

What You Should Know About Medications for Serious Mental Illness

The medicines used to fight mental illness are known as psychotropic medications. The major classes of psychotropic medications are:

- antipsychotics
- antidepressants
- mood stabilizers
- antianxiety medications

These may be prescribed alone or in combination.

Psychotropic medicines are quite safe when properly used. However, it can take time to reach the right balance of medication. Adjustments may also be needed to deal with unwanted side effects. Here are some of the reasons:

- People respond differently to medications, so several may have to be tried.
- Dosages sometimes need to be adjusted, especially as treatment progresses.
- More than one medication may be needed. This may be due to other symptoms or treatable side effects.
- Some medicines need to be taken for several days or weeks before you notice a benefit or they become fully effective.

Antipsychotic Medications

Antipsychotic medications are prescribed for serious thought and mood disorders or any condition with psychosis. If they have been prescribed for you, taking them the right way can eliminate primary (or “positive”) symptoms such as hallucinations and delusions.

- Hallucinations are perceptions that you hear, see, smell, or feel that other people do not experience.
- Delusions are strongly held beliefs that are not true. They usually seem strange or odd to other people.

Antipsychotics can also help you become more organized in your thinking and speech. Some help eliminate other signs of psychosis, often referred to as the “negative” symptoms. These may include withdrawal and isolation, an inability to show or feel emotion, or trouble making decisions. In short, antipsychotics can help you have a better connection with reality. They are not addictive medications. Taking antipsychotic medicine is a basic element in your return to a more normal life.

Let’s take a closer look at some medications in this category.

Typical Antipsychotics

Today, older medications are often referred to as typical or first generation antipsychotics. They are still used with good results by some people.

Chlorpromazine was the first medication used for thought disorder. (Thorazine is the brand name in the United States.) Chlorpromazine changed the way people with serious mental illnesses were treated. It was the first medicine to control the major symptoms of psychosis. It made it possible for many patients to be released from hospitals.

However, chlorpromazine didn’t work for everyone. It had little effect on some symptoms such as feeling “flat” or withdrawal from others. Chlorpromazine and other drugs like it (phenothiazines) can cause side effects such as:

- drowsiness
- constipation
- dizziness when rising from a sitting or lying position
- dry mouth
- blurry vision
- shaking
- slowed movements
- muscle spasms
- hormone-related changes

To offset these side effects, other medicines could be prescribed or the dosage changed.

Although the phenothiazines were improved and refined, the next major breakthrough in medication came in the late 1970s with haloperidol. (Haldol is the brand name in the United States.) It helped many people who did not respond to the earlier antipsychotics.

Phenothiazines and haloperidol can have side effects that impact the muscles. They can make a person shake, have spasms, or be restless. These are known as EPS or extrapyramidal symptoms. Other side effects that many consumers find disturbing result from the effect these medicines have on hormone levels. Some people---including men---find that their breasts enlarge and start to drip. This is called galactorrhea.

Some consumers on these medications report sexual problems. These can include impotence in men and irregular periods in women.

“Atypical” Antipsychotics

A newer group of antipsychotic drugs is now in use thanks to ongoing research. They are called atypical drugs or second-generation antipsychotics.

The atypicals manage a wide range of symptoms of serious mental illness including:

- hearing voices
- bizarre thinking patterns
- speaking incoherently
- inability to relate to others
- feeling flat

These newer medicines usually cause fewer and often milder side effects. They can greatly reduce the risk of muscular side effects and have little or no effect on hormone levels. The atypicals are creating opportunities for wellness for many consumers who had limited chances for recovery in the past.

The government approved the first atypical in 1989. It was clozapine. (Clozaril is the brand name in the United States.) Many people who did not respond to other antipsychotics or had significant problems with side effects improved on this medication. The major drawbacks were its high cost in part due to the need for a weekly blood test. Tests are needed because in rare cases this medicine can cause a serious white blood cell disorder called agranulocytosis.

Recently other atypicals have been approved for use in the United States. Each is a unique chemical compound that has undergone much research and testing. The newer atypicals:

- are as effective as the older medicines in treating the primary symptoms of psychosis (hallucinations, delusions, incoherent thinking and speech)
- are as effective as clozapine in treating withdrawal, flat feelings, and ambivalence
- do not require weekly blood testing because they have far less risk of white blood cell disorder
- may be more cost-effective than clozapine

Brand names of these newer atypical medicines include:

- Seroquel (*quetiapine fumarate*)
- Risperdal (*risperidone*)
- Zyprexa (*olanzapine*)
- Geodon (*ziprasidone HCl*)
- Abilify (*Aripiprazole*)

They offer new hope for people with serious mental illness and are allowing many more consumers to have productive lives.

Mood Altering and Regulating Medications

Antidepressant Medications

A mood disturbance---especially depression---can exist by itself or can accompany any of the serious mental illnesses. A mood disturbance is a key feature in the diagnosis of:

- major depression with psychotic features---a severe mood disturbance accompanied by symptoms of psychosis
- bipolar disorder---alternating states of depression and elation with psychosis
- schizoaffective disorder---psychotic symptoms followed or accompanied by bipolar-like symptoms

Major depression is associated with extreme feelings of hopelessness, helplessness, worthlessness, and loss. People with depression sometimes say they feel “low.” Often there is a pronounced lack of energy and motivation. Sometimes there are physical symptoms to depression. They can include slow speech and extremely slow walking or other voluntary movements.

Prolonged elation is the other common mood disturbance. This is a concern when behavior is marked by greatly increased physical and mental activity, unusual cheerfulness, and overall disorganization. Elated people are said to be on a “high.” Sometimes they engage in reckless behavior such as excessive spending, sexual promiscuity, and alcohol or drug abuse. Both elation and depression can lead to problems with sleep, appetite, and mental functioning.

If these symptoms or feelings describe your situation, talk to your treatment team. There are many medications to treat depression and mood swings. They are often used together with antipsychotics for people with serious mental illness. Antidepressants are generally not habit forming.

Antidepressants: Old & New

Antidepressants are generally divided into four groups. In the first group are the older medications used for depression. Called tricyclic antidepressants, they prolong the impact of chemicals in the brain that affect nerve activity. The tricyclics can be used safely, with both typical and atypical antipsychotics, by most people. However, side effects can include:

- dry mouth
- blurry vision
- dizziness
- drowsiness
- constipation
- difficulty with urination
- water retention (edema)

Usually these symptoms can be managed and will improve as your body adjusts to the medication. However, if you are bothered by these side effects, there are other medications your treatment team prescriber may want you to try.

Examples of FDA approved tricyclic antidepressants include Desipramine (Norpramin) and Doxepin (Sinequan).

In the next group are newer medications known as **selective serotonin reuptake inhibitors or SSRIs**. *Fluoxetine* (Prozac) was one of the first SSRIs, but others are now available. These newer SSRIs include Paroxetine (Paxil), Sertraline (Zoloft), and Escitalopram (Lexapro). Their advantages include less water retention, generally milder side effects than the tricyclics, and are less likely to have adverse interactions with other medications. However, serious adverse reactions have been documented when SSRIs interact with another groups of antidepressants (monoamine oxidase inhibitors [MAOIs]) and St. John’s wort.

If an SSRI doesn’t work for you, your physician will probably try a medication from the two remaining groups of antidepressants. In one of these groups are medications that are not very similar to each other. They include medicines such as *bupropion* (Wellbutrin) and *venlafaxine* (Effexor).

The last group of medications for depression are the monoamine oxidase inhibitors (MAOI). The MAOIs are generally

reserved for cases that don't respond to other medications. They must be given with great caution as they require changes in diet and can have serious interactions with many other medicines. *Phenelzine* (Nardil) and *tranylcypromine* (Parnate) are examples of MAOIs.

Safety and Side-Effect Issues

Although medications can have great effects, they all come with some risks. This is called the medication's safety profile. Prescribers must sometimes balance the positive effect of medication against any possible harm it might cause. Everyone responds differently to various medicines, so several may be tried to see which is the most effective with the fewest side effects.

Psychotropic medications are relatively safe. However, the safety of their use also assumes that:

- A proper diagnosis has been made.
- Other medical conditions that could contribute to or imitate mental illness have been identified, treated, or ruled out.
- Proper medical follow-up is being done.

Safety issues and side effects are a natural concern for consumers, families, and prescribers.

Side Effects

Psychotropic medications, like any prescribed medicine, have possible side effects. That's why these medication must be ordered and monitored by a prescribing specialist, usually a psychiatrist. Some medications have mild side effects that often go away in a short period of time. However, more serious side effects are possible. For example, most anti-anxiety drugs can be habit forming. A few other medications require frequent blood testing for safe use. The most common side effects for psychotropic medications are grouped into anticholinergic effects and extrapyramidal symptoms (EPS).

Anticholinergic Effects

Anticholinergic effects are caused when a medication interferes with acetylcholine, one of the chemicals the body makes to help nerve cells communicate with each other. Muscles and glands may be affected.

Anticholinergic effects may include:

- confusion
- blurred vision
- constipation
- dry mouth and nasal passages
- light-headedness
- difficulty with urination
- problems with bladder control palpitations

Sometimes these effects lessen as the body adjusts to the psychotropic medication. Many can be managed with small adjustments to the dose. Other nonmedical management methods can include sucking on hard candies for dry mouth or adding more fiber to your diet to relieve constipation.

Extrapyramidal Symptoms (EPS)

There is a network of nerve pathways in the brain known as the extrapyramidal system. This influences messages sent from the brain to the muscles. Certain medication---usually older types of antipsychotics---may disturb this system.

This can lead to:

- involuntary movements such as tremors, writhing movements, rigidity, and jerking motions
- problems with muscle tone and making the desired movements---such as slowed movement and rigidity seen with Parkinson's disease

Many consumers do not develop EPS. For those who do, adjusting the medication dosage may solve the problem. If the problem continues, the prescriber may change to another medication or add another medicine.

The newer antipsychotics have far fewer problems with EPS. As these medications become more common in the treatment of psychosis, EPS may become a less frequent problem.

Another possible side effect involving the extrapyramidal system is called tardive dyskinesia (TD). This is much more rare than the EPS symptoms discussed above. It is not yet known whether the newer atypical products have a lower potential to cause TD. However, there is some research which suggests this may be the case.

Other Side Effects

A rare but serious side effect is neuroleptic malignant syndrome. This involves unusual muscle rigidity and elevated body temperatures. Vital signs may be unstable, and the person may drift in and out of consciousness. If a person has these symptoms, **seek immediate medical attention.**

As discussed earlier, side effects related to hormones can include breast enlargement and fluid discharge, impotence, and other sexual problems. There are fewer of these problems with the newer medications.

Some consumers may become light-headed or feel dizzy when they get up from lying down. This is called postural or orthostatic hypotension. It can usually be helped by getting up slowly and sitting on the edge of the bed for a moment or so before standing.

Early intervention may prevent or lessen these and other serious side effects. Let your treatment team know if you have any problems that might be related to your medicine. Also, the diaries and records you keep can help your treatment team see both your progress and problems.

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