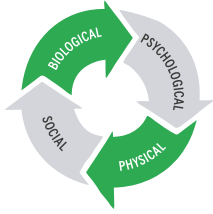




# Medicine



The main way these treatments work is biological (brain) and physical (body) factors.

There is a lot of money available for research on medications, some of it from pharmaceutical companies and some from

### What are they?

The medicines in this booklet are all part of a group of medicines that help to reduce or stop unusual and distressing thoughts and experiences.



independent researchers who are not sponsored by pharmaceutical companies, so there is a lot of research into medications. Remember, more thumbs up just means that more people have done research that shows that this approach does work.

### What do they aim to do?

All these medicines work in a similar way by trying to reduce unusual and distressing thoughts and experiences such as hearing and seeing things, or having strong upsetting beliefs.

They try to do this by changing the way that messages are transferred by the chemical messengers in our brain.

There are lots of natural chemical messengers (neurotransmitters) in the brain. The main chemical that these medicines work on is called dopamine. Others include serotonin, glutamate, acetylcholine and noradrenaline.

Dopamine affects our 'reward' system, for example by influencing what we notice and pay attention to. In this way it affects your thinking, emotions, and behaviour. Too much dopamine in some parts of the brain means that there are too many confusing messages flying around or messages that make you notice and pay attention to unusual things. This can then be distressing and make you feel bad.

The medicines block some of the effects of dopamine, so that these chemical messages are gradually dampened down or even stopped.

The medicine doesn't necessarily change what you think, but sometimes people do find they have a different perspective on their experiences after they've been taking a medicine for a few weeks or months, as well as feeling less worried or scared and better able to do the things they want to do.



## Do they work?

Lots of studies have looked at whether these medicines work better than a sugar pill that doesn't do anything (a placebo), and which of these medicines work better than the others.

People tend to drop out of medicine trials, making it hard to draw firm conclusions about how helpful the medicines are in real life. Nevertheless, there is lots of good quality evidence from randomised controlled trials (RCTs) and meta-analyses (remember, meta-analyses are lots of RCTs all put together) that these medicines reduce unusual and distressing experiences and particularly prevent them from coming back again (a relapse).

There are lots of different medications. The main ones that you may be offered include Amisulpride, Aripiprazole, Olanzapine, Paliperidone, Quetiapine, Lurasidone or Risperidone.

## The National Institute for Health and Care Excellence (NICE)

NICE reviewed randomised controlled trials of these medications in 1,800 people with a first episode of psychosis, 16,500 people with acute upsetting experiences and 3,500 people who were recovering.

NICE has recommended all these medications for unusual and distressing experiences.

The research evidence shows that they are all equal in how much they help with acute episodes of upsetting experiences, with recovery and with stopping the experiences coming back (relapse). Some of them also help with depression and anxiety.

The main reason for choosing one medication over another is because of the different side-effects, and which would bother you least.



In the next few pages we will give you some more information on side-effects, to help you to discuss this with your care coordinator, doctor or pharmacist and choose a medication that is best for you.

Clozapine is different from the other medications and is the best one when other medications haven't worked.

### **How do I take them and how long for?**

These medicines come in tablet, syrup, and long-acting injection form, though not all of them come as injections. They are different from some of the common medicines that you may have taken before like pain killers, because they don't work immediately to affect your experiences.

In fact, they generally take at least a few weeks and even a few months before you might notice any change at all in your unusual distressing experiences. For some people, the medicines will stop your unusual experiences and for other people they will only reduce them.

The sooner you take medicine after you develop unusual experiences the more likely the experiences are to go away completely, and the lower dose you will need – which is great as lower doses mean fewer side-effects.

Some medicines will work for some people but not for others (a bit like in the vitamin example that we talked about earlier! see p.8), and sometimes even when a medicine works, the experiences may come back occasionally, especially in times of stress.

This is because they have to work quite hard to gradually, rebalance the chemical messages that lead to upsetting experiences. After all, our brains are pretty complex and powerful things! You may need to try a few medicines before you find the best one for you.

Again, unlike some common medicines, these medicines carry on working to rebalance or stop experiences all the time that you are taking them.

This means that if you stop taking them, sometimes upsetting experiences come back again, gradually over a few weeks or months but other times the experiences may have truly gone away.

It's hard to know when is the best time to reduce, or stop the medicine. Some doctors suggest that you should take it for at least a year after any upsetting experiences have gone away, and some suggest even longer. This gives the medicine time to work, and you time to get back to things you enjoyed doing before the experiences started.

NICE guidelines suggest that there is a high risk of your experiences coming back if you stop taking medicines in the first one or two years and any discontinuation should be gradual and monitored for at least two years.

At least half of people who stop taking the medicines will get the upsetting experiences back again (a relapse). However, some people (one in every five) can stop medicines sooner without the experiences coming back, and some people (also one in every five) will have a relapse anyway, even though they're taking the medicines.

Everybody is different so it's worth discussing this with your care coordinator, doctor or pharmacist.

Even though the medicine may take a while to affect your unusual or upsetting experiences, you may notice some physical effects of the medicine immediately. This is because anything we do or take affects us as a whole person, so although the medicines are designed to do one thing, they also affect other things as well.

These other things are often called side-effects because they aren't the main effect of the medication. Some side-effects are there immediately but gradually go away, some appear over time and some will stay there unless you change the amount of the medicine that you take (the dose).

The dose of medicine is important, as with any medicines, they only work properly at certain doses: too little might not work at all, and too much might be bad for your health.

The dose usually also affects which side-effects you might get, so again, it's worth discussing this with your care coordinator, doctor or pharmacist so that you get the best effects with the least side-effects.

Working together you can work out the best dose and medicine to suit you. After all we're all different and it can be really helpful to take time to personalise medicine use to best suit you.

### **Other medicines you might be offered**

Alongside the main medications above, you might also be offered additional medications for mood and anxiety. These might include antidepressants for low mood and depression, anxiety medications to help you to relax if you feel more anxious or worried, or mood stabilisers if your mood goes up and down a lot.

### **What are the main types of side-effects?**

The main types of side-effects are described below. Very common side-effects in this booklet are those that affect at least one out of every ten people (10%) and common side-effects are ones that affect at least one out of every 100 people (1%). Remember, different medicines have different chances of causing these side-effects and some have a lot fewer side-effects than others.

**If you notice any of the following side-effects then you should discuss them with your care coordinator, pharmacist or doctor.**

## **Weight gain**

### **What does it mean?**

Feeling more hungry and eating more so that you put on weight. This can happen quickly in even a few weeks, and can put you at risk of diabetes in the longer term.

### **What can you do?**

Eat lots of healthy food like fruit, vegetables and fibre. Avoid sugar, fat, take-away food etc. You could also do some extra exercise.

## **Metabolism changes**

### **What does it mean?**

Changes in how your body deals with sugars and fats, so that you might have higher types of (unsaturated) fats (e.g. cholesterol). These changes can also put you at a risk of diabetes.

### **What can you do?**

A blood test will tell you if this is a problem. Again, a good diet and exercise might help. Try eating lots of healthy food like fruit, vegetables and fibre. Avoid sugar, fat, take-away food etc.

## **Cardio-vascular problems**

### **What does it mean?**

Heart and circulation problems and changes in how your heart works, including odd or fast heart beats or chest pains.

### **What can you do?**

Tell your doctor straight away especially if you're taking Clozapine. They can check your heart and give you good advice.

## Hormone changes

### What does it mean?

Changes in your hormones which can lead to problems with your sex drive, your periods (women only), breast growth, and very occasionally to milk production (men and women). The changes are reversible with changes in dose or medicine.

### What can you do?

If you have any concerns please speak to a member of the early intervention team so we can work together to make changes. Tell your doctor if you notice any of these problems and they can arrange a blood test to check your hormones and give you good advice.

## Movement changes

### What does it mean?

Changes in your movement so that you may be more stiff, shaky or restless and feel on edge and like you have to keep moving.

### What can you do?

Tell your doctor if you notice any of these problems and they can give you good advice. If you're feeling restless try wearing comfy clothes, and doing things that help you relax. Sometimes tablets are given to counteract these effects.

## Stomach upset

### What does it mean?

This might include feeling sick, vomiting and diarrhoea.

### What can you do?

This could be a tummy bug but if it lasts more than a day or two, tell your care coordinator or doctor.

## Dizziness

### What does it mean?

Feeling dizzy when you stand up.

### What can you do?

Don't drive or cycle! Try lying down for a minute or two and then standing up slowly. Talk to your doctor and they can give you some advice.

## Blurred vision

### What does it mean?

Not being able to see properly because things are blurred and fuzzy.

### What can you do?

Don't drive or cycle! This could just be because you need glasses. You could get an eye test, but if it continues and you're worried do talk to your doctor.

## Headaches

### What does it mean?

When your head hurts.

### What can you do?

This could be just a headache but could be a side-effect. Pain killers can help.