

Patient decision aid: Antipsychotic drugs

(Updated December 2009)

What this patient decision aid is for

This patient decision aid is intended to assist healthcare professionals in consultations with patients with mental health problems such as schizophrenia in whom treatment with antipsychotic drugs is being considered. Leaflets for patients explaining schizophrenia, psychosis and other mental health problems can be found on the CKS website www.cks.library.nhs.uk/home.

Choice of antipsychotic drug

NICE guidance recommends that healthcare professionals should provide information and discuss the benefits and side effect profile of each drug with people with schizophrenia. The choice of drug should be made by the individual and healthcare professional together, considering the relative potential of individual antipsychotic drugs to cause extrapyramidal side effects (including akathisia), metabolic side effects (including weight gain) and other side effects (including unpleasant subjective experiences). The views of the person's carer should also be taken into consideration if the person agrees.¹

Newer or 'atypical' antipsychotics have a lower potential risk of extrapyramidal symptoms. However, these side effects are not the only ones that should be considered. Weight gain and gynaecomastia/galactorrhoea may also be important to patients and effects on blood lipids and glucose tolerance may also be clinically significant. The recent pragmatic trials CATIE² and CuTLASS³ have demonstrated that, with the possible exception of clozapine, there is little to choose between the effectiveness of older generation (so-called 'typical' or 'conventional') antipsychotics, such as haloperidol and perphenazine, and the newer ('atypical') antipsychotics such as risperidone[▼], olanzapine[▼] and quetiapine. All are associated with a high rate of discontinuation and patients will frequently need to try more than one drug to identify the one that is sufficiently effective and well tolerated to be acceptable to the individual patient.¹

The table within this patient decision aid lists some side effects of the more commonly used antipsychotic drugs and indicates the relative propensity of the drugs to cause them.

References

1. National Institute for Health and Clinical Excellence. Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care. Clinical Guideline 82. March 2009.
2. Lieberman JA, et al. Effectiveness of antipsychotic drugs in patients with chronic schizophrenia. *N Eng J Med* 2005;353:1209–1223.
3. Jones P et al. Cost utility of the latest antipsychotic drugs in schizophrenia study (CuTLASS 1). *Arch Gen Psych*;63:1079–1087.

A guide to the relative adverse effects of antipsychotics

	EPS	Prolactin elevation	Weight gain	QTc prolongation	Sedation	Hypotension	Anticholinergic effects
Amisulpride	+	+++	+	+	-/+	-	-
Aripiprazole†	+/-	-	+/-	-	-/+	-	-
Chlorpromazine	++	+++	++/+++	++	+++	+++	++/+++
Clozapine	-	-	+++	+	+++	+++	+++
Haloperidol	+++	+++	+	+++	+	+	+
Olanzapine	+/-	+	+++	+	++	+	+
Paliperidone▼	+	+++	+/++	+	+	+/++	+/-
Perphenazine	+++	+++	++	-/+	+/++	+	+
Quetiapine	-	-	++	+	++	++	+
Risperidone▼	+/++	+++	++	+	+	+/++	+/-
Sulpiride	+	++	+	+	+	-	+
Trifluoperazine	+++	+++	+/++	++	+	+	+/-
Zotepine	+	+++	++/+++	+/++	++/+++	++	+

Notes

This is not a comprehensive list of side effects. Please see the individual Summaries of Product Characteristics (www.emc.medicines.org.uk) for more details and other side effects that may occur. The ranking scores are approximate and refer to relative rather than absolute risks of adverse events occurring, and are based largely on the opinions provided from six sources [1–6]. They should be used as a rough guide only. Be aware that side effects are commonly dose related. Two ranking scores are provided (e.g. ++/+++) to indicate a range of opinion where views are divided. Not all sources provided an opinion for all side effects.

Key

- +++ Frequently causes side effects at therapeutic dose
- ++ Sometimes causes side effect at doses
- +
- Mild or occasionally causes side effects at therapeutic doses
- Little risk or minimal side effects at usual therapeutic doses

▼ Under intensive surveillance by MHRA; report all suspected adverse reactions; EPS: Extrapyramidal symptoms: these include parkinsonism, akathisia, acute dystonia, and tardive dyskinesia; QTc: QT interval corrected for heart rate

† These ratings are based largely on data from registration trials, few comparative studies exist and they should be interpreted with caution

References: 1. The Maudsley Prescribing Guidelines (2009) 10th Edition. Ed. Taylor D, et al. Taylor & Francis, London; 2. Psychotropic Drug Directory (2009). Ed. Bazire S. Healthcomm UK Ltd. Aberdeen; 3. Haddad PM, Sharma SG. Adverse effects of atypical antipsychotics. Differential risk and clinical implications. CNS Drugs 2007;21:911–36; 4. British National Formulary No. 57. March 2009. BMJ Group and RPS Publishing. London; 5. American Psychiatric Association Guideline. Practice guideline for the treatment of patients with schizophrenia. 2nd Edition (2004); 6. Choice and Medication. A handy chart to help you compare the medicine treatments to help the symptoms of psychosis and schizophrenia. www.choiceandmedication.org.uk/silo/documents/handychartpsychosis.pdf