



LEAFLET 4

How is Schizophrenia treated?

This leaflet is one of a series that have been designed to give you a better understanding of Mental Illness.

This leaflet looks at how schizophrenia is treated.

Professionals, such as doctors, often use terms that not everyone understands. To help you understand such terms, they have been included in this leaflet, together with an explanation. They have been put in 'quotation marks' so that you can easily identify them. It would probably be of help if you ask a key worker to explain how this leaflet relates to you.



Drug Therapy

Drug therapy is the most widely used treatment for schizophrenia. It works for 70% to 80% of sufferers. Drug treatment has two aims. The first aim is to relieve the positive symptoms and to some extent the negative symptoms of psychosis. The second aim in lower dosage is to prevent the symptoms returning once they have gone away.

Drug Treatment in the First Episode

People in their first episode of psychosis usually need low to moderate dosages of antipsychotic drugs. With support and drug treatment 80% to 90% of people will make a good recovery within 3 to 6 months. After recovery it is important to try to prevent future episodes. To do this, it is usually necessary to take regular dosages of medication for at least a year and often longer.

Types of Medication

The older types of antipsychotic medication (so called conventional drugs) are usually effective, but many people find they have side-effects such as stiffness, trembling, restlessness and sedation. A newer class of drugs called the atypical antipsychotic drugs have less in the way of these side-effects. However, they can have troublesome side-effects of their own such as weight gain and sexual problems.

The older drugs are available as long acting injections in the forms listed below. These can be more convenient for people who are forgetful about taking their treatment and are usually given once every 2 to 4 weeks.

Tablets/syrup form:

Older drugs include:

- 1 Chlorpromazine (Largactil)
- 2 Thioridazine (Melleril)
- 3 Fluphenazine (Moditen)
- 4 Haloperidol (Haldol/Serenace)
- 5 Pimozide (Orap)
- 6 Trifluoperazine (Stelazine)

With the older drugs, an additional tablet called an anticholinergic table is sometimes added to help with the side-effects of restlessness and stiffness.

Newer drugs include:

- 1 Risperidone (Risperdal)
- 2 Clozapine (Clozaril)
- 3 Olanzapine (Zyprexa)
- 4 Quetiapine (Seroquel)

Common Injection Drugs

- 1 Flupenthixol Decanoate (Depixol)
- 2 Fluphenazine Decanoate (Moditen)
- 3 Haloperidol Decanoate (Haldol-Serenace)
- 4 Pipothiazine Decanoate (Piportil Depot)
- 5 Zuclopenthixol Decanoate (Clopixol)
- 6 Risperidone Consta (Risperdal Consta)

Uncontrollable movement of the face, lips and tongue is a rare but serious side effect and if this occurs it is important to contact the doctor or key worker.

Every effort is made to control the symptoms of schizophrenia with the minimum dose of medication, so as to avoid side effects.

Other side-effects of antipsychotic drugs include:

- Dry mouth
- Blurred vision
- Constipation
- Sensitive to sun light
- Dizziness when standing up
- Drowsiness

Clozapine is the most effective of all antipsychotic drugs, but has a risk of a serious blood side-effect which is prevented by having regular blood screens each week to start with. For this reason, clozapine is only used in people whose symptoms have not improved much with other drugs. With clozapine, about half such patients will make a good improvement. Although clozapine does not cause restlessness and stiffness, it can cause side effects such as drowsiness, weight gain and salivation.





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