

DRUG TREATMENTS for MENTAL HEALTH PATIENTS

INTRODUCTION

Drug treatments are often only one part of a treatment strategy. Medication may be combined with other therapies such as

- Cognitive behavioural therapy (CBT)
- Counselling - for example bereavement
- Occupational therapy
- Support from community psychiatric teams
- Support from outside agencies

No one drug is successful or suitable for all patients or all conditions. Often several different drug treatments will need to be tried to find which is best for therapeutic success.

Drug treatments will only work if they are taken! Poor compliance (not taking the medication at the right time, right frequency or correct manner) can have significant impact on the efficacy of a medication, and is a strong predictor of treatment breakdown.

How do medicines work?

If medicines are taken in tablet/liquid forms and swallowed by mouth, then absorption of the drug is usually from the stomach and intestines. The drug is absorbed into the blood stream and travels in the blood all round the body. When blood passes through the liver and kidneys the drug is 'metabolised' by enzymes that work in these organs. Different drugs are metabolised in different ways and at different rates. This may be changed by other tablets that are taken at the same time, or by smoking and drinking.

If a medicine is injected, then it is usually found immediately in the blood stream. This is why injections usually work quicker than tablets. Some injections are designed to stay at the injection site and release the drug slowly- known as **implants** or **depot injections**.

Drug names

All medicines have a generic name, often sold under different brand names. For example: Lithium Carbonate may be sold under the trade name Priadel. Sometimes there is only one brand of a particular medicine- usually because it is quite new, but there may be several brands available. It is important that the patient/carer is clear which medicines are prescribed- if you are not sure, ask your doctor or pharmacist.

Side effects

All medicines have side effects, some have more than others, but sometimes one patient can suffer more than the next. It is very hard to predict which patient is going to respond best to which drug. Often with psychiatric illnesses the side effects seen with some medicines can be similar to symptoms of illness- for example- agitation. In these circumstances the patient's history and previous response to certain medicines may help decide which medicines are most likely to be tolerated. There are medicines- known as **anticholinergics**, that can be used to treat some side

effects, especially where these are severe and/or distressing. If side effects are mild and infrequent then it is usually best to try and manage without extra medication.

The more medicines used, the more likely that side effects will occur. All medication should therefore be reviewed at appropriate intervals, to check if the dose and duration of treatment is appropriate.

Compliance

It is very important that all medicines are taken in the right way at the right dose. Some can cause serious problems if too high a dose is taken. Often it can take a long time for the full benefits of a medication to be seen, and sometimes the patient may have side effects of the medication before it begins to work for their illness. It is important that these sorts of problems are explained to and understood by the patient. Also if a patient wants to stop taking a medication, then this should be done carefully, with full involvement of the patient. Stopping some of the medicines suddenly can cause a rapid worsening of symptoms or a major relapse.

Pregnancy/breast-feeding

All drugs used in psychiatric illnesses may cause problems if used in pregnancy and/or while breast feeding. Some are known to be teratogenic (causing harm to unborn babies) - notably lithium and valproate. Prescribing any of these drugs in women who hope to become pregnant is a specialist area. Ideally all pregnancies should be planned in advance so that therapy can be changed to the most appropriate treatment before conception.

Categories of medicine used

- Patients suffering **depression** are treated with **antidepressants**
- **Agitation or sleep problems** react to **hypnotics and anxiolytics**
- **Schizophrenic conditions** are prescribed **antipsychotics**
- **Bipolar (manic/depressive)** disorders use **antimanic agents**

ANTIDEPRESSANTS – for depressive conditions

This group of drugs are usually very effective at treating depressions. Often for mild to moderate depression non-drug therapy may be suggested as an alternative. The choice of treatments depends on other illnesses the client may have, other medications they are taking and the sort of side effects that will be least troublesome to an individual. Most antidepressants have a similar effect, although not all patients respond to each drug. One of two may be more effective, but these are restricted to specialist prescribing.

Tricyclic antidepressants

Examples are **amitriptyline, dosulepin (dothiepin), lofepramine, imipramine**.

These used to be the most commonly prescribed. Their main side effects are dry mouth, blurred vision, drowsiness (not all) or constipation. In some people they can cause/ exacerbate heart problems and epilepsy. Because of their side effects, they are usually started at lower doses and then the dose increased until full effect is seen.

Monoamine oxidase inhibitors

The main drug is **moclobemide**, which is used for major depression, only when other treatments have not worked. Because of the way it works, there are some dietary precautions that need to be taken.

SSRIs

Examples are **fluoxetine, sertraline, paroxetine, citalopram** and **escitalopram**. This group of drugs are effective antidepressants, but have a different range of side effects to the tricyclic group. They can increase seizure frequency in people with epilepsy, and some have been linked to increase in suicidal behaviour, especially in young adults/adolescents. Only fluoxetine should be used in this population group and all young people should be carefully monitored. There is new government guidance on treating depression in children and younger adults.

Stopping/ starting antidepressants

The tricyclics are usually started slowly, to minimise the risk of side effects. It is important that they are increased to the right dose, otherwise they will not work properly. The SSRIs should not be stopped or withdrawn suddenly, except in emergencies. This is because if they are stopped suddenly then the patient is more likely to get withdrawal side effects. They are not addictive, but some of the withdrawal symptoms mimic some of the initial symptoms of depression. Often when switching between antidepressants there should be a gap between treatments to allow for the first drug to be eliminated from the body before the new drug is taken.

Rarely two sorts of antidepressants are taken together. These sorts of combinations are usually only prescribed by a specialist in mental health. Because different medicines work in different ways, they may work together to be of benefit, however there is a chance that there will be more side effects.

HYPNOTICS AND ANXIOLYTICS - for agitation or sleep problems

These are medicines that are used to 'calm' people, or to help them sleep. They are usually divided into a group that are only used to help sleep, and a second group that make people drowsy, but are used to reduce agitation.

Often people find it very hard to stop taking hypnotics and anxiolytics. They may require specialist help, and it may take weeks- months for the tablets to be stopped altogether.

Hypnotics - to help with sleeping problems

There are two different groups-

- those based on **benzodiazepines- temazepam, nitrazepam** and others
- those called non-benzodiazepine hypnotics- **zaleplon, zopiclone, zolpidem**

Each group has advantages and disadvantages. Those that work for a longer amount of time- nitrazepam- have been shown to make people more drowsy the next day and to be associated with falls. Those that work for a very short amount of time- zaleplon- may not help sleep for a whole night-time period. All medicines used as hypnotics, can cause sleepiness the next day, and care should be taken if driving or using machinery.

Anxiolytics - to help with agitation

These are drugs that are used as tablets or injections to help people calm down. Nearly all are benzodiazepines- for example **diazepam** and **lorazepam**. Ideally these should not be used regularly for periods of more than a few weeks. This is because the effect may be reduced after a while.

ANTIPSYCHOTICS - for those suffering paranoia/delusions/hallucinations

This group of drugs are the main type of treatment for illnesses such as schizophrenia and other psychoses. There are two groups- one group called the older '**typical**' antipsychotics. The second are called '**atypical**' antipsychotics'

'Typical' antipsychotics

This group of medicines have been used for decades to treat psychoses. They are effective in a large amount of people with these sorts of illnesses, but not everyone responds well to the first drug that is tried. There are different types that have different ranges of side effects. Some cause more drowsiness, some cause more problems with movement, some cause more weight gain, some cause more hormone problems. Choosing the right sort of drug is not always easy as different people respond in different ways- the choice is usually made after discussions between a psychiatrist and the patient.

This group of drugs are also available as injections- mostly longer acting depot injections that last over a period of a few weeks.

'Atypical' antipsychotics

This is a newer group of drugs, including **olanzapine, risperidone, quetiapine, clozapine** and **aripiprazole** (trade name **Abilify**). They differ from the above group in that they tend to have less effect on movement. Most have been shown to work as well as the first group. Clozapine is the only drug that is shown to work better in patients who have resistant schizophrenia (difficult to treat). Unfortunately this drug can cause problems with the blood, so patients have to have very frequent blood tests.

All this group have their own side-effects- some more so than others. Olanzapine/ clozapine -cause more weight gain. Risperidone, especially at higher doses, can cause movement problems

As with the first group, the choice of which drug to use should be a balance of the risks and benefits for each individual patient. Not all patients respond to each drug, and sometimes several will need to be tried before good effect is seen.

ANTIMANIC DRUGS - used for bipolar disorder(manic-depression)

There are several different types of **mood stabiliser** available - all have been shown to have benefit in treating or preventing manic illnesses such as bipolar disorders.

Lithium is very effective in a lot of patients, but needs regular blood tests to check that the amount in the blood is at the correct level. There are different types of lithium available so it is important to make sure that the same one is taken.

Valproate- sodium or semisodium

Carbamazepine

Olanzapine

Quetiapine

Lamotrigine

All the above are used, often in combination with each other. All have different side effects, so choice depends on a patient's preference and how effective any one drug is for a particular person. Sometimes antidepressants are used to help where patients are in the depressive phase of the illness, however these can trigger periods of mania or hypomania and so are usually prescribed together with a mood stabiliser.

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