

Medication UPDATE

This fact sheet discusses schizophrenia medications and the pros and cons of changing from an older antipsychotic medication to a newer “atypical” medication. As always, a note of caution: This is not the last word on the subject. Nothing replaces 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” or first generation antipsychotics. Examples of standard antipsychotics include *Haldol*, *Loxapac*, *Largactil*, *Modecate*, *Moditen*, *Stelazine*, *Navane* and *Fluanxol*.

At the moment, the following are some of the more commonly used standard or first generation antipsychotics available in Canada—haloperidol (*Haldol*), loxapine (*Loxapac*), chlorpromazine (*Largactil*), fluphenazine (*Modecate*, *Moditen*), perphenazine (*Trilafon*), trifluoperazine (*Stelazine*), flupenthixol (*Fluanxol*), thiothixene (*Navane*), and zuclopenthixol (*Clopixol*). For a full list, visit bcss.org.

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

Some antipsychotic drugs are called atypical or second generation antipsychotics. Atypical medications are used more frequently and are called “atypical” because:

- they seem to work in a different way than standard antipsychotic medications by also blocking serotonin-dopamine antagonists;
- they appear to cause fewer EPS than standard antipsychotic medications; and
- they appear to have more metabolic side effects than standard antipsychotic 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—*aripiprazole* (*Abilify*), *asenapine* (*Saphris*),

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

clozapine (*Clozaril*), *lurasidone* (*Latuda*), *olanzapine* (*Zyprexa*), *paliperidone* (*Invega*), *quetiapine* (*Seroquel*), *risperidone* (*Consta*, *Risperidal*), and *ziprasidone* (*Zeldox*).

Results to date from the *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)¹

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 very 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. Monitoring and early intervention, including discontinuing clozapine, substantially reduces the risk of this side effect.

REASONS FOR SWITCHING MEDICATION

The most common reasons for switching antipsychotic medications include:

- 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, a person can switch medications at any time, however, the person who is ill should take lots of time to consider all the potential outcomes, and consult with family, friends, and their treatment team about their intentions. While it’s true that newer medications tend to produce less side effects, they can produce other expected or unexpected side effects. For example, atypical antipsychotics may have fewer EPS side effects, they have more side effects such as weight gain and sexual problems. Also, 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



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¹ See BCSS Clozapine brochure: *Help for Treatment Resistant Psychosis*