televisions, computers, iPads and phones • Kindles are OK because the screen isn't lit from behind • Just dimming the lights or screens can help • Wearing yellow glasses or clip-ons in the evening cuts down the blue light and solves the problem
	**Try to relax and don't worry about it too much before going to bed** • Little is more likely to keep you awake than worrying about getting to sleep • Yoga exercises and use of relaxation tapes can help you relax, as can meditation, a warm bath and reading a book at bedtime • Listening to gentle music can help distract your thoughts.

Handy Fact Sheet
Extra-Pyramidal Side Effects (EPSE)

What are EPSEs?

- EPSE stands for Extra-Pyramidal Side Effects
- The name comes from the part of the brain (the extra-pyramidal system) that is affected when you take certain medicines such as most antipsychotics. This part of the brain controls movement
- So, the side effects have an effect on how you move.

Other terms used are Parkinsonism or pseudoparkinsonism. Pseudo- means false (i.e. false Parkinson's disease). You don't have Parkinson's disease, just your medicine causing some of the symptoms. The symptoms would go away if you stopped the medicine.

Parkinsonism sounds a bit scary to me. Why is it called that?

- Parkinsonism is a word used sometimes because the side effect looks a little bit like mild Parkinson's Disease

BUT YOU DO NOT HAVE PARKINSON'S DISEASE – just some of the same symptoms.

What causes EPSE?

- EPSEs are caused by some medicines, most often antipsychotics
- Antipsychotics are used to help the symptoms of many conditions such as schizophrenia, psychosis, mania and many others
- Some of the symptoms of these conditions are caused by too much of a chemical messenger in the brain called dopamine.
- Too much dopamine in one area of the brain can cause psychosis, delusions, hallucinations and being paranoid
- Antipsychotics reduce the effect of dopamine in this part of the brain and help damp down the symptoms caused by having too much dopamine.
- However, another area of the brain (the extra-pyramidal system) also uses dopamine as a chemical messenger
- This system in the brain sends messages to the muscles to relax. Too little of the dopamine messenger here causes muscles to feel stiff or shake
- Unfortunately antipsychotics also reach and affect this area of the brain too
- By blocking dopamine here, some muscles can't relax properly; the muscles go stiff or shaky and can cause the movement side effects discussed here.

What are the symptoms of EPSE?

There are four types of EPSE movement problems with fancy names but are easily described as:

- Akinesia - finding it hard to start a movement
- Akathisia - finding it hard to keep still, and with 'an inner feeling of restlessness'
- Dyskinesia – unusual movements (usually of the face) that may keep on repeating themselves
- Oculogyric crisis – unusual eye movements, most commonly the eyes turning upwards
- Parkinsonism – some of the symptoms look like someone with Parkinson's disease e.g. tremor or stiffness

BUT YOU DO NOT HAVE PARKINSON'S DISEASE – just some of the same symptoms

How do I know if I've got EPSE?

- You may notice you have some of the odd movements explained here
- People who know you well may mention it to you as well
- Pay attention to how you feel too
- You may notice a **feeling** of not being able to sit still and **feeling** restless (akathisia) without necessarily having too many visible symptoms.

What should I do if I think I might have or might get EPSE?

- Doctors or nurses looking after you should be on the look-out for EPSEs anyway
- If you think you may have them, make an appointment and talk to your doctor or nurse straight away.

Which medicines can cause EPSE?

Antipsychotics are the most common mental health medicines that cause EPSE.

The antipsychotics **most likely** ones to cause EPSEs include:

- Haloperidol, sulpiride, amisulpride, zuclopenthixol, chlorpromazine, levomepromazine, perphenazine, flupentixol, trifluoperazine, fluphenazine

The antipsychotics **less likely** to cause EPSEs include:

- Pericyazine, risperidone, paliperidone

The antipsychotics **least likely** to cause EPSEs include:

- Clozapine, olanzapine, quetiapine, aripiprazole.

Any of these antipsychotics may be more likely to cause EPSEs if you have a higher dose.

Other medicines can cause EPSE too e.g. metoclopramide or prochlorperazine, used to treat nausea or feeling sick. If you look up your medication on our website it will tell you if EPSE can occur with your medicine.

What are the main treatments for EPSE?

The main treatments are:

1. Choosing an antipsychotic that is less likely to cause the problem
2. Trying a lower dose of your antipsychotic, as the symptoms tend to be worse at higher doses.
3. Taking an anticholinergic such as procyclidine, trihexyphenidyl or orphenadrine. These work by blocking the messages from the brain to the muscles to tighten up. They don't get the message so stay more relaxed.
4. Sometimes beta-blockers (such as propranolol), benzodiazepines or tetrabenazine can be tried.

Which one is tried will depend on your symptoms.

How will I be tested for EPSE?

- This will usually be done by an experienced doctor simply watching you and/or asking you to fill out a simple sheet over a short period of time to describe your symptoms
- Sometimes the doctor may ask you to change your medication or change the dose to see if your symptoms change
- This helps to decide if the medication is causing the problem.

Why is EPSE important?

- EPSE is important because it is upsetting to people
- Noticing it early is important because in 19 out of 20 (95%) of people it can reduced or stopped and managed quite well whilst keeping you on any mental health medicines you need.

What can I do about EPSE? How can I help myself?

1. Make sure you get treatment for the symptoms
2. Don't stop taking any antipsychotics without first talking about it to your doctor
   - If you do, and your symptoms come back, you may end up having more antipsychotics than you are at the moment.

The small print: This leaflet is to help you understand about EPSEs. Go to our website for answers to many other questions about the medicines and conditions themselves.

d. Pregnancy (comparative charts)

A guide to help you choose between the medicines to help the symptoms of depression in pregnancy and breastfeeding

This is a general guide. You must also talk to, and get advice and information from, a healthcare professional about all the options open to you.
Any decision should be made thinking about what is best for you and your baby.

There are also fact sheets for most of the medicines, with much more specific information

If possible, talk to a doctor *before* becoming pregnant. If the pregnancy is unplanned see a doctor as soon as you know. Do not stop your medicines suddenly, unless told to by a healthcare professional.

Here are some facts and figures:

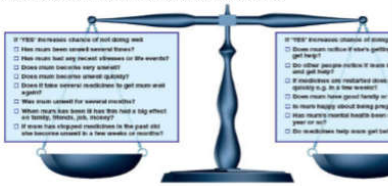
Not every medicine will be right for you. No decision is completely free of all risks:

- National statistics tell us that Major malformations occur in up to 1 in 50 (2%) of all babies, even if no medicines are taken
- If you have depression your baby is more likely to have a low birthweight and be born early
- Both you and your baby will do better if you can be as well as possible
- This leaflet can help you get the best out of medicines for depression
- Any risks may depend on the dose, when you take it, how long you've taken it for, and any previous problems you may have had
- Risks are risks i.e. they don't happen in everyone, and many problems can be managed if they are known about in advance
- There will be a risk to mum and baby from taking a medicine during pregnancy
- But there is also a risk of not being treated (and getting unwell again)
- There can be even more risks from stopping *some* medicines suddenly
- If you have problems with pregnancy, this can lead to
  - You may not take good
  - You might not attend a may not get the care yo
  - You may use drugs or a This can be harmful for
  - You may need more me doses if you become un more risky for the unbo regular lower dose thro
  - You may need in-patien
  - Pregnancy complication weight and a baby born
  - If you are still unwell wi born you may then find care for your baby. This your relationship with y may develop learning a problems

Babies do better wi

Weighing up the risks to make an informed decision

A healthcare professional can help you to think carefully about taking medicines. To help y pros and cons of taking medicines have a look at the scales below:



What sort of risks are there with medicines in pregnancy?

Stage	Possible problems	Self-help or what can be done
Fertility	• Some medicines can reduce the chances of you getting pregnant in the first place	• Choose a safer medicine to start with or switch gently to a safer one if needed
1st trimester (months 1-3)	• The first trimester (weeks 2-16) is when the baby is forming • Any risk of physical malformations or defects is at its highest.	• Keep to the lowest dose that works for you • Take vitamin supplements, especially iron and folic acid at the right dose • Do not stop medicine suddenly.
2nd and 3rd trimesters (months 4-9)	• Baby may grow slower • Medicine may become less effective because of changes to your body	• Keep to the lowest dose that works for you but may need higher doses than before of some medicines

Comparing the main medicines for depression in pregnancy and breastfeeding

Below is a list of possible medicines to help the symptoms of depression. Not every medicine will be right for you and no decision is completely free of all risks. Please see the notes on the next page for how to read this table. Basically, **the more black blobs** there are the **higher the risk of problems.**

Medicines	Official advice		Stages of fertility, pregnancy and early life					
	USA	Australia	Fertility	Months 1-3	Months 4-9	Birth	Breast-feeding	Development
SSRIs								
Citalopram and escitalopram	●●●	●●●●	●	●●	●●	●●●	●	●?
Fluoxetine	●●●	●●●●	●?	●●	●●	●●●	●●●	●
Fluvoxamine	●●●	●●●●	●?	●●●	●●●	●●●	●	●
Paroxetine	●●●●	●●●●●	●●●	●●●●●	●●●	●●●●	●●●	●?
Sertraline	●●●	●●●●	●?	●●●	●●	●●●	●	●?
Tricyclics								
Amitriptyline	●●●	●●●●	●?	●●	●●●	●●●	●●●	●
Clomipramine	●●●	●●●●	●?	●●	●●●	●●●	●●●	●
Doxepin	●●●	●●●●	●?	●●	●●●	●●●	●●●●	●
Dosulepin	●●●	●●●●	●?	●●	●●●	●●●	●●●	●
Imipramine	●●●	●●●●	●?	●●	●●●	●●●	●●●	●
Nortriptyline	-	●●●●	●?	●●	●●●	●●●	●●●	●
Trimipramine	●●●	●●●●	●?	●●	●●●	●●●	●●●	●
Other antidepressants								
Agomelatine	-	●	●?	●●	NK	NK	●	NK
Bupropion	●●●	●●	●	●●●?	●●	●	●	NK
Duloxetine	●●●	●●●	●	●	●	●●●	●●	●?
Mirtazapine	●●●	●●●	●?	●	●	●●	●●	●?
Moclobemide	-	●●●	●?	●●●	NK	NK	●	●?
Reboxetine	-	●	●?	●●●	NK	NK	●	●?
St. John's wort	-	-	●?	●●	NK	NK	●?	●?
Trazodone	●●●	-	●?	●●●	NK	NK	●	NK
Venlafaxine	●●●	●●	●?	●	●●	●●●●	●●●●	●?
Vortioxetine	●●●	-	●?	NK	NK	NK	NK	NK
MAOIs								
Isocarboxazid	●●●	-	NK	●●●	●●●	●●●●	●●?	NK
Phenelzine	●●●	●●●	NK	●●●	●●●	●●●●	●●?	NK
Tranylcypromine	●●●	●●	NK	●●●	●●●	●●●●	●●?	NK

What all this means:

Colour code	What it all means	Where the information comes from: USA (FDA: Food and Drug Administration)		Australia (ADEC: Australian Drug Evaluation Committee)	
NK	Not Known. We really don't know as there is no data either way	-	This medicine not available in USA so there is a no official advice	-	This medicine not available in Australia so there is a no official advice
○	It has been shown that there is no risk	A	Studies show no risk	A	The medicine has been taken by many pregnant women with no proven problems
●	As low a risk as you can practically get			B1	The medicine has been taken in pregnancy, with no known problems. Animal studies are clear
●●	Thought to be a low risk, but needs a more data to be fully sure	B	Animal and human studies show a lack of risk but do not fully prove safety	B2	As B1, but animal studies are not quite good enough to be sure
●●●	There is some risk but can usually be managed	C	Animal studies show there may be a risk but there is no safety data in humans	B3	As B1, but studies in animal have shown evidence of some possible problems
●●●●	The benefit for some people may be greater than the risk	D	A definite risk exists but the benefit may outweigh the risk in some people	C	It can cause, or is thought to cause, an increase in malformations (defects) or irreversible damage.
●●●●●	The risk is usually much higher than any benefit			D	As 'C', but it is expected to cause an increase in malformations (defects), damage, and unwanted effects
X	The risk is way higher than any benefit	X	The risks of the medicine outweighs any possible benefit	X	The medicine has a high risk of causing permanent damage

A "?" after the dots it means we think this is the best answer based on the studies to date but we are not completely sure. Some of this will seem a bit woolly but it is the best we can do at the moment until more research is available. Data from UK is not as good as that from USA or Australia.

Where you can get further information, help and support:

- **National Childbirth Trust** (www.nct.org.uk): 0300-330-0770 for practical and emotional support on all aspects of pregnancy, birth and early parenthood. Available every day 8am - midnight
- **MumsMeetUp** (https://mumsmeetup.com/) An online forum to connect mums locally and across the UK
- **Netmums** (www.netmums.com): a website offering support and information on pregnancy and parenting. There is a section of the website offering support and local resources and support groups
- **The Association for Postnatal Illness (APNI)** (www.apni.org): Chat line: 020-7386-0868 10am–2pm Mon-Fri; and information leaflets for women with postnatal mental illness. Also a network of volunteers (telephone and postal) who have themselves experienced postnatal mental illness
- **Family Action** (www.family-action.org.uk): helpline: 020-7254-6251. Includes support and practical help for families affected by mental illness.
- **Royal College of Psychiatrists** (www.rcpsych.ac.uk): has leaflets on postnatal psychosis and depression
- **Best Use of Medicines in Pregnancy (BUMPS)** (www.medicinesinpregnancy.org): a website produced by the UK Teratology Information Service (UKTIS) offering information leaflets about the use of medicines in pregnancy.

With many thanks to Norfolk and Suffolk NHS Trust for support and Alan Pollard and Roz Gittins for help and advice

d. Pregnancy (individual medicines)

A handy fact sheet on zolpidem in pregnancy and breastfeeding

There is also a Choice and Medication leaflet with general help and advice, including other medicines

What should I do if I am taking zolpidem and want to start a family?

The best option is always to plan in advance. If you plan to start a family talk about this with your doctor. It may be possible to:

- Switch to another medicine that has a lower risk. Promethazine is usually the first choice
- Take other steps to reduce any risks, such as stopping any other medication that is no longer needed.

Zolpidem should usually be used only short-term for insomnia. If sleep is a problem, you should look at our leaflet on 'sleep hygiene' which has some advice on sleeping better

I have just found out I am pregnant and am wondering if I should stop my zolpidem?

- There is no urgent need to stop zolpidem and your baby will have already been exposed to the medicine
- See your doctor in the next day or two
- Decide together on a plan of action. You may need a little time to look through the information and make your choice
- The rest of this leaflet should help you with your decision
- **If** stopping zolpidem becomes part of your plan, you can stop it suddenly or reduce the dose gradually over several weeks
- If you are only taking zolpidem when you need it, rather than regularly every night, you should have no problems stopping it
- You might want to go back on zolpidem again after your baby has been born.

What are the risks of continuing zolpidem during early pregnancy?

- **The first trimester (i.e. months 1-3)** is when your baby's organs are developing
- There does not seem to be a higher risk of malformations or miscarriage when the usual doses have been taken.

What about later on in pregnancy?

- During the second and third trimesters (month 4 onwards) increases in body weight and fluid dilute the zolpidem. Also the drug is broken down more quickly
- You will not usually need an increase in dose
- But, if you start to feel that the zolpidem is not working quite as well then this could be the reason and you should see your doctor
- There may be a chance of your baby being born early and having a lower birth weight so baby's growth should be monitored.

What about delivery time?

- You should be offered the option to have your baby in hospital. This will depend on many factors but this is more likely to depend on how the pregnancy has gone
- If you take zolpidem every day in the weeks before delivery your baby is likely to be checked for any breathing difficulties, muscle weakness and a low blood sugar. Such problems have been reported with similar type drugs
- A small study has found zolpidem to not cause any of these problems for the baby.

What about zolpidem and breastfeeding?

- Zolpidem passes in to breast milk in very small amounts but you can still breastfeed if you have a healthy full term baby
- If your baby is born early then breastfeeding is not recommended as your baby may not be able to safely get rid of the zolpidem
- If your baby becomes restless, very sleepy or develops feeding problems stop breastfeeding and quickly seek medical advice.

What about later on and baby's development?

- Taking zolpidem throughout pregnancy and breastfeeding does not seem to have any effects on physical or mental development or behaviour over the first years of the child's life.

What else can I do to help myself stay well?

- Don't take any other medicines that you don't need. Check with your local pharmacist before buying any medicines over the counter
- Eat a healthy balanced diet rich in fruit and vegetables
- Exercise regularly
- Don't ignore feelings of thirst - drink enough water so you don't become dehydrated
- If you are being sick during your pregnancy then you are more likely to become dehydrated. Drink plenty of water and see your doctor. There are treatments that can help with the sickness
- Check with your healthcare team to see if you should be taking any vitamin supplements such as folic acid, iron or vitamin D
- Go for any extra blood tests needed
- If you feel stressed look at non-drug ways to help you relax but do not mix up the effects of being pregnant with symptoms of becoming unwell
- Ensure you have a support network in place, so there is someone who can help you recognise if you are struggling.

Remember:
Babies do better with well mums

Make your own notes here. Write down some questions you may want to ask your health care team

With many thanks to Norfolk and Suffolk NHS Trust for support and Alan Pollard and Roz Gittins for help and advice

The small print: This leaflet is to help you understand about zolpidem and pregnancy. Go to our website for fuller answers to many other questions.

e. Handy charts

- Acute Psychiatric Emergency
- ADHD
- Alcohol dependence
- Alcohol Withdrawal
- Anxiety
- Bipolar depression
- Bipolar mania
- Bipolar mood disorder
- Dementia and Alzheimer's Disease
- Depression
- Insomnia
- OCD
- Opiate dependence
- Opiate withdrawal
- Panic
- Psychosis and schizophrenia
- PTSD
- Seasonal Affective Disorder
- Social anxiety

A handy chart to help you compare the medicines to help the symptoms of bipolar depression

Medicine	Usual dose	How we think it might work (probably)	How long it takes to work	Some of the main side effects *(see previous page for more details)* *					How long you could or should take it for	How to stop it
				Feeling sleepy	Weight gain	Feeling sick	Dizzy on standing	Sexual problems		
Main medicines (licensed or which are proven to help)										
Quetiapine *For bipolar depression when it happens*	300mg a day	We're unsure, although it blocks dopamine	Probably up to about 4 weeks	●●●	●	●	●●●	O	As long as you want, probably for several years	Best stopped slowly over a couple of weeks
Lamotrigine *Can help stop bipolar depression coming back*	50-200mg a day	We don't really know	May be many weeks and **must** start slowly	●●	●	●●	O	O	As long as you want, probably for several years	Best stopped slowly over a couple of weeks
Other medicines (usually only where main medicines have not worked or as an add-on)										
Lurasidone (Latuda®) *(not available in RoI)*	18.5-111mg a day	We're unsure, although it blocks dopamine	May take several weeks or months	●	●	●	●	●	As long as you want, probably for several years	Best stopped slowly over a couple of weeks
Olanzapine	Around 10mg a day			●●●	●●●	●	O	O		
Olanzapine + fluoxetine (OFC)	Varies	Olanzapine and an SSRI		●●●	●●●	●●	O	●●●		
Antidepressants § e.g. SSRIs or mirtazapine	Varies	Boosts serotonin and/or noradrenaline	May take 4 weeks for the full effect	●	●●	●●●	O	●●●	Best stopped slowly a few months after the depression has gone	It's best to stop antidepressants slowly, especially paroxetine
Lithium (e.g. Camcolit®, Priadel®)	Around 400-1000mg a day (blood level vital)	We're unsure, as it has a lot of different effects in the brain	May take several months	●	●●	●	O	O	Often many years, two years is a minimum	Must be done slowly over at least 4 weeks, if not over a longer time
Valproate (e.g. Depakote®) **NOT in pregnancy**	Around 400-1000mg a day	Boosts GABA and other messengers		●	●	●	O	O	As long as you want, probably for several years	Best stopped slowly over a couple of weeks

*§ Antidepressants may help **bipolar** depression in the short-term but may not be a good idea if taken for a long time. Please see our website for more help.*

 This Handy Chart is to help you know about your medicine options and help you to make any choices. A healthcare professional should help you with this and explain what it all means. We can't include everything that could be important to you on one sheet.

Although the information here may help you choose a medication, please remember that local (e.g. your GP practices) and national (e.g. NICE) guidance and rules may also affect the final

f. How medicines work

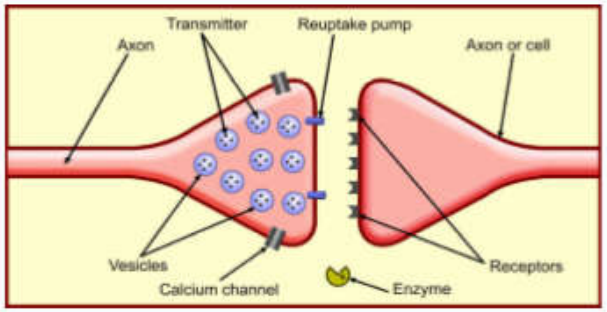
- 44 pages
- Sections

1.2 Synapses (the junctions between brain cells)

Synapses are very important because:

1. They are the way that brain cells talk to each other
2. Synapses are of the same basic design everywhere in the body e.g. in the brain, the heart, the legs etc.
3. There are rather a lot of them in each brain - probably around 100,000,000,000
4. If we can get chemicals (e.g. medicines) into the gap between them in the brain, we can affect the way in which brain cells talk to each other. We can calm messages down or boost them.
   - For example, caffeine, alcohol, paracetamol, some laxatives and triptans for migraine are all chemicals that get into synapses and can calm down or boost messages in the brain.

A synapse looks a bit like this:



In the drawing you will see the following:

- **Axons** – these are nerve fibres. A neurone (brain call) has thousands of axons
- **Transmitters** - these are small chemicals used by brain cells as messengers. They are stored in the vesicles in the nerve ending ready to be released. There is only one type in each nerve ending. A transmitter that is used in the brain is called a neurotransmitter.
- **Vesicles** – these are the little packages that contain the transmitter.
- **Receptors** - these are structures on the surface of the receiving axon which have a slot designed just for the transmitter. Think of it like this: if the transmitter is a key, receptors are the lock into which they fit. A bit like a Yale key and a Yale lock.
- **Enzymes** - these surround the synapse and break down any spare transmitter that might leak out. This stops any spare transmitter setting off the next nerve.
- **Calcium channels** – these control the action of glutamate and noradrenaline, which are the main excitatory or alerting messengers. They speed up or slow down the effects of glutamate and noradrenaline
- **Reuptake pump** – this sucks any spare or used transmitter back up into the nerve ending. It can then be reused.

On the next page we'll show you how it all works.

1.3 What happens when a message is passed from one brain cell to another

1 An electrical message or impulse is sent from the brain cell down one of the nerve fibres towards the synapse. It travels down the nerve fibre a bit like an electrical 'Mexican Wave'.
Some messages travel at over 250 miles an hour. Others can be much slower e.g. pressure at 150mph and pain at 2mph. This is why when you stub your toe you feel the pressure just before the pain.

2 This message arrives at the synapse at the end of the axon. When it arrives it triggers the chemical transmitter to be released from the vesicles in the nerve ending.

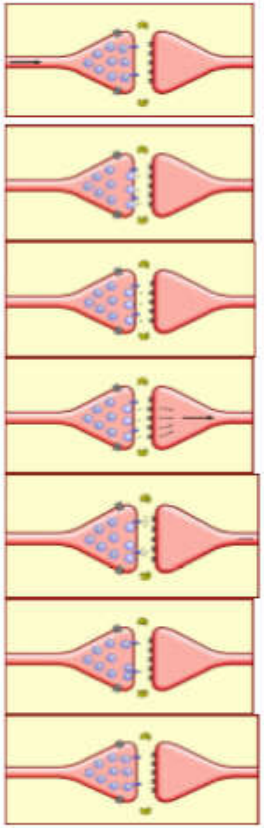
3 The transmitter travels across the gap from the first nerve fibre to the next/receiving axon. The transmitter hits a receptor on the other side. It fits into it just like a key fitting into a lock.

4 When the transmitter hits the receptor, the receptor changes shape. This is the trigger for changes inside the nerve ending. These changes set off an electrical message in that axon which then travels down the axon to the brain cell.

5 The message arrives at the brain cell, which then decides what to do. Meanwhile, the synapse deals with the transmitter.

6 Most of it is taken back up again into the nerve ending i.e. it is recycled. This is called re-uptake. Some transmitter is broken down by the enzymes.

7 The axon and synapse is then ready for next message.



Other things to know:

- Messages are only passed in one direction
- There is only one type of transmitter per synapse
- The transmitter allows an electrical message to be turned into a chemical message and back into an electrical message
- When a receptor is hit by a receptor, there is usually a quick effect. There may also be a slower effect sometimes that may affect the way the brain cell works

b. How we think antidepressants work

Medicines usually called antidepressants can also be used to help the symptoms of many other conditions e.g. anxiety, PTSD, OCD, eating disorders, panic and social anxiety.

Normal nerve activity, with the usual strength messages being passed.

Reduced nerve activity e.g. as in depression, with lower strength or downbeat messages. If too little serotonin or noradrenaline leads to the symptoms of depression then boosting serotonin or noradrenaline should help to reduce the symptoms.

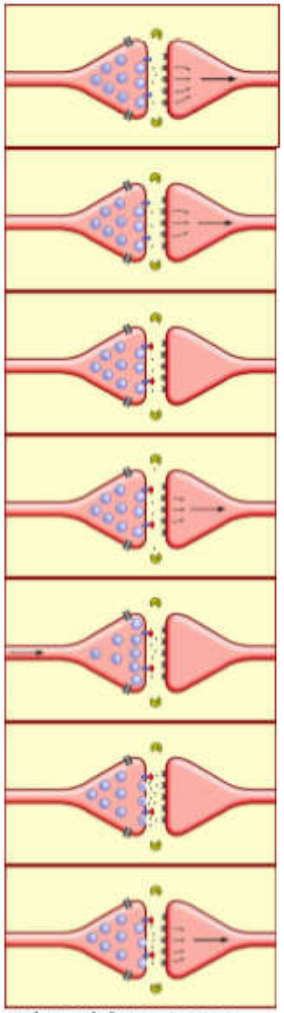
One way to do this is to block the reuptake or recycling of serotonin or noradrenaline. This is what most antidepressants do. If the recycling is blocked it boosts the amount of serotonin or noradrenaline in the synapse.

How this works is that the next message is as downbeat as it was before. Serotonin or noradrenaline is released but the message is weaker than before depression set in.

Most antidepressants block the reuptake of serotonin or noradrenaline so there is some spare serotonin or noradrenaline hanging around in the synapse.

The next downbeat impulse that comes along releases serotonin or noradrenaline as normal. But it combines with the serotonin or noradrenaline still hanging around from the last message.

The new message is thus stronger because it has some extra transmitter from the last message. So, the activity in that part of the brain is increased, boosting the messages. The brain isn't concerned by where the serotonin comes from, as long as it's got enough to function effectively.



The important thing to remember is that antidepressants probably mainly work by correcting the effect of having too little transmitter. They are **NOT STIMULANTS**. Antidepressants also have many other effects in the brain and some of these may be how they work for e.g. depression.

c. How we think the specific antidepressants work

SSRIs *(including citalopram, escitalopram, fluvoxamine, fluoxetine, paroxetine and sertraline)*

- The SSRIs boost the amount of serotonin in the synapses by blocking its recycling or reuptake back into the nerve endings. They have little or no effect on other transmitters
- You might guess from this what SSRI stands for: Selective Serotonin Reuptake Inhibitors

Mirtazapine *(e.g. Zispin®, Remeron®)*

- Mirtazapine increases the amount of both serotonin and noradrenaline at nerve endings
- It also blocks two types of serotonin receptor (5HT2 and 5HT3). This means you don't feel sick, and doesn't cause agitation or sexual problems
- It also blocks some histamine receptors. This means you can feel quite sleepy when you start taking it, but at least it helps treat any hay fever or allergies! It can also lead to weight gain in some people.

Venlafaxine *(Efexor®, Efexor XL®)*

- At doses up to about 150mg a day, venlafaxine blocks the reuptake of serotonin
- At doses above about 150mg a day, venlafaxine blocks the reuptake of both serotonin and noradrenaline
- At doses above about 225mg a day, venlafaxine blocks the reuptake of dopamine as well.

Duloxetine *(Cymbalta®)*

- Duloxetine blocks the reuptake of both serotonin and noradrenaline at all doses.

Vortioxetine *(Brintellix®)*

- This blocks the reuptake of serotonin but also regulates some serotonin receptors as well.

Reboxetine *(Edronax®)*

- Reboxetine blocks the reuptake of noradrenaline only
- This means you do not get the effects from serotonin e.g. feeling sick, agitation or sexual problems
- However, to be fair, it doesn't seem to be quite as effective as the SSRIs.

Trazodone *(Molipaxin®)*

- Trazodone blocks the reuptake of serotonin just like the SSRIs
- It also has an effect on some other serotonin receptors and a little on histamine, which may give some different side effects.

Agomelatine *(Valdoxan®)*

- Agomelatine is unusual in that it boosts melatonin receptors in the brain and only has a small (but important) effect on serotonin receptors
- This means it helps you sleep and you don't get the same side effects as from medicines that affect the reuptake of serotonin e.g. no sickness, agitation, sexual problems.

MAOIs

See a separate section.

A few other things

- Anything you want to say? Something missing? Then leave a message via the feedback button
- The websites in the UK, Republic of Ireland, Australia and New Zealand are for use by patients of the subscribing organisation
- The App is available for individuals
- Small scale subscriptions are available for small organisations or individual professionals