

ANTIPSYCHOTIC MEDICATION

Antipsychotic medications partially restore the brain dysfunctions caused by schizophrenia. Brain scans clearly demonstrate that these medications produce changes in brain activity which improve the person's ability to function in the world. The degree of improvement in ability to function in the world is related to the degree that brain activity is restored. Antipsychotic medications do not change the person's personality or cause any particular thoughts, feelings, or behaviors. Rather, medication removes the barriers that schizophrenia creates and allows the person to be more fully himself.

THE TRADEOFF...

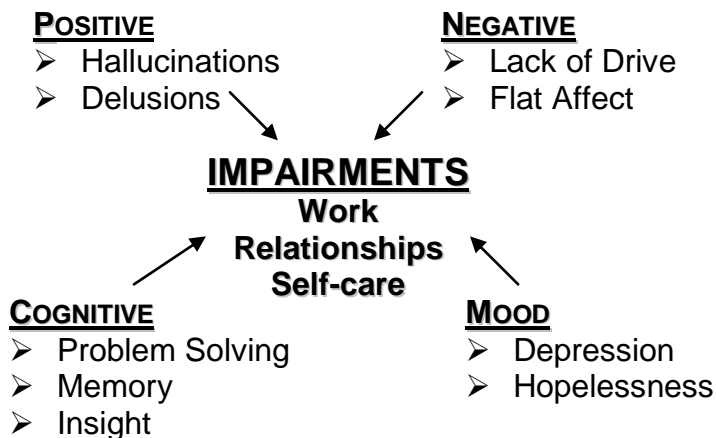
Medications are the foundation of treatment... they help to stabilize symptoms, stabilize the brain chemistry, reduce hospitalization and relapse.

But they are no panacea... they produce bothersome side effects, don't restore broken relationships, and don't cure the illness

The bottom line... medication puts the person back in the driver's seat, but they don't teach them how to drive the car. To create activities, make friends, or get a job, rehabilitation is necessary.

THE ADVANTAGE OF NEWER ATYPICAL ANTIPSYCHOTIC MEDICATIONS

SYMPTOM CLUSTERS



All antipsychotic medications – old and new – reduce the positive symptoms of schizophrenia – the disturbing psychotic symptoms of voices, delusions, agitation, bizarre behavior, and insomnia.

Only the new atypical antipsychotic medications provide benefits in all four clusters, reducing negative, cognitive and mood symptoms in addition to positive symptoms.

In addition, the new atypical medications produce fewer side effects.

Therefore, there is an increased willingness to take them, and an increased possibility for recovery.

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NEW ATYPICAL ANTIPSYCHOTIC MEDICATIONS

<u>TRADE NAME</u>	<u>GENERIC NAME</u>	<u>TRADE NAME</u>	<u>GENERIC NAME</u>
Clozaril	Clozapine	Invega	Paliperidone
Resperidol	Resperidone	Fanapt	Iloperidone
Zyprexa	Olanzapine	Saphris	Asenapine
Seroquel	Quetiapine	Latuda	Lurasidone
Geodon	Ziprasidone	Rexulti	Brexpiprazole
Abilify	Aripiprazole	Vraylar	Cariprazine

TRADITIONAL ANTIPSYCHOTIC MEDICATIONS

TRADE NAME	(GENERIC NAME)
Thorazine (Chlorpromazine)	Prolixin (Fluperazine)
Mellaril (Thioridazine)	Navane (Thiothixene)
Serentil (Mesoridazine)	Haldol (Haloperidol)
Tindal (Acetophenazine)	Loxitane (Loxipine)
Trilafon (Perphenazine)	Moban (Molindore)
Stelazine (Trifluoperazine)	

Traditional antipsychotic medications reduce the psychotic symptoms of schizophrenia, however, they have limited impact on the other clusters. They also have many more side effects, including:

- Feeling less alive (dysphoric response).
- Feeling restless and unable to sit still (akathisia).
- Tremors, drooling, shuffling walk, and mask-like facial expression (Parkinsonian symptoms).
- Acute muscle rigidity and spasms of the eyes, head, and neck (dystonias).

Most likely, a medication to help manage side the parkinsonian side effects, such as Cogentin, is given along with traditional antipsychotics.

Long-term use of traditional antipsychotics creates a 25% risk of developing tardive dyskinesia.

Tardive dyskinesia is a permanent set of movement side effects including tongue of lip tremor, foot tapping, and facial grimacing. Fortunately, this potentially serious side effect is usually detected in its mild form and can be prevented by switching to the newer atypical medications.

The newer atypical antipsychotics have less side effects. Primary concerns are the development of Type II diabetes and high cholesterol. Additional side effects include nausea, drowsiness, weight gain, blurred vision, and sun sensitivity

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SELECTING MEDICATION TYPE & DOSAGE

Most people with schizophrenia will need to take medication for their entire lifetime. Unfortunately, no one medication works best for everyone. Over 90% of people will respond to at least one of these medications – and this number only increases as research develops new medications. There is no way to determine which is the best medication for each person. Therefore, skilled psychiatrists must use a period of trial and error – selecting medications, adjusting medication dosage – to find the right regiment. While people may notice effects right away, it takes about 6 weeks to get an adequate trial on a medication. Unfortunately, it is the side effects which are detected in the initial period after starting a new medication. Therefore, if the person is a bit reluctant, it may make sense to start them on a low dose and slowly increase the dose over time as their body adjusts.

The “decision tree,” or general guidelines in selecting medications at the outset of treatment are:

- Try one atypical antipsychotic medication. If ineffective,
- Try a second atypical antipsychotic medication. If ineffective,
- Try Clozaril, a traditional antipsychotic, or third atypical antipsychotic medication. If ineffective,
- Try combination of multiple antipsychotics.

While the atypical medications are usually more beneficial, there is a small percentage of people who still respond better to the traditional medications.

Taking more than one medication (polypharmacy) is the norm. In addition to the primary antipsychotic medication persons may be prescribed

- side effect medication
- a second antipsychotic medication
- antidepressant medication
- antianxiety medication
- a mood stabilizer

Ultimately, an active collaboration between person, family, and professional produces the best results. Clear communication about benefits, symptoms, side effects, and ability to function can facilitate a smoother process of finding the best medication regiment. The goal is use a medication which reduces symptoms and deficits so that the person can pursue their life dreams and ambitions.

Updated from: *Schizophrenia: A Family Education Curriculum*. Christopher S. Amenson, Ph.D. Pacific Clinics Institute. 1998.