

# Antipsychotic Medicines

(Neuroleptics)

An Easy-to-Read Guide  
For People Who Take  
These Medicines

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## About Project MED

“Project MED” stands for **M**edication **E**Ducation. The Project MED Group has written a series of eight education booklets about medicines. These booklets will help you if you have learning problems, reading problems, or problems understanding why you are taking medicine. These booklets will also be useful to you if English is not your main language. Parents, guardians, and other care givers might like to read these booklets too.

Our goal was to write the information in plain words. When we cannot avoid using a hard-to-read word, we give you help in pronouncing (pronoun'-sing) the word. We also describe what the hard-to-read word means in parentheses ( ).

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For People Who Take  
These Medicines

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## Recommended Citation:

Aman, M.G., Benson, B.A., Campbell, K.M., & Haas, B.A.  
(1999). Antipsychotic medicines (Neuroleptics).  
Columbus, OH: The Ohio State University.

Project MED is supported by a grant from the U.S. Administration on  
Developmental Disabilities  
(Grant No. 90DD0446)

to the Ohio State University Nisonger Center,  
A University Center for Excellence in Developmental Disabilities.

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## Antipsychotic (an-ti-sy-KOT'-ik) Medicines Neuroleptics (NUR'-row-LEP'-tiks)

The antipsychotic medicines are a big group of different medicines. Sometimes these medicines are called neuroleptics. They can be used to treat many types of problems. Antipsychotic medicines are divided into two groups – “old” antipsychotics and “new” antipsychotics. We will talk about each group later.

Most medicines have two names – a *brand* name and a *generic* (je-NAIR'-ik) name. Brand names are names given to the medicines by the company that makes them. A medicine may have more than one name. Generic names describe the chemicals (KEM'-ih-kuls) used to make the medicine. A medicine can have only one generic name.

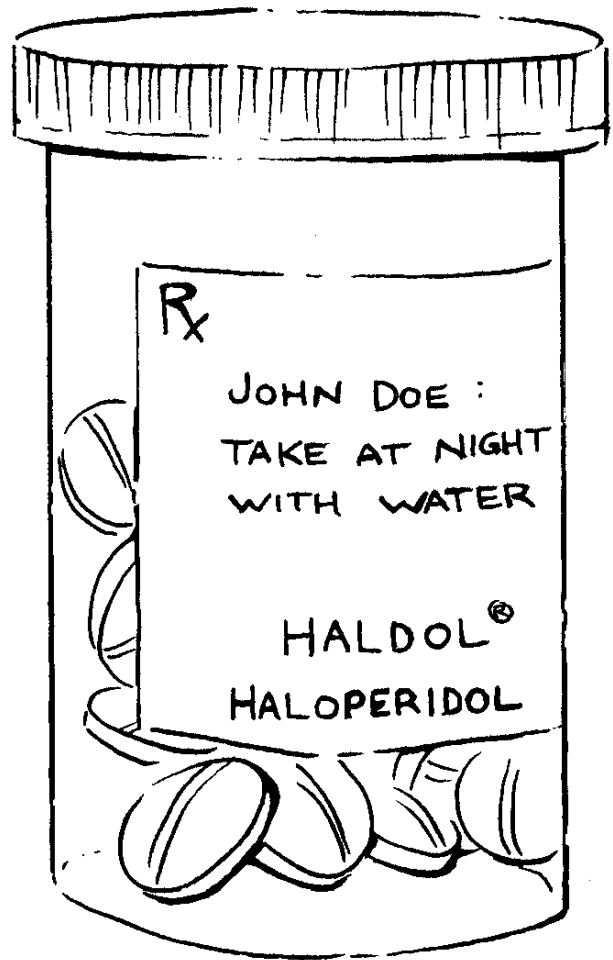
Example: One older antipsychotic has the brand name Mellaril (MELL'-uh-rill) and the generic name thioridazine (thy-o-RID'-uh-zeen).

Next we will talk about the two groups of antipsychotic medicines. Now is a good time to look at your own bottle of medicine. You need to know which of the two groups of medicines you are taking. Match the name on your bottle with one of the names in the two lists that follow. Then you will know if you are taking an “old” antipsychotic or a “new” antipsychotic.

We will talk about the “old” antipsychotics first.

## 1. Old Antipsychotics

We have listed some of the common older antipsychotic medicines. We give *both* the brand names and the generic name of each medicine, since your medicine may have only one name on the bottle. The names of the most common antipsychotics are printed in *italics*. The “old” antipsychotics were developed and used before 1980.



### Some Older Antipsychotic Medicines

**Generic Name**  
*chlorpromazine*  
*chlorprothixene*  
*fluphenazine*  
*haloperidol*  
*loxapine*  
*mesoridazine*  
*molindone*  
*perphenazine*

**Brand Name(s)**  
*Thorazine, Largactil*  
*Taractan, Tarasan*  
*Prolixin, Modecate*  
*Haldol*  
*Loxitane*  
*Serentil*  
*Moban*  
*Trilafon*

pimozide  
promazine  
*trifluoperazine*  
*thioridazine*  
*thiothixine*

Orap  
Sparine  
*Stelazine*  
*Mellaril*  
*Navane*

## 2. New Antipsychotics

Some of the new antipsychotic medicines are listed below. We give both the brand names and the generic name of these medicines too. There are not as many “new” antipsychotics as there are old ones. The “new” antipsychotics were developed and used after 1990.

### Some New Antipsychotic Medicines

Generic Name	Brand Name
clozapine	Clozaril
olanzapine	Zyprexa
quetiapine	Seroquel
risperidone	Risperdal
sertindole	Serlect
ziprasidone	Zeldox

## Uses for Antipsychotics

### 1. Proven Uses

These medicines have two main proven uses. One is to reduce psychotic (sy-KOT'-tik) behavior. Psychotic behavior happens when people lose touch with reality.



They may see or hear things that are not real. They may hear voices or sounds or see things that are not really there. They may believe things that do not make sense to other people. They may think that others are out to get them. They may think that they have some special power that they don't have. Patients who develop a psychosis usually show a big decrease in their ability to do daily tasks. All of the antipsychotics have been shown to be helpful for people with psychosis.



*Hearing Voices*

The other proven use for these medicines is to treat a condition called *Tourette's* (tur-RETZ') disorder. People with Tourette's disorder sometimes make funny sounds with their voices *that they don't want to make*. These sounds might be "barks," "grunts," or other noises. Sometimes they say bad words *that they don't want to say*. Sometimes people with Tourette's disorder make sudden jerks called "tics." These tics may happen in the hands, the arms, or the face. Two medicines that are often used to treat Tourette's disorder are haloperidol (or Haldol) and pimozide (or Orap).

Sometimes antipsychotics are used when a psychosis happens with another problem. Examples are mania (MAY'-nee-uh) and depression (de-PREH'-shun).

Mania means that a person may:

- be much too excited.
- feel too good or too irritable.
- try to do things beyond his or her ability, or take chances that are dangerous.

Depression means that:

- a person may act sadder than is normal or good for him or her.
- the sadness is serious and long lasting.
- the person may have sleeping problems.
- the person may eat too little or too much.
- the person may have thoughts about harming himself or herself.

These problems are more serious than a case of the “blues.” If most of these problems are present, the person may need medicine. If a person has psychosis with mania or serious sadness (depression), antipsychotic medicine may be needed along with some medicine for mania or sadness.

## 2. Other Uses

Antipsychotic medicines are sometimes used to reduce serious behavior problems. These problem behaviors may include:



- aggression to other people.
- aggression to oneself (self injury).
- too much movement (over activity).
- nervousness and tension (TEN'-shun).

There is not strong proof that the antipsychotics are helpful for these problems. Antipsychotics can cause some big side effects. Therefore, they should be used very carefully for these types of behavior problems.

Antipsychotics are sometimes used to treat other problems for *short* amounts of time. These include the following:

- severe stomach upset (nausea) and vomiting (VOM'-it-ing) or throwing up
- hiccups (HIK'-kups) that won't stop
- to help patients relax before operations

### Side Effects

Side effects are unplanned changes that sometimes happen when you take a medicine. Sometimes side effects are a problem.

Antipsychotics can cause a lot of different side effects. Some are minor. Some can last a long time. In rare cases, some can even put your life in danger.

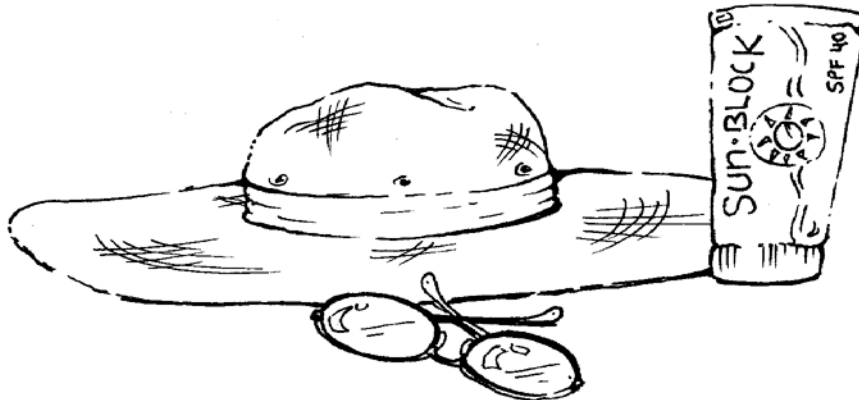
## 1. Some Common Side Effects

Most of the common side effects are not dangerous, but they may be unpleasant. Antipsychotic medicines can:

- make you feel tired or sleepy. This could affect your ability to operate machines, cars, or trucks.
- reduce your blood pressure. You might feel dizzy when you sit up after lying down or when you stand up after sitting.
- make your mouth feel dry. You may feel like drinking more water or you may want to chew gum or suck on hard candy to get rid of this feeling.



- cause constipation (kon-sti-PAY'-shun) (hard stools or trouble going to the bathroom). Eating foods with a lot of fiber or taking a powder like Metamucil (met-uh-MEW'-sil) may help with this problem.



- cause a skin rash. A rash will usually appear within two months of starting the medicine if it happens.
- make your skin more sensitive to the sun. You may want to use a sun block lotion or sun screen and wear a large hat when you go out on sunny days.
- cause you to gain weight.

## 2. Problems Affecting Your Nerves

Many of the antipsychotic medicines can affect the body's nerves. Remember that we talked earlier about the older and newer antipsychotics. The **older** antipsychotics are more likely to cause all of the side effects that we will talk about in this section.

**Parkinsonian (park-kin-SOHN'-ian) Effects.** One group of side effects can include the following:

- stiff muscles
- weak muscles
- drooling
- shaky hands, arms, or feet (tremor)
- blank facial expression (the face may be stiff, like a mask)
- lack of movement

When these side effects occur, they usually begin several weeks after starting the medicine. If they happen, the doctor can try several ways to get rid of them.

- The doctor may lower the dose of your medicine.
- The doctor may give you another medicine that is less likely to cause this effect.
- Or the doctor may give you a second medicine. This will help these side effects to go away.



**Nervous Pacing.** This is a side effect where the medicine makes you feel very jittery and nervous. You may feel like you must walk around. You may find it difficult to sit still – even if you want to. This is an uncomfortable feeling. This side effect is most likely to begin about one to two months after starting the medicine. If you have this side effect, tell the doctor right away. The doctor can help get rid of the side effect by doing one or more things:

- changing the kind of antipsychotic medicine you are taking
- using a smaller dose of the medicine
- giving you a second medicine to make the side effect smaller

**Muscle Spasms (SPAZ'-ims).** Sometimes antipsychotic medicine can cause the muscles to tighten up [or contract (kon-TRACT')] in part of your body. This may result in a turning of your eyes, tongue (tung), neck, jaw, or back. If this happens, it may feel like you can't get the muscle back where you want it. For example, your neck may be turned and you may not be able to look straight ahead.



This can be both painful and scary if you do not know why it is happening. These spasms usually happen within five days of starting the medicine or soon after an increase in the dose. If this happens to you, call the doctor right away. The doctor can get rid of the spasm by giving you another medicine. The doctor may decide to reduce the dose of the antipsychotic so this does not happen again. Or the doctor may give you a different kind of antipsychotic, which is less likely to cause this problem.

**Tardive (TAR'-dive) Dyskinesia (dis-ki-NEE'-zha).** So far, all of the side effects that we have talked about will go away when you stop taking the medicine. Unfortunately, that is not always true of this side effect. Tardive means that the side effect happens after a long time. Dyskinesia means that funny movements occur.

These movements might involve the lips, tongue, jaw, face, hands, feet, or even your main body. This side effect does not usually develop until you have been taking antipsychotic medicines for a year or longer. The medicine may actually hide the side effect. Because of this, the side effect often is not seen until the dose of your medicine is reduced. Or you may see it after you have stopped taking the medicine.

Tardive dyskinesia can be serious. For example, movements around your face may make you look funny or odd to other people.



Or movements in your hands may make it hard to do your job. Sometimes tardive dyskinesia may be minor. The movements may be barely noticeable. And they may not get in the way of doing things that you need to do.

Doctors think that the odds or chances of you developing this side effect go up with the amount of antipsychotic medicine that you take. People who take big doses of this medicine for a long time are most likely to get tardive dyskinesia. When people get tardive dyskinesia, it is usually a good idea to stop taking the medicine that caused it. But this is something that you should talk about with your doctor. **Don't just stop taking the medicine on your own.**

After stopping the medicine, the strange movements will slowly go away for about half of the patients who have this side effect. Unfortunately, the movements may last forever in some of the patients who have this side effect.

### 3. Other Side Effects

Antipsychotic medicines may cause other side effects. These medicines can:

- reduce interest in sex.
- cause milk flow from the breast in women.
- cause problems to the heart, but this is rare.
- cause blood problems or liver problems, but this is rare.

- cause a serious illness that seems a lot like the flu when it starts. At first, the patient has a fever. Later, the patient may have stiff muscles or feel rigid. **If this happens to you, be sure to phone your doctor right away.**



#### 4. Conclusion

The list of side effects is long. In most cases, you will not have most of these side effects with antipsychotic medicines. But you could have some. For many people, the most important side effect is probably tardive dyskinesia, since this side effect may be long lasting. **Doctors believe that tardive dyskinesia is less likely with the new antipsychotics.** But your doctor may have good reasons why an old antipsychotic medicine is better for you.

Remember that these are only possible side effects. Some people may not have any side effects at all.

Don't forget: your doctor is there to help you and to answer your questions. If you have any feeling in your body that is different or uncomfortable, you should talk to your doctor! The doctor can help you get the best results with the fewest problems with your medicine.

## Doses

The "dose" is the amount of medicine you take. The amount of medicine you take is printed on your medicine bottle as a number and the letters *mgs*. *Mgs* stands for milligrams (MILL'-ee-grams). Medicines are measured in milligrams. For example, your bottle may say 5 mg or 100 mg, or some other dose.

The antipsychotic medicines differ a lot in their strengths. For example, 10 mg may be a lot for one kind of antipsychotic and 50 mg may be a little dose for another kind. Because the strengths differ for most antipsychotics, the number of mgs on the bottle is **not** a good indicator of the size of the dose. If you want to know how big the dose is for your medicine, ask your doctor or pharmacist (FAR'-ma-sist) – the person who gives you your medicine at the drugstore.

## Common Interactions (in-ter-AKT'-shuns)

“Interaction” means that when one medicine is added to another, some effect is made stronger or weaker. We will describe just a few interactions here.

- Antacids (like Tums or Tagamet) may reduce the effect of an antipsychotic medicine.
- If alcohol (ALK'-uh-haul) is taken with antipsychotic medicines, you may feel very sleepy or tired. If you drink alcohol with this medicine, you may get drunk very easily. This could be very dangerous.
- Smoking may reduce the usefulness of antipsychotic medicines. And smoking may cause the jittery feeling that we talked about earlier (nervous pacing).
- Some medicines taken for sadness (depression) can make antipsychotics have stronger effects.
- Some medicines that are given to get rid of Parkinsonian side effects (we talked about these earlier) can interact with antipsychotic medicines. They may cause sleepiness, dizziness, constipation, or dryness in your mouth.



- If you take medicine for high blood pressure, its effects on blood pressure may be increased with antipsychotic medicine.
- Birth control pills may increase the odds of having some of the problems with your nerves that we talked about earlier.

If you are taking medicines in addition to antipsychotics, be sure to ask your doctor or pharmacist if they will affect the way that the antipsychotic works.

### How Long Will I Take This Medicine?

If you are taking medicine **for psychotic behavior**, you may be able to reduce the dose after your behavior is well controlled. Some people have to take antipsychotic medicines for most of their lives. **Do not stop taking the medicine or reduce the dose without checking with your doctor.** It is important to know that after psychotic problems are better, you should keep taking the medicine to stay well. Many people think they can stop the medicine because the problems are gone. For most people with psychosis, the problems come back after a few months if the medicine is stopped. Since the problems do not come back right away, many people are fooled into thinking the medicine is no longer needed. Therefore, it is important to talk with your doctor before reducing the amount of medicine.

If you are taking the medicine **for Tourette's disorder**, you may want to take it as long as you are having tics. That could be many years. Some people who have side effects caused by medicine choose to have the tics or noises instead of the side effects.

If you are taking the medicine **for a behavior problem**, how long you take the medicine may depend on how big the behavior problem is. Many doctors do not like to give antipsychotics for nervousness and tension. Usually, it is wise to use these medicines as little as possible for behavior problems.

If you have questions about how long you will need to take this medicine, ask your doctor.

### Source

Much of the information in this booklet was taken from the following book:

Reiss, S. & Aman, M. G. (1998) (Eds.). Psychotropic medications and developmental disabilities: The international consensus handbook. Columbus, OH: The Ohio State University Nisonger Center. ISBN 0-9658966-0-9.

## About the Series

“Project MED” (Medication EDucation for Consumers) was created with funding from the U.S. Administration on Developmental Disabilities. The goal of Project MED is to provide patients with information, in a manner that they can understand, about the medications that they are taking. The booklets are designed for a broad group of people taking medications: people with mental retardation, autism, reading difficulties, severe mental illness, child and adolescent patients, and people whose first language is not English. By providing this information, we hope to increase each patient’s participation in his or her own health care.

The series consists of eight booklets. The booklets were written to provide basic information about patients’ rights and about medications in easily understood words. There are few medical or legal words, and difficult words are defined.

### The eight booklets are:

1. Patients’ Rights and Responsibilities
2. Anticonvulsant Medicines (Medicines for People With Epilepsy)
3. Antipsychotic Medicines
4. Antidepressant Medicines
5. Antimanic Medicines (Medicines for People With Mood Problems)
6. Antianxiety Medicines
7. Stimulant Medicines
8. Other Medicines (Blood Pressure Medicine, Naltrexone, and Over the Counter)

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