

# Antipsychotics

If you experience psychosis as part of an illness, you may be offered antipsychotic medication. Antipsychotics are generally used to treat psychosis, but are also used to treat bipolar disorder and depression. This factsheet explains more about antipsychotic medication.



KEY POINTS

- There are two types of antipsychotics – ‘first generation’ or ‘typical’ (older medications) and ‘second generation’ or ‘atypical’ (newer medications).
- Antipsychotics affect people differently. If you take antipsychotics then you may get side effects.
- It can take some time to find the right medication.
- If you are taking an antipsychotic which you feel is not working, or if the side effects are difficult to live with, then you should discuss this with your GP or psychiatrist.
- You should not stop taking antipsychotics suddenly.
- Your antipsychotics can interact with other medications. It is important that your doctor is aware of all the medicine you are taking.

**This factsheet covers:**

1. [What are antipsychotics?](#)
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## 1. What are antipsychotics?

Psychosis is a medical term. If you have psychosis, you might see or hear things (hallucinations), or have ideas or beliefs that are not shared by other people around you (delusions). Some people describe it as a 'break from reality'. Doctors may also describe it as 'psychotic symptoms', a 'psychotic episode' or a 'psychotic experience'.

Psychotic symptoms can be part of conditions such as schizophrenia, schizoaffective disorder, personality disorder and bipolar disorder.

If you have psychosis, your doctor may offer you antipsychotic medication to help you with your symptoms. Antipsychotics don't 'cure' psychosis but can lessen the symptoms. This can help you feel more in control of your life, particularly if you are finding the psychotic symptoms distressing.

According to the Royal College of Psychiatrists, 4 out of 5 people who take antipsychotics find they are successful in treating their symptoms.<sup>1</sup> It is not possible to predict which one will work best for you, so you may have to try a few before you find the right one.

Some antipsychotics are used to treat mania (which is a symptom of illnesses such as bipolar disorder) and symptoms of depression.

### How do antipsychotics work?

Your brain contains chemicals which help to carry messages from one part of the brain to another. One of these chemicals is called dopamine. It is thought that high levels of dopamine may cause the brain to function differently and may cause the symptoms of psychosis. Antipsychotic medications reduce the amount of dopamine in the brain.

You can read more about:

- Psychosis
- Bipolar disorder
- Depression

at [www.rethink.org/resources](http://www.rethink.org/resources). Or call 0300 5000 927 and ask for the information to be sent to you.

## 2. Are there different types of antipsychotics?

There are two types of antipsychotic medication:

- Typical or 'first generation' (older drugs)
- Atypical or second generation (newer drugs)

The main difference between these types is the side effects they may cause.

It is important to remember that everyone will react differently to medication. You can never be certain how you will be affected by side effects or whether the medication will work for you. This can mean that the first medication you try may not be the right one for you.

Some people find the side effects of the newer atypical drugs easier to cope with than those of the older drugs. Because of this, doctors tend to prescribe the newer drugs more these days.

If you have been on an antipsychotic for a few weeks and the side effects are too difficult to cope with, you should ask your doctor about trying a different one. You can read more about side effects in [section 3](#).

You can find more information on this in our **Medication – choice and managing problems** factsheet. You can download this for free from [www.rethink.org/resources](http://www.rethink.org/resources) or call 0300 5000927 and ask for a copy to be sent to you.

Antipsychotic medication can come as tablets, a syrup or as an injection (this is called a 'depot'). You may find injections useful if you have problems remembering to take your medication or if you are at risk of taking too much. Your doctor should take your views into account when prescribing you medication.

### **Typical antipsychotics (first generation)**

Typical antipsychotics were the first type of antipsychotics available. They have been prescribed since the 1950s. They were the most prescribed treatments for psychosis for a long time. The following medications are typical antipsychotics. They have been listed by their generic name with the brand name in brackets.

- Benperidol (Anquil)
- Chlorpromazine (Largactil)
- Flupenthixol (Depixol)
- Fluphenazine (Modecate)
- Haloperidol (Haldol)
- Levomepromazine (Nozinan)
- Pericyazine (Neulactil)
- Perphenazine (Fentazin)
- Pimozide (Orap)
- Pipothiazine (Piportil)
- Promazine (Sparine)
- Sulpiride (Dolmatil, Sulpitil)
- Trifluoperazine (Stelazine)
- Zuclopenthixol (Clopixol)

## Atypical antipsychotics (second generation)

The following medications are the newer generation of antipsychotic known as 'atypicals'. They have been listed by their generic name with the brand name in brackets.

- Amisulpride (Solian)
- Aripiprazole (Abilify, Abilify Maintena)
- Clozapine (Clozaril, Denzapine, Zaponex)
- Risperidone (Risperdal & Risperdal Consta)
- Olanzapine (Zyprexa)
- Quetiapine (Seroquel)
- Paliperidone (Invega, Xeplion)

## Clozapine

Clozapine is a second generation medication which works slightly differently to others. It is often given to people who are 'treatment resistant', meaning other medication hasn't helped their symptoms. Guidance from NICE (National Institute for Health and Care Excellence) says people who have a diagnosis of schizophrenia should be offered clozapine only after trying at least two other drugs.<sup>2</sup>

Clozapine can cause a rare side effect where your white blood cell numbers drop. This can affect your immune system. If you are on clozapine, you will need regular blood tests to make sure your white blood cell count is healthy. If the blood tests show any signs of your white blood cell numbers dropping, you will be asked to come off the medication. Your white blood cells numbers will be checked again once you have stopped the medication to make sure that they have returned to a normal level. If this happens, your doctor may decide to change your dose of Clozapine or offer you another type of medication.

NICE produce guidelines for the assessment and treatment of mental illnesses, such as [psychosis and schizophrenia](#). Doctors will use these guidelines to prescribe medication that has been recommended for a particular illness.

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## 3. Are there any side effects?

Your medication should come with a leaflet called a 'patient information leaflet'. This leaflet will provide an overview of the side effects of the medication and explain what to do if you are experiencing any side effects.

## Typical antipsychotics (first generation)

If you take typical antipsychotics, side effects can include:

- stiffness and shakiness – this can often be reduced by lowering the dose. However, if a high dose is necessary, the shakiness can be treated with the same kind of medication that is used for Parkinson's disease

- uncomfortable restlessness (akathisia)
- movements of the jaw, lips and tongue (tardive dyskinesia)
- sexual problems due to hormonal changes<sup>3</sup>

### **Atypical antipsychotics (second generation)**

If you take atypical antipsychotics, side effects can include:

- sleepiness and slowness
- severe weight gain
- a higher risk of getting diabetes
- sexual problems due to hormonal changes<sup>4</sup>

Other common side effects of 'atypicals' include constipation, dry mouth and blurred vision.

Atypical antipsychotics are less likely to cause movement side effects, although you might still experience them. If you do then your doctor might change your antipsychotic.

Some antipsychotic medications can affect the heart. The Maudsley Prescribing Guidelines suggest that if you take antipsychotics you should have regular checks to make sure your heart is healthy.<sup>5</sup>

The NICE guidelines for psychosis and schizophrenia says that your doctor should offer to check your heart before you start antipsychotics if:<sup>6</sup>

- the makers of your medication say you should
- a physical health check has found you have a higher risk of heart or blood vessel problems, for example, high blood pressure
- you have heart or blood vessel problems or someone in your family has had them
- you have to go into hospital.

You should speak to your GP or psychiatrist if you want a heart check up before you start taking antipsychotics, or have any concerns about your heart or blood vessels.

The table below provides a quick comparison of the type and severity of reported side effects of commonly prescribed antipsychotics

## Comparative adverse effects of antipsychotics

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Drug	Sedation	Weight gain	Diabetes	Extra-pyramidal symptoms	Anti-cholinergic	Hypotension	Prolactin elevation
Amisulpride	-	+	+	+	-	-	+++
Aripiprazole	-	+/-	-	+/-	-	-	-
Asenapine	+	+	+/-	+/-	-	-	+/-
Benperidol	+	+	+/-	+++	+	+	+++
Chlorpromazine	+++	++	++	++	++	+++	+++
Clozapine	+++	+++	+++	-	+++	+++	-
Flupentixol	+	++	+	++	++	+	+++
Fluphenazine	+	+	+	+++	++	+	+++
Haloperidol	+	+	+/-	+++	+	+	+++
Iloperidone	-	++	+	+	-	+	-
Loxapine	++	+	+	+++	+	++	+++
Olanzapine	++	+++	+++	+/-	+	+	+
Paliperidone	+	++	+	+	+	++	+++
Perphenazine	+	+	+/-	+++	+	+	+++
Pimozide	+	+	-	+	+	+	+++
Pipothiazine	++	++	+	++	++	++	+++
Promazine	+++	++	+	+	++	++	++
Quetiapine	++	++	++	-	+	++	-
Risperidone	+	++	+	+	+	++	+++
Sertindole	-	+	+/-	-	-	+++	+/-
Sulpiride	-	+	+	+	-	-	+++
Trifluoperazine	+	+	+/-	+++	+/-	+	+++
Ziprasidone	+	+/-	-	+/-	-	+	+/-
Zuclopenthixol	++	++	+	++	++	+	+++

+++ high incidence or severity

++ moderate

+ low

- very low

This is only meant to be a rough guide

### Glossary

**Extra-pyramidal symptoms** means side effects associated with movement problems.

**Anticholinergic** side effects can include dry mouth, constipation, blurred vision, decreased sweating, confusion and concentration problems.

**Hypotension** means low blood pressure, which can lead to dizziness and fainting.

**Prolactin elevation** means that levels of the hormone prolactin are increased. This can lead to sexual side effects (see section 8 of the factsheet).

#### 4. What if I want to stop taking antipsychotics?

If you feel that you want to stop taking antipsychotics, you should discuss this with your doctor. Your doctor may be able to help you come off the medication gradually by reducing the dose over a period of time. You and your friends and family should keep watch for any signs that you are becoming unwell again.

You may find that stopping your medication can lead to your symptoms returning within weeks or even months. Your doctor may suggest that you keep taking the medication because it is keeping you well. If this is the case you could ask about trying another type of medication.

If you stop antipsychotics suddenly it can cause 'rebound psychosis'. This means that the symptoms of your original illness return suddenly and you may become unwell again.

You cannot be made to take medication without your consent unless you are detained under the Mental Health Act or do not have the capacity to make the decision under the Mental Capacity Act.

You can find more information on this in our **'Mental Health Act' and 'Mental Capacity Act'** factsheets. You can download this for free from [www.rethink.org/resources](http://www.rethink.org/resources) or call 0300 5000927 and ask for a copy to be sent to you.

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#### 5. Do antipsychotics affect other medication?

Some antipsychotics can interact with tricyclic antidepressants and so they should not normally be prescribed together. Some antipsychotics can cause drowsiness so doctors should take care when prescribing sleeping tablets, tricyclic antidepressants and benzodiazepines together with antipsychotics. There are a number of possible interactions between antipsychotics and other medications, so it is important that your doctor knows about all the medicines you are taking.<sup>8</sup>

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#### 6. Does alcohol affect my antipsychotics?

You should tell your doctor if you drink alcohol. If you drink alcohol it may take your body longer to break some antipsychotics down, which could be bad for you, for example by increasing the effects of alcohol in the body and causing increased sedation.<sup>9</sup>

The combination of antipsychotic drugs and alcohol may make you feel very tired. You may find more information about alcohol and your particular antipsychotic medication in the 'patient information leaflet' that comes with your medication.

## 7. Can I drive when taking antipsychotics?

Antipsychotics can affect your concentration and make you feel drowsy. This could affect how well you are able to drive. These effects are more noticeable at the start of your treatment and after increasing the dose. You should consider stopping driving during this time if you are affected.

You can find more information on this in our '**Driving and mental illness**' factsheet. You can download this for free from [www.rethink.org/resources](http://www.rethink.org/resources) or call 0300 5000927 and ask for a copy to be sent to you.

## 8. What else should I consider before taking antipsychotics?

### Sex

Sexual problems have been reported as a side effect of all antipsychotics. Evidence shows that many people taking typical antipsychotics experience sexual problems.<sup>10</sup>

Some antipsychotics can cause increased production of a hormone called 'prolactin'. This seems to be why antipsychotics can cause sexual side effects. Higher levels of prolactin can cause:

- periods to stop,
- a lack of sex drive,
- breast enlargement in both men and women,
- problems getting aroused,
- erection and ejaculation problems for men.

If you are experiencing any of these problems you should contact your doctor. The doctor may reduce the dose or stop the medication. If you are advised to stay on a drug which is causing you problems then there may be other options, such as additional medication, to help you with these problems.

### Pregnancy

If you take antipsychotics during pregnancy, it can cause risks. It is thought that there is only a small risk of complications if you take typical drugs during pregnancy. Overall, there is no significant evidence of antipsychotics being likely to cause severe complications,<sup>11</sup> however there is only a limited amount of information and research available about the effects of antipsychotics on the unborn child.

If you are pregnant or plan on getting pregnant, you should speak to your doctor. If possible, it is best to tell your doctor before you become pregnant so that there is time to plan a change in your medication if necessary. If you have had relapses in the past, your doctor might think that it is best for you to stay on your medication during and after



pregnancy. This may minimise your baby's exposure to the drug overall as if you did relapse, you may need to have a higher dose of medication.

If you are breast feeding and taking antipsychotics, some antipsychotics could be passed to your child in your breast milk. Many drug manufacturers advise that you should stop breastfeeding whilst taking an antipsychotic. There is evidence that the presence of some antipsychotics such as Clozapine and Olazapine in breast milk can cause harmful effects. You should be monitored regularly and should stop breastfeeding if harmful effects are suspected.<sup>12</sup> You should speak to your doctor about the risks of any medication you are taking. You could also discuss this with your midwife or health visitor.

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**Depression Alliance** provides information on their website and also by post. They also run self help groups across the country.

Tel: 0845 123 23 20

Address: 20 Great Dover Street, London SE1 4LX

Email: [information@depressionalliance.org](mailto:information@depressionalliance.org)

Web: [www.depressionalliance.org](http://www.depressionalliance.org)

**Mood Swings Network** provides a range of services for people affected by a mood disorder such as depression, including their family and friends.

Tel: 0161 832 37 36 (10am - 4pm Mon-Fri)

Email: [info@moodswings.org.uk](mailto:info@moodswings.org.uk)

Web: [www.moodswings.org.uk](http://www.moodswings.org.uk)

### **Bipolar UK**

This is a user led charity working to enable people affected by bipolar disorder to take control of their lives

Tel: 020 7931 6480

Address: Bipolar UK, 11 Belgrave Road, London, SW1V 1RB

Email: [info@bipolaruk.org.uk](mailto:info@bipolaruk.org.uk)

Web: [www.bipolaruk.org.uk/](http://www.bipolaruk.org.uk/)

**The Hearing Voices Network** provides support and understanding for those who hear voices or experience other types of hallucination.

Address: Hearing Voices Network (HVN)

c/o Sheffield Hearing Voices Network, Limbrick Day Service, Limbrick Road, Sheffield, S6 2PE

Email - [nhvn@hotmail.co.uk](mailto:nhvn@hotmail.co.uk)

Web - [www.hearing-voices.org](http://www.hearing-voices.org)



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- <sup>6</sup> See reference 2
- <sup>7</sup> Taylor, D., Paton C., & Kapur, S. *Prescribing Guidelines in Psychiatry*. 11th ed. Wiley-Blackwell; 2012 pg 151 – original version © David Taylor
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This factsheet is available  
in large print.



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## Rethink Mental Illness Advice Service

Phone 0300 5000 927

Monday to Friday, 9:30am to 4pm  
(excluding bank holidays)

Email [advice@rethink.org](mailto:advice@rethink.org)

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We'd love to know if this information helped you.

Drop us a line at: [feedback@rethink.org](mailto:feedback@rethink.org)

or write to us at Rethink Mental Illness:

RAIS  
PO Box 17106  
Birmingham B9 9LL

or call us on 0300 5000 927.

We're open 9:30am to 4pm  
Monday to Friday (excluding bank holidays)



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### Need more help?

Go to [www.rethink.org](http://www.rethink.org) for information on symptoms, treatments, money and benefits and your rights.

### Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

### Need to talk to an adviser?

If you need practical advice, call us on 0300 5000 927 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

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