

Changing Meds

This handout is about the pros and cons of changing from an older antipsychotic medication to one of the newer “atypical” ones. As always, a note of caution – this is not the last word on the subject. Nothing can replace talking to your doctor about medications for your specific situation.

Reasons for Switching Medication

The most common reasons for changing from one medication to another are:

- Persistent positive symptoms (hallucinations, delusions, etc.) despite taking medication regularly
- Persistent negative symptoms (blunted emotions, social withdrawal, etc.) despite taking medication
- Severe discomfort from side effects and little or no relief from the usual side effect medications
- Severe and persistent tardive dyskinesia

In most cases, switching medications can be done at any time. **The person who is ill should take lots of time to think about it and talk it over with family, friends, and the treatment team.** People should also be aware that newer antipsychotics may have side effects of their own, such as weight gain and sexual problems. It's true that the newer medications tend to produce less side effects—but they may still cause some. People taking atypical antipsychotics must continue to be monitored for neurological side effects.

If someone is considering switching from a standard to an atypical antipsychotic, please remember—this article is only a general discussion of some of the issues. Hopefully, having a few guidelines will help you start to ask the right questions.

“Standard” Antipsychotics

It's a good idea to learn some of the technical medication “lingo” that mental health professionals use. Doctors used to call antipsychotic medications *neuroleptics* because of their tendency to cause neurological side effects. Medications that have been around for many years are now called “standard” antipsychotics. Examples include *chlorpromazine*, *fluphenazine*, *haloperidol*, *perphenazine*, and *trifluoperazine*

Trying to understand the bewildering array of medications can be frustrating. A user-friendly reference book, such as Fuller Torrey's *Surviving Schizophrenia*, is helpful in this regard.

“There is no way to predict who will do best on what medication.” – E. Fuller Torrey

Side Effects

Side effects can be a major problem with standard antipsychotic medications. Such neurological side effects are called “extrapyramidal side effects” (EPS for short) because of the area of the brain where the drugs cause the side effects. Some examples include akinesia (slow movement), akathisia (restless limbs), and tardive dyskinesia.

“Atypical” Antipsychotics

Newer antipsychotic drugs are called “atypical” antipsychotics. Atypical medications are now used more and more frequently. They are called “atypical” because:

- They don't have the same chemical profiles as standard medications;
- They seem to work in a different way than standard medications; and
- They seem to cause fewer side effects than standard medications.

“There are many new and exciting treatments for psychotic symptoms. Atypical antipsychotics offer consumers choices they didn't used to have. However, new choices also present new challenges – to get the most out of the new medications with the least risk possible.” - Peter Weiden, MD

Several atypical antipsychotics are available in Canada, including *risperidone* (*Risperdal*), *clozapine* (*Clozaril*), *olanzapine* (*Zyprexa*), *quetiapine* (*Seroquel*) and *ziprasidone* (*Zeldox*).

Clozapine

Clozapine has been acclaimed because about one-third of patients with treatment-resistant schizophrenia who have not responded to other medications show at least some improvement on clozapine. It is also recommended for people who are showing signs of tardive dyskinesia, since it rarely causes or worsens this condition.

The major drawback of clozapine is the slight risk (1%) that it will cause white blood cells to decrease, thereby decreasing the person's resistance to infection. People taking clozapine must have their blood count monitored regularly.

New Antipsychotics Under Development

Other new antipsychotic medications are presently being tested. If all continues to go well, it is hoped these drugs will be available in the near future.

- Adapted from consumer handout by Dr. Peter Weiden, St. Luke's-Roosevelt Hospital Center, New York



