This fact sheet discusses schizophrenia medications and 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 a doctor about medications for a specific individual.

“STANDARD” ANTIPSYCHOTICS

It’s a good idea to learn some of the technical medication “lingo” that mental health professionals use. Until recently, doctors have called antipsychotic medications neuroleptics because of their tendency to cause neurological side effects. Medications that have been around for a few years are now called “standard” antipsychotics. Examples of standard antipsychotics include Thorazine, Modcate, Proloxin, Navane, Stelazine and Haldol.

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.

SIDE EFFECTS (EPS)

Side effects can be a major problem with standard antipsychotic medications. These 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. Specific examples of EPS include akinesia (slowed movement), akathisia (restless limbs), and tardive dyskinesia.

“ATYPICAL” ANTIPSYCHOTICS

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

- They do not have the same chemical profiles as standard medications;
- They seem to work in a different way than standard medications; and
- They appear to cause fewer EPS than standard medications.

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

At the moment, there are several atypical antipsychotics available in Canada—risperidone, clozapine, olanzapine, and quetiapine, ziprasidone, aripiprazole, asenapine, lurasidone.

NEWER MEDICATIONS: Risperdal* Consta* (risperidone); ZYPREXA* (olanzapine); Seroquel* (quetiapine); Geodon* or Zeldox* (ziprasidone); Abilify* (aripiprazole); Invega (paliperidone); *Saphris (asenapine); Latuda*(lurasidone)

Results to date from the above atypical antipsychotic medications are encouraging. While not effective for everyone, they are now considered by most clinicians as essential first-line treatment for newly-diagnosed patients.

CLOZAPINE (Clozaril)

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, subsequently decreasing the person’s resistance to infection. Therefore, people taking clozapine must have their blood count monitored regularly.

REASONS FOR SWITCHING MEDICATION

The most common reasons for switching from a standard antipsychotic to an atypical antipsychotic 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 atypical 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 begin to ask the right questions.

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