
▪ Medical Treatments

This factsheet aims to explain medical methods of treatment for mental health problems. You will find descriptions of the various forms of treatment available. If you are considering or undergoing one of these treatments you will find information on what to expect from it, what it involves and how you can get the most from this type of help.

Psychiatric drugs make up a quarter of all the medication prescribed through the NHS. These are drugs that aim to treat mental health problems. They work by altering the chemistry of the brain, and affect people's mood and behaviour. There are a wide variety of psychiatric drugs available, with different types used to treat different forms of mental health problems.

The law says that you have the right to make an informed decision about which treatment to have, and whether or not to accept the treatment a doctor suggests. To consent properly you need to have enough information to understand the nature of any treatment and its risks and effects, including its chances of success and any alternatives available. Once you have given your consent, you are entitled to change your mind at any point.

Treatment can only be given without your consent if you are detained in hospital under the Mental Health Act 1983. Psychiatric drugs can be given to you for three months, but then an independent doctor must consider whether you should continue to receive them, or not. This doctor is sent by the Mental Health Act Commission (MHAC) and is called Second Option Appointed Doctor (SOAD).

Antidepressants

What are these drugs used to treat?

Antidepressant drugs are used primarily in the treatment of depression, but are sometimes also used to treat other conditions such as anxiety, panic attacks and phobias.

Recent guidelines suggest that antidepressant drugs should not be used as a first treatment for mild to moderate depression, and that talking treatments such as counselling and cognitive behaviour therapy should be tried in the first instance.

Antidepressant drugs can be effective at treating moderate to severe depression, sometimes known as *clinical* depression. Antidepressants have been found to be effective for 70 per cent of people who have them prescribed, however, it must be stated that though drugs can alleviate the distressing symptoms of depression, they do not address the underlying cause of why a person became depressed in the first place. Due to this, many people are referred for talking treatments as well as being prescribed drug treatment.

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How do the drugs work?

Depression is associated with low levels of certain chemicals in the brain, notably serotonin and noradrenaline. Most antidepressant drugs are designed to increase the levels of these chemicals in the brain, either by blocking the brain from reabsorbing the chemicals, or by holding up the action of certain enzymes that can break down these chemicals.

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What are the different types of drugs?

Key: Drug name (brand name) *treats these conditions*

SSRIs (Serotonin Specific Re-uptake Inhibitors)

Citalopram (Cipramil) *depression, panic disorder*
Escitalopram (Cipralext) *depression, panic disorder*
Fluoxetine (Prozac) *depression, obsessive-compulsive disorder*
Fluvoxamine (Faverin) *depression, obsessive-compulsive disorder*
Paroxetine (Seroxat) *depression, anxiety, panic, social phobia*
Sertraline (Lustral) *depression, obsessive-compulsive disorder*

SNRI (Serotonin-Noradrenaline Re-uptake Inhibitor)

Venlafaxine (Efexor) *depression, anxiety*

NARI (Noradrenaline Re-uptake Inhibitor)

Reboxetine (Edronax) *depression*

NaSSA (Noradenergic & Specific Serotonergic Antidepressant)

Mirtazepine (Zispin) *depression*

MAOIs (Monoamine Oxidase Inhibitors)

Phenelzine (Nardil) *depression*
Isocarboxazid (Isocarboxazid non-proprietary) *depression*
Tranylcypromine (Tranylcypromine non-proprietary) *depression*

Reversible MAOI

Moclobemide (Manerix) *depression, social phobia*

Tricyclic antidepressants

Maprotiline (Ludiomil) *depression*
Mianserin Hydrochloride (Mianserin) *depression*
Trazodone (Molipaxin) *depression, anxiety*

Other antidepressant drugs

Flupenthixol (Fluanxol) *depression, psychosis*
Tryptophan (Optimax) *hospital treatment of severe depression*

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Are there any possible side-effects?

All drugs have the potential to cause unwanted side-effects and antidepressants are no exception. Some people who are prescribed these drugs stop taking them because of distressing side-effects. People who are already experiencing the distressing symptoms of depression can find it hard to tolerate the adverse effects of medication, particularly since many potential side-effects occur early on in treatment, before the drugs have started to lift the depression.

Although there are many potential side-effects from antidepressants, not everyone will experience adverse effects and some people may find these to be a minor inconvenience when weighed against the benefits drug treatment can bring. If you experience significant side-effects, it is important to discuss these concerns with your doctor. Drugs may affect people differently, what works well for one person may not for another. It may be that your doctor could try you on a

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different drug that may not have adverse effects for you. Alcohol and recreational drugs should be avoided as they can interact with the medication or cause it to be less effective.

Common side effects of antidepressant drugs include dry mouth, blurred vision, nausea, sweating, constipation or diarrhoea, sexual dysfunction, rashes, anxiety, tremor, dizziness, drowsiness. Less common side-effects include hallucinations, suicidal thoughts, mania, convulsions and movement disorders.

Although it is claimed that most antidepressants do not cause dependence, it is usually recommended that the drugs be withdrawn gradually. Stopping suddenly can cause "discontinuation syndrome" with physical symptoms such as nausea, vomiting, diarrhoea, flu-like symptoms or sleep problems, etc. Also, people can experience "rebound depression" with a recurrence of the depressed feelings as a result of not withdrawing from anti-depressants slowly.

What should I know before taking these drugs?

When someone is prescribed medication, the pack should contain a patient information leaflet. It is important to read this leaflet as it contains essential advice about the ingredients of the drug, the correct dosage levels, how and when to take it, possible unwanted side-effects, potential interactions with other drugs, and whether there may be any risk of developing dependence or any withdrawal syndrome. If you are unclear about any of the information contained within the leaflet, you can ask your pharmacist. Pharmacists have specialist knowledge about drugs, and are usually happy to take some time to discuss any concerns a patient may have.

Anxiolytics

(Minor Tranquillisers)

What are these drugs used to treat?

These drugs are used in the treatment of anxiety; but are sometimes also used to treat other conditions such as panic attacks, insomnia, and acute alcohol withdrawal.

How do the drugs work?

Benzodiazepines work by calming the activity of the brain. They act on all parts of the brain, including areas responsible for rational thought, memory, emotions, and essential functions such as breathing. They can be very effective in alleviating the psychological symptoms of anxiety; however, long-term use should be avoided as there is a high risk of developing dependence.

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Beta-blockers can be effective in treating the physical symptoms of anxiety such as palpitations and tremor. They may, however, be of no benefit in treating people experiencing predominantly psychological symptoms of anxiety. Beta-blockers are frequently prescribed together with short-term benzodiazepine treatment.

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What are the different types of drugs?

Key: Drug name (brand name) *treats these conditions*

Benzodiazepines

Diazepam (Valium) *anxiety, insomnia, panic attacks, alcohol withdrawal*

Alprazolam (Xanax) *anxiety*

Chlordiazepoxide (Chlordiazepoxide non-proprietary) *anxiety*

Clorazepate Dipotassium (Tranxene) *anxiety*

Lorazepam (Lorazepam non-proprietary) *anxiety, insomnia, panic attack*

Oxazepam (Oxazepam non-proprietary) *anxiety*

Beta-blockers

Propranolol Hydrochloride (Propranolol) *anxiety – physical symptoms*

Oxprenolol (Trasicor / Trasidex) *anxiety – physical symptoms*

Other anxiolytics

Buspirone (Buspar) *anxiety*

Are there any possible side-effects?

All drugs have the potential to cause unwanted side-effects and again, anxiolytics are no exception. Some people who are prescribed these drugs stop taking them because of distressing side-effects. People who are already experiencing the distressing symptoms of anxiety can find it hard to tolerate the adverse effects of medication.

Although there are many potential side-effects from anxiolytics, not everyone will experience adverse effects and some people may find these to be a minor inconvenience when weighed against the benefits drug treatment can bring. If you experience significant side-effects, it is important to discuss these concerns with your doctor. Drugs may affect people differently, what works well for one person may not for another. It may be that your doctor could try you on a different drug that may not have adverse effects for you. Alcohol and recreational drugs should be avoided as they can interact with the medication or cause it to be less effective. Common side effects of anxiolytic drugs include drowsiness and light-headedness the next day, confusion, and dependence. Less common side-effects include sexual dysfunction, aggression, incontinence and blood disorders.

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Antipsychotics

(Neuroleptics / Major Tranquillisers)

What are these drugs used to treat?

Antipsychotic drugs are used primarily in the treatment of schizophrenia and psychosis; but are also used in the treatment of mania. Occasionally antipsychotic drugs are prescribed as a short-term treatment of extreme anxiety or dangerously impulsive behaviour. Antipsychotic drugs can be effective in controlling the symptoms of psychosis - they can lessen delusions, hallucinations, incoherent speech and thinking, and reduce anxiety, confusion and extreme agitation. The drugs can be useful in treating paranoia by making the person feel less threatened, and can help reduce violent, disruptive and manic behaviour.

How do the drugs work?

Most antipsychotic drugs have a sedative effect, meaning they can be used to tranquillise a person, without impairing consciousness. It is believed that they affect a chemical in the brain called dopamine. Dopamine is a neurotransmitter that carries signals between brain cells. The drugs slow down the signals between brain cells, which are believed to be too frequent when people are experiencing psychotic or manic states.

What are the different types of drugs?

Key: Drug name (brand name) *treats these conditions*

Phenothiazines

Benperidol (Benquil) *deviant anti-social sexual behaviour*
 Chlorpromazine (Largactil) *schizophrenia, mania, psychosis, acute anxiety*
 Flupenthixol (Depixol) *schizophrenia, psychosis, depression, acute anxiety*
 Fluphenazine (Moditen) *schizophrenia, psychosis, mania, acute anxiety*
 Haloperidol (Haldol / Serenace) *schizophrenia, psychosis, mania, acute anxiety*
 Levomepromazine / Methotrimeprazine (Nozinan) *schizophrenia*
 Pericyazine (Neulactil) *schizophrenia, psychosis, mania, acute anxiety*
 Perphenazine (Fentazin) *schizophrenia, psychosis, mania, acute anxiety*
 Pimozide (Orap) *schizophrenia, psychosis*
 Prochlorperazine (Prochlorperazine) *schizophrenia, psychosis, acute anxiety*
 Promazine Hydrochloride (Promazine) *schizophrenia, psychosis, mania*
 Sulpiride (Dolmatil / Sulpitil / Sulpor) *schizophrenia*
 Thioridazine (Melleril) *schizophrenia*
 Trifluoperazine (Stelazine) *schizophrenia, psychosis, acute anxiety*
 Zuclopenthixol Acetate (Clopixol Acuphase – injection) *psychosis, mania*
 Zuclopenthixol Dihydrochloride (Clopixol) *schizophrenia, psychosis*

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Atypical Antipsychotics

Amisulpride (Solian) *schizophrenia, psychosis*
 Clozapine (Clozaril) *schizophrenia, psychosis*
 Olanzapine (Zyprexa) *schizophrenia, mania*
 Quetiapine (Seroquel) *schizophrenia*
 Risperidone (Risperdal) *psychosis*
 Sertindole (Serdolect) *schizophrenia*
 Zotepine (Zoleptil) *schizophrenia*

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Antipsychotic depot injections

Flupenthixol Decanoate (Depixol) *schizophrenia, psychosis*
Fluphenazine Decanoate (Modecate) *schizophrenia, psychosis*
Haloperidol Decanoate (Haldol Decanoate) *schizophrenia, psychosis*
Pipotiazine Palmitate (Piportil depot) *schizophrenia, psychosis*
Risperidone (Risperdal Consta) *schizophrenia, psychosis*
Zuclopenthixol Decanoate (Clopixol) *schizophrenia, psychosis*

Are there any possible side-effects?

All drugs have the potential to cause unwanted side-effects, including antipsychotics. Some people who are prescribed these drugs stop taking them because of distressing side-effects. People who are already experiencing the distressing symptoms of mental illness can find it hard to tolerate the adverse effects of medication.

Although there are many potential side-effects from antipsychotics, not everyone will experience adverse effects, and some people may find these to be a minor inconvenience when weighed against the benefits drug treatment can bring. If you experience significant side-effects from drugs, it is important to discuss these concerns with your doctor. Drugs may affect people differently, what works well for one person may not for another. It may be that your doctor could try you on a different drug that may not have adverse effects for you. Alcohol and recreational drugs should be avoided as they can interact with the medication or cause it to be less effective.

Common side effects of antipsychotic drugs include drowsiness, apathy, confusion, burning easily in sunlight, dry mouth weight gain, agitation and insomnia.

Antipsychotic drugs can also cause a range of distressing side-effects known as *extra-pyramidal* symptoms. These include *parkinsonian* symptoms such as tremors, abnormal face and body movements known as *dystonia*, restlessness known as *akathisia*, and of particular concern *tardive dyskinesia*. *Tardive dyskinesia* is a syndrome characterised by rhythmic, involuntary movements of the tongue, face and jaw that cannot always be reversed, even after withdrawal from the drug.

A rare side-effect of antipsychotic drugs is a potentially life-threatening condition called *neuroleptic malignant syndrome*. This is characterised by hypothermia, loss of consciousness, and muscular rigidity. If this condition develops, the antipsychotic must be withdrawn immediately.

Anti-psychotic drugs should be withdrawn gradually, and should be closely monitored to avoid the risk of acute withdrawal syndromes or rapid relapse. The effects of alcohol are enhanced by antipsychotic drugs, so alcohol should be avoided.

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Mood Stabilisers

(Antimanic drugs)

What are these drugs used to treat?

Mood stabilising drugs are used primarily in the treatment of manic depression, also known as bipolar disorder. These drugs aim to control acute attacks of mania and also prevent their recurrence. They can prevent the extreme swings of mood from high to low that are characteristic of manic depression.

How do the drugs work?

It is not really known how mood-stabilising drugs work. It is thought that they may alter the way that nerve cells respond to some of the chemicals that pass messages between them. New data suggests that lithium may calm overexcited areas of the brain and preserve the life of brain cells whose presence guards against manic depression. Research has also found that lithium protects brain cells from being over-stimulated by glutamate, one of the many chemicals that transmit messages in the brain.

What are the different types of drugs?

Key: Drug name (brand name) *treats these conditions*

Mood Stabilisers

Carbamazepine (Tegretol / Teril / Timonil) *manic depression*

Lithium Carbonate (Camcolit / Likonum / Priadel) *manic depression*

Lithium Citrate (Li-Liquid / Priadel) *manic depression, self-harm*

Sodium Valproate (Sodium Valproate) *manic depression*

Valproic Acid (Depakote) *manic depression*

Are there any possible side-effects?

As previously explained, all drugs have the potential to cause unwanted side-effects. Some people who are prescribed mood stabilisers stop taking them because of distressing side-effects. People who are already experiencing the distressing symptoms of manic depression can find it hard to tolerate the adverse effects of medication, particularly since many potential side-effects occur early on in treatment, before the drugs have started to work.

Although there are many potential side-effects from mood stabilisers, not everyone will experience adverse effects and some people may find these to be a minor inconvenience when weighed against the benefits drug treatment can bring. If you experience significant side-effects, it is important to discuss these concerns with your doctor. Drugs may affect people differently, what works well for one person may not for another. It may be that your doctor could try you on a different drug that may not have adverse effects for you. Alcohol and recreational drugs should be avoided as they can interact with the medication or cause it to be less effective.

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Common side effects of mood stabilising drugs include gastro-intestinal disturbances, headache, rashes, tremor, diarrhoea, weight-gain, muscle weakness and lack of co-ordination. Less common side-effects include blood disorders, sexual dysfunction, and renal problems.

Although it is claimed that mood stabilisers do not cause dependence, it is usually recommended that the drugs be withdrawn gradually to avoid possible relapse.

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ECT (electro-convulsive therapy)

What is ECT used to treat?

ECT is used primarily in the treatment of longstanding severe depression, but it is also occasionally used to treat mania, schizophrenia and post-natal depression. ECT is not effective in all cases, but when it does work it tends to work very quickly.

How does ECT work?

In ECT a series of brief, high-voltage electric pulses are passed through the brain triggering a form of seizure or fit. The procedure is carried out under a general anaesthetic, and muscle relaxants are administered. It is unclear how ECT actually works, but it is thought that it changes the way in which brain cells respond to chemical messengers in the brain, possibly by actually causing minor brain damage. Most people are treated with a course of between four and eight sessions of ECT. If there has been no significant improvement after eight sessions the treatment is usually discontinued.

Are there any possible side-effects?

Immediately after treatment people often feel drowsy and confused, and may experience headaches and nausea. These side-effects often subside quickly, but there is a risk that memory-loss, learning difficulties, and a loss of creativity, drive and energy may last for weeks, and in some cases permanently.

What should I know before having ECT?

ECT is an extremely controversial form of treatment. Though it can produce favourable results in some people, for others it can be a distressing procedure that can feel damaging rather than beneficial.

You can refuse to have ECT and may withdraw your consent to treatment at any time without altering your right to alternative treatments. ECT can only be given without your consent if you are detained in hospital under the Mental Health Act 1983, and then, only if authorised by a doctor appointed by the Mental Health Act Commission.

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Where can I find help and support?

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SANEline and SANEmail offer emotional support and information to those experiencing mental health problems, their families and carers.

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