

Handy charts

Handy charts to help people compare the medications for mental health conditions

Contents:

1. Acute Psychiatric Emergency
2. ADHD (Attention Deficit Hyperactivity Disorder)
3. Alcohol Dependence
4. Alcohol Withdrawal
5. Alzheimer's Disease
6. Anxiety (Generalised Anxiety Disorder)
7. Bipolar depression
8. Bipolar mania
9. Bipolar mood disorder
10. Depression
11. Insomnia
12. OCD (Obsessive Compulsive Disorder)
13. Panic Disorder
14. Psychosis and schizophrenia
15. PTSD (Post Traumatic Stress Disorder)
16. Seasonal Affective Disorder
17. Social anxiety (Social Phobia)

Please telephone the helpline for a large print version of any of these charts

Each comparison chart has 2 pages; the first page explains the background and the second page has a summary of the important comparative information. The charts can only be a summary, and have thus been designed to be used in conjunction with www.choiceandmedication.org.uk or www.southstaffsandshropshealthcareft.nhs.uk/, where more explanations, details and information can be found.

- **Hospital Pharmacy Departments:**
Stafford - 01785 221326
Tamworth - 01827 263800 ext 8327
Lichfield - 01543 412904
Burton Upon Trent - 01283 566333 Ext 5638
Shelton Pharmacy, Shrewsbury - 01743 492150
- **Also available: "Ask About Your Medicines"**
- **For additional copies, please contact the Medicines Management & Pharmacy Team**
Tel. 01785 221141
- **Produced by Medicines Management & Pharmacy, St Chads House, Stafford, ST16 3AG**

In addition, www.choiceandmedication.org.uk has further details about each of the conditions listed e.g.

- What is the condition?
- What are the symptoms?
- What are the alternatives to treat it? (including non-medication treatments)
- What are the main medications?
- Is there an easy way to compare the main medications? (ie these charts on-line)
- If the medication is working, for how long will I need to keep taking it?
- If the medication is not working, how long will it be before a change is considered?
- How many medicines should I be taking for my symptoms?
- Are there any guidelines I can look at?
- Where can I find out more information?

Edition 2, October 2011

Acute Psychiatric Emergency

A handy chart to help you compare the medicines to help the symptoms of an acute emergency

Please note: Everyone is unique and this is only a **guide!**

This guide is different from the others in the series as it is not designed to help people choose their medication, as in an acute emergency this will not be appropriate. We have put this together to help relatives and carers to know what the choices are, why certain medicines might be used, the usual doses and what might then happen. There are many other ways that someone can be helped in an emergency and medication should be used to help, not just to be the only treatment. It might also help if you putting together an Advance Directive.

We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

- Medicine** – these are the main medicines used to help manage an **acute psychiatric emergency**, and a few others that are sometimes used.
- These first medicines are those that NICE (National Institute for Clinical Excellence) in England has included in their most recent guidelines
 - We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
 - This is only short guide. Please see the rest of our website for more details

What it does – some medicines are more useful for psychosis, some for agitation and mania, and some for both. Some are better just at calming and reducing aggression or distress.

How we think it might work – this is how we think the medicine works in the brain to help an acute emergency. There is more about this on the website. Taking two medicines with the same way of working doesn't help much. However, in an emergency, using two medicines that work in different ways often works much better e.g. quicker and with less side effects. An antipsychotic and a benzodiazepine together often give a quicker and better effect, and usually means lower doses of both can be used.

How it can be given – these are the different forms of a medicine e.g. plain tablets, melt-in-the-mouth tablets, syrups or liquids, injections (this is almost always into the muscles; IM), suppositories or rectal tubules.

Top dose in 24hrs – this is the most that should usually be given to an adult in any 24 hours. This is not necessarily the same as in a day, because you could get lots one evening and then more the next morning. Some people need higher doses, some need lower doses. Sometimes people need more than these doses, but this should only be done carefully. The dose should usually be lower in older and younger people.

How long for it to start to work – this is just a guide to how soon an effect from the medicine starts to take an effect. This is usually quicker if given by injection.

Peak effect – this is the time when the effect from a dose will be at its greatest.

How long it lasts for – this is how long the main effect of each dose often lasts for, although this will be different in different people.

Some of the main side effects – these are just two of the main side effects. They are more marked at higher doses, and most wear off after a few days.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- 0 = This is very rare or not known

The side effects here are:

- **Drowsiness** – *feeling sleepy, sedated or doped up*
- **Muscle problems** – *can include muscle stiffness, muscles tightening up or going into a spasm, restlessness (akathisia)*

There are many other possible side effects.

Please see the website for more details of each of the medicines and side effects.

Tips on how to get the best out of medication:

- Read the website to make sure you know what each medicine is for, when and how it is taken or given
- Although medicines can help some of the symptoms, they are not always the only answer. In emergencies medication has to be the last resort – ways of calming (de-escalation) should be used all the time.

A handy chart to help you compare the medicines to help the symptoms in an acute emergency

Main medicines	What it does	How we think it probably works	How it can be given	Top dose in 24 hours	How long before it works	Peak effect	How long it lasts for	Main side effects *		Comment
								Drowsiness	Muscle problems	
NICE recommended										
Haloperidol	Antipsychotic & antimanic	Blocks dopamine	Tablets, syrup	30mg	1hr	2-6hrs	20hrs	●	●●●	Often given with a benzodiazepine
			Injection	18mg	30mins	15-60mins	4-6hrs			
Olanzapine (Zyprexa®)	Antipsychotic & antimanic	Blocks dopamine and calms	Tablets, melt-in-the-mouth tabs	20mg	4hrs	5-8hrs	24hrs	●●●	●	A benzodiazepine must not be given within an hour
			Injection	20mg	15mins	15-45mins	6-8hrs			
Risperidone (e.g. Risperdal®)	Antipsychotic & antimanic	Blocks dopamine	Tablets, melt-in-the-mouth tablets, syrup	16mg	1hr	1-2hr	20hrs	●	●●	Often given with a benzodiazepine
Benzodiazepines										
Lorazepam	Sedative and calming	Boosts GABA, the brain's natural calming chemical messenger	Tablets	4mg (up to 10mg)	30-45mins	2hrs	4-6hrs	●●●	0	Often given with an antipsychotic
			Injection IM	8mg	30-45mins	60-90mins	4hrs			
Diazepam	Sedative and calming		Tablets, syrup	30mg	30mins	1hr	4-8hrs	●●●	0	
			Injection IM	20mg?	15mins	15-30mins	4-8hrs			
		Rectal	30mg	5-10mins	15mins	4-8hrs				
Other medicines (usually only used where main medicines have not worked, or as an add-on)										
Aripiprazole (Abilify®)	Antipsychotic & antimanic	Regulates dopamine	Tablets, melt-in-the-mouth tablets, syrup	30mg	1-2hrs?	3-5hrs	About 24hrs	●	●	Often given with a benzodiazepine
			Injection	30mg	1hr	1-3hrs	24hrs			
Quetiapine (Seroquel XL®)	Antipsychotic & antimanic	Blocks dopamine and calms	Tablets	800mg	3-4hrs	XL 6hrs	About 12hrs	●●●	●	
Chlorpromazine	Antipsychotic	Block dopamine and calms	Tablets, syrup	1000mg	1-2hrs	3hrs	6-8hrs	●●●	●●	
			Injection	200mg	1hr?	1-4hrs	6-8hrs			
Trifluoperazine	Antipsychotic		Tablets, syrup	(20mg)	1hr	2-4hrs	24hrs	●●●	●●	
Zuclopenthixol acetate (Acuphase®)	Antipsychotic	Blocks dopamine	Injection	400mg over 2 weeks	12hrs?	36hrs	2-3 days	●●	●●●	
Valproate (e.g. Depakote®)	Antimanic	Calms, boosts GABA	Tablets, syrup	2000mg or more	2hrs	3-5hrs	12hrs	●●	0	Better for mania
Carbamazepine (e.g. Tegretol®)	Antimanic	Calms	Tablets	2000mg	6hrs	12hrs	24hrs	●●	0	Better for mania
			Syrup or chewtabs	2000mg	1-2hrs	2-6hrs	24hrs			
			Suppositories	1000mg	3-6hrs	6hrs	24hrs			
Promethazine	Sedative and calming	Antihistamine, sedates	Tablets, syrup	25mg	15-30mins	2-3hrs	6-12hrs	●●●	●	
			Injection	100mg	?	?	?			
Clonazepam	Sedative and calming	Boost GABA, the brain's natural calming agent	Tablets	20mg	1hr	1-4hrs	30hrs	●●●	0	Often given with an antipsychotic
			Injection	NK	NK	NK	NK			
Midazolam			Injection or mouth spray	5mg	15-30mins	30mins	2hrs	●●●	0	

ADHD (attention deficit hyperactivity disorder)

A handy chart to help you compare the medicines to help the symptoms of ADHD

Please note: You are unique and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **ADHD**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide, as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Agitation** – feeling tense, under pressure, fidgeting, anxious
- **Headache** – can be mild
- **Nausea** – feeling sick, but not usually being sick
- **Muscle stiffness** – can be stiffness or a slight shake or tremor

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to compare the medicines to help the symptoms of ADHD

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsiness	Agitation	Head-ache	Nausea	Muscle stiffness		
Main medicines (licensed or which are proven to help)										
Methylphenidate (Ritalin [®] , Medikinet [®] , Concerta [®] , Equasym [®])	Up to about 40mg a day (depends on your weight). Can be up to 60-100mg a day or more in adults	Boosts dopamine in areas of the brain that control concentration	Within a few hours or days. May take a few weeks for the full effect	0	●●	●●●●	●●	0	Usually for several years. Short gaps may help. Often helps adults too	Should be stopped slowly over several weeks if taken for more than a few months
Atomoxetine (Strattera [®])	40-80mg a day in children. Can be higher in adults	Boosts noradrenaline	Takes about 4-8 weeks to start working	●●●●	0	●	●●	0	Usually for several years. Short gaps may help. Often helps adults too	No problems known
Dexamfetamine (Dexadrine [®])	Usually up to 20mg a day, a bit higher in adults	Boosts dopamine in areas of the brain that control concentration	Within a few hours or days. May take a few weeks for the full effect	0	●●●●	●●	●●	0	Usually for several years. Short gaps may help. Often helps adults too	Should be stopped slowly over several weeks if taken for more than a few months
Other medicines (usually only used when the main medicines have not worked or as an add-on)										
Antipsychotics such as risperidone or olanzapine	Risperidone up to about 4mg a day. Olanzapine up to about 10mg a day	Decreases dopamine in the alerting parts of the brain and so helps to calm the brain	In a few days for agitation	●●	●	0	0	●●	Can be regular but may also be useful if taken when needed for agitation	Should be no problems
Clonidine (Dixarit [®] , Catapres [®])	50-300mcg (0.05-0.3mg) a day, usually given 3-4 times a day.	Boosts the regulation of attention and behaviour	About 4 weeks	●	0	●●	●	0	Sometimes for several years. Short gaps may help. Often helps adults too	Should be stopped slowly over several weeks if taken for more than a few months

Alcohol dependence

A handy chart to help you compare the medicines to help the symptoms of alcohol dependence

Please note: You are unique and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat **alcohol dependence**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Nausea** – feeling sick, but not usually being sick
- **Headache** - where your head hurts
- **Stomach upset and diarrhoea**
- **Others** – because these medicines are all quite different

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of alcohol dependence

Medicine	Usual dose per day	What it does	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
					Drowsiness	Headache	Nausea	Stomach upset & the runs	Other side effects		
Main medicines (licensed or which are proven to help)											
Acamprosate	666mg three times a day	Reduces reward and craving	Blocks the effect of glutamate and boosts GABA	A week or so but builds over the next month	○	●●	○	●●	Diarrhoea	1 year	No problems
Disulfiram	200-500mg a day	"Adversive" – makes you ill if you drink alcohol	Blocks the enzyme that breaks down alcohol dehydrogenase	A few hours	●●	○	●●	○	Halitosis Being short of breath	For as long as you need, probably for at least 6 months	No problems
Thiamine and other vitamins	50-100mg a day	Protects the brain from damage	Replaces missing vitamins	Can be fairly quick	○	○	○	○		About a month to start with, can be longer if needed	No problems
Other medicines (usually only where the main medicines have not worked or as an add-on)											
Naltrexone	50mg	Reduces reward and craving	Blocks reward receptors	About an hour but the effect will build for days and weeks	○	●●	●●●	●●	Poor sleep Thirst Sweating	For as long as you need, maybe 3 months or longer	No problems
Antidepressants, anxiolytics	See other Handy Charts	Help treat some of the reasons people may drink too much e.g. anxiety, social phobia, depression		May take several weeks or longer	See other handy charts					For as long as needed	Depends on the treatment

Alcohol withdrawal

A handy chart to help you compare the medicines to help the symptoms of alcohol withdrawal

Please note: You are unique and this is only a guide!

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **alcohol withdrawal**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Weight gain** – feeling more hungry and putting on weight
- **Nausea** – feeling sick, but not usually being sick
- **Dry mouth etc** – plus blurred vision, constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire, performance or pleasure

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of alcohol withdrawal

Medicine	Usual dose per day	What it does	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
					Drowsiness	Weight gain	Nausea	Dry mouth etc	Sexual problems		
Main medicines (licensed or which are proven to help)											
Chlordiazepoxide	Starting at high dose (e.g. up to about 150mg a day) then slowly reducing	Anticonvulsant, stops fits or seizures	Boosts GABA, the brain's natural calming messenger	A couple of hours	●●●	0	0	0	●	Usually no more than 9 days	Gradually over a week or so
Diazepam					●●●	0	0	0	●		
Clomethiazole (Heminevrin®)	Starting at high dose then reducing	Anticonvulsant, stops fits or seizures	Calms the spread of stimulating messages in brain	A couple of hours	●●●	0	●	●	●	Usually no more than 9 days	Gradually over a week or so
Thiamine (and other vitamins)	50-100mg	Protects brain from damage	Replaces missing vitamins	Over a few days or weeks	0	0	0	0	●	For as long as needed	No problem
Pabrinex®	2 ampoules a day for 3 days	Protects the brain from more damage	Quickly replaces vital vitamins	Over a few week or so, can be quicker	0	0	0	0	0	Usually 3 days	No problem
Other medicines (usually only where the main medicines have not worked or as an add-on)											
Carbamazepine	400-1000mg	Anticonvulsant, stops fits or seizures	Calms the spread of stimulating messages in brain	A couple of hours	●●	●	●●●	●	●●●	Usually only a week or so	Gradually over a week or so

Alzheimer's Disease and dementia

A handy chart to help you compare the medicines to help the symptoms of Alzheimer's Disease

Please note: You are **unique** and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. art therapy, and help with coping with the symptoms.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **Alzheimer's Disease**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their "generic name" (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Nausea** – feeling sick, but not usually being sick
- **Headache** – can be mild
- **Muscle stiffness** – can be stiffness of the legs or arms
- **Tremor** – a slight shake, usually the hands

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of Alzheimer's Disease

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsiness	Nausea	Headache	Muscle stiffness	Tremor		
Main medicines (licensed or which are proven to help)										
Donepezil (Aricept®)	5-10mg a day	Stops the breakdown of acetylcholine, the brain's chemical messenger for memory	May get some improvement, or the person may stop getting worse, over several weeks or a month or so	●	●●	●●●	0	0	Usually life-long	Should be no problem but the person usually gets worse when stopped
Galantamine (Reminyl®, Reminyl XL®)	Up to 24mg a day			●	●●	●●●	0	0		
Rivastigmine (Exelon®)	6-12mg a day			●	●●	●●●	0	0		
Memantine (Ebixa®)	Up to 20mg a day			●●	●	●●●	0	0		
Others (these can help with some symptoms of dementia e.g. being aggressive, irritable or not sleeping)										
Risperidone (licensed)	0.5mg to 2mg a day for up to 6 weeks	May cause some sedation and can reduce agitation.	Within a few days. Usually only used if required or regularly at a low dose to help with behaviour problems or agitation.	●●	0	0	●●	●●	They should be stopped every few weeks to check they are not making things worse	There should be no problem
Quetiapine † (Seroquel®, Seroquel XL®)	Up to about 100mg a day	May cause some sedation and reduces agitation.		●●●	0	0	0	0		
Other antipsychotics†	Pericyazine up to about 5mg a day. Sulpiride up to 200mg a day. Amisulpride up to 200mg a day	These are usually only used when required or regularly at low dose to help with behaviour problems or agitation.		●●	0	0	●●	●●		

† Quetiapine or other antipsychotics should only be used with great care

Anxiety: a handy chart to help you compare the main medicines to help the symptoms of anxiety

As anxiety and depression often occur together, you might also want to look at the Handy Chart for depression

Please note: You are unique and this is only a guide!

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **anxiety**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Feeling strange** – just not feeling right
- **Nausea** – feeling sick, but not usually being sick
- **Dizziness** – feeling a bit unsteady

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the main medicines to help the symptoms of anxiety

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *				How long you could or should take it for	How to stop it
				Drowsiness	Nausea	Feeling strange	Dizziness		
Main medicines (licensed or which are proven to help)									
SSRIs e.g. escitalopram (Cipralextm), Paroxetine. <i>Other SSRIs may also work</i>	Escitalopram 10mg a day. Paroxetine 20mg a day	Boosts serotonin	Takes about 3-4 weeks. The symptoms may get a bit worse in the first couple of weeks before then getting better	●	●●●	○	○	As long as you want. Taking for at least 6 months reduces the chances of getting unwell again	Stop gradually over a few weeks if taken for more than a few months
Venlafaxine (e.g. Efexor XLtm)	75mg a day	Boosts serotonin and noradrenaline		●	●●●	○	○		
Duloxetine (Cymbaltdm)	60mg a day			●	●●●	○	○		
Pregabalin (Lyricatm)	Around 300mg	Slows down excitatory messages	A week or so, builds over 3-4 weeks	●●	●	●	●●●		No problem, best stopped over a few days though
Buspirone (e.g. Buspartm)	30mg	Boosts serotonin	4 weeks at full dose	●	○	●●●	●		No problem
Benzodiazepines (shorter-acting e.g. lorazepam, oxazepam, clonazepam)	Lorazepam up to 4mg. Oxazepam up to 30mg	Boosts the effect of GABA, the brain's natural inhibitory or calming chemical messenger	A few hours	●●●	○	●	○	Usually for up to a month or so, but can be longer	Should be done slowly if taken for more than a few months
Benzodiazepines (longer-acting e.g. diazepam, chlordiazepoxide)	Up to about 15mg		A few hours to a few days	●●●	○	●	○		
Beta-blockers e.g. propranolol or oxprenolol	Up to 120mg a day maximum	Stops the heart beating too fast and reduces tremor	A few hours	○	○	●	●	As long as you feel you want or need to	Should be done slowly if taken for more than a few months
Unlicensed (usually only where the main treatments have failed or as an add-on)									
Other SSRIs (e.g. fluoxetine, citalopram, sertraline)	Fluoxetine & citalopram 20mg a day	Boosts serotonin	As paroxetine/escitalopram above	●	●●●	○	○	As SSRIs above	As SSRIs above
Antipsychotics e.g. pericyazine	Pericyazine around 5-30mg	Sedative and calming	Within a few hours	●●●	○	○	●●	Usually when required	No problem

Bipolar Depression

A handy chart to help you compare the medicines to help the symptoms of bipolar depression

You might also want to look at the Handy Charts for bipolar mood disorder and bipolar mania

Please note: You are unique and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **bipolar depression**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

Drowsiness – feeling sleepy or doped up

Weight gain – feeling more hungry and putting on weight

Nausea – feeling sick, but not usually being sick

Postural hypotension – can be stiffness or a slight shake or tremor

Sexual problems – lack of desire or pleasure

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of bipolar depression

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsi-ness	Weight gain	Nausea	Postural hypotension	Sexual problems		
Main medicines (licensed or which are proven to help)										
Quetiapine (Seroquel XL®) <i>Can help bipolar depression when it happens</i>	300mg a day	We don't really know, but it blocks dopamine	Probably up to about 4 weeks	●●●	●	●	●●●	0	As long as you want, probably for several years	Should be no problem
Lamotrigine (e.g. Lamictal®) <i>Can help stop bipolar depression coming back</i>	50-200mg a day	We don't really know	May take many weeks, and must be started slowly	●●	●	●●	0	0	As long as you want, probably for several years	Should be no problem
Other medicines (usually only where main medicines have not worked or as an add-on)										
Antidepressants § e.g. SSRIs <i>Low chance of sending you high</i>	Fluoxetine, citalopram and paroxetine 20mg a day	Boosts serotonin	May take at least 4 weeks for the full effect but you may feel a bit better after a few weeks	●	●●	●●●	0	●●●	Best stopped slowly after a few months when the depression has gone	It is best if all antidepressants are stopped slowly. Paroxetine should be stopped gradually over several weeks
Mirtazapine (e.g. Zispin®) § <i>Lowest chance of sending you high</i>	30mg a day	Boosts serotonin and noradrenaline		●●●	●●●	0	0	0		
Lithium (e.g. Camcolit®, Priadel®)	Around 400-1000mg a day, depending on your blood level	We don't really know, but it does a lot of different things in the brain	May take several months	●	●●	●	0	0	Often many years, two years is a minimum	Must be done slowly over at least 4 weeks, if not over a longer time
Olanzapine (Zyprexa®)	Around 10mg a day	We don't really know, although it blocks dopamine	May take several months	●●●	●●●	●	0	0	As long as you want, probably for several years	Should be no problem
Valproate (e.g. Depakote®, Epilim®)	Around 400-1000mg a day	Boosts GABA and others	May take several months	●	●	●	0	0	As long as you want, probably for several years	

§ Antidepressants may help "bipolar depression" in the short-term but may not be a good idea if taken for a long time. Please see our website for more help.

Bipolar Mania

A handy chart to help you compare the medicines to help bipolar mania

You might also want to look at the pages for bipolar mood disorder, acute psychiatric emergency and insomnia

Please note: You are unique and this is only a guide!

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped but medicines are usually the first choice.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **bipolar mania**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it’s kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn’t often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don’t give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

Drowsiness – feeling sleepy, sedated or doped up

Muscle stiffness – can be stiffness or a slight shake or tremor

Weight gain – feeling more hungry and putting on weight

Dry mouth, blurred vision – plus constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)

Sexual problems – lack of desire or pleasure

There are many other possible side effects.

Please see the website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it’s kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don’t forget to keep them out of the sight and reach of children*)
- Although medicines can help most people’s symptoms, they are not always the only answer. Please see the website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help bipolar mania

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsi-ness	Muscle stiffness	Weight gain	Dry mouth, blurred vision	Sexual problems		
Main medicines (licensed or which are proven to help)										
Valproate semisodium (e.g. Depakote®)	Up to 2000mg a day	Boosts the effect of GABA, the brain's natural calming chemical messenger	Can be a couple of days at high dose	●●	○	●	○	○	Can be many years, as they can help stop you becoming ill again	Should be slowly over a few weeks. If you stop any quicker, it might make you less stable.
Risperidone	4-6mg a day	All reduce the effect of dopamine	Can have a quick effect in a few hours but the effect should build over a few days or week or so	●	●●	●●	●	●●		
Olanzapine (Zyprexa®)	Up to 20mg a day			●●●	●	●●●	●	●		
Quetiapine (Seroquel XL®)	600mg a day			●●●	●	●●	●	●		
Aripiprazole (Abilify®)	15-30mg a day	Regulates dopamine receptors	Can take a few days	●	●	●	○	○		
Asenapine (Sycrest®)	5-10mg twice a day	Reduces the effect of dopamine		●●●	●●	●	●	○		
Carbamazepine (eg Tegretol®)	Up to 1600 mg a day	Calms the spread of stimulating messages	Can take a few days	●●	○	●	○	○		
Lithium (e.g. Camcolit®, Priadel®)	Can be up to 1000mg a day or higher	We don't really know for sure as it does lots of things in the brain	Can take a week or two	●	●	●●	○	●		
Haloperidol	Up to 18mg a day by injection or 30mg by mouth	Reduces the effect of dopamine	Can have an effect in a few hours but the effect should build over a few days or weeks	●●	●●●	●●●	●●●	●●●	As above, but not usually used long-term	
Benzodiazepines	Lorazepam 4mg a day or higher	Boosts the effect of GABA, the brain's natural calming messenger	Should be quick e.g. about an hour	●●●	○	○	○	○	Are usually used only for a few days or until you are stable	Slowly over a week or so

Bipolar Mood Disorder (manic-depression)

A handy chart to help you compare the medicines to help the symptoms of bipolar mood disorder

You might also want to look at the Handy Charts for bipolar depression and bipolar mania

Please note: You are unique and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **bipolar mood disorder**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Weight gain** – feeling more hungry and putting on weight
- **Stomach upset** – feeling sick, but not usually being sick

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of bipolar mood disorder

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *				How long you could or should take it for	How to stop it
				Drowsiness	Weight gain	Stomach upset	Other main side effects		
Main medicines (licensed or which are proven to help)									
Lithium (e.g. Camcolit®, Priadel®)	Around 400-1000mg a day, depends on blood level	We don't really know, but it does a lot of different things in the brain	May take several months for the full effect	●	●●	●●	Tremor, passing lots of urine, feeling thirsty. You will need a blood test every 3 months or so.	Often many years, and at least two years	Must be done slowly over at least 4 weeks. It is better stopped over several months
Olanzapine * (Zyprexa®) <i>[for stopping mania coming back]</i>	10-20mg a day	We don't really know but it blocks the effect of dopamine	May take several months	●●●	●●●	0	Diabetes	Often for many years	Should be no problem
Aripiprazole * (Abilify®) <i>[for stopping mania coming back]</i>	15-30mg a day	Regulates dopamine	May take several months	●	0	●	Constipation, headache, poor sleep, tremor, feeling restless		
Quetiapine (Seroquel®, Seroquel XL®)	300-600mg a day	We don't really know but it blocks dopamine receptors	May take several months	●●	●	●	Hypotension (feeling dizzy when you stand up)		
Lamotrigine (e.g. Lamictal®) <i>[for stopping bipolar depression coming back]</i>	50-200mg a day	We don't really know	May take many months. It also needs to be started slowly	●●	●	0	Headache, feeling dizzy or sick, skin rashes.		
Carbamazepine (e.g. Tegretol®)	400-1000mg a day	Calms the spread of stimulating messages in brain	May take several months	●●	0	●●	Blurred vision, dizziness		Best stopped slowly over several weeks
Valproate * (Depakote®, Epilim®)	Around 400-1000mg a day	Boosts the action of GABA and others	May take several months	●	●●	●●	Nausea	Often for many years	Should be no problem

* These medicines are only licensed to prevent mania coming back, if you got better with that medicine when you were high.

Depression

A handy chart to help you compare the medicines to help the symptoms of depression

Anxiety and depression often occur together, you might also want to look at the Handy Chart for anxiety

Please note: You are unique and this is only a guide!

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of depression, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Weight gain** – feeling more hungry and putting on weight
- **Nausea** – feeling sick, but not usually being sick
- **Dry mouth etc** – plus blurred vision, constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire or pleasure
- **Sleep problems** – sleep not being as refreshing as usual

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of depression

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *						How long you could or should take it for	How to stop it
				Drowsi-ness	Weight gain	Nausea	Dry mouth	Sexual problems	Sleep problems		
SSRIs : citalopram, escitalopram (Cipralextm), fluvoxamine, paroxetine, sertraline, fluoxetine	Citalopram, paroxetine and fluoxetine 20mg a day. Sertraline 50-100mg a day. Escitalopram 10mg a day.	Boost serotonin	They take about 4 weeks for the full effect. But you should start to feel a bit better after a week or two.	●	●	●●●	●	●●●	●	Taking an antidepressant for 6 months after a first bout of depression will really reduce the chances of becoming depressed again. For a second episode, 1-2 years seems best. For a third episode or more of depression, taking an antidepressant for at least 3-5 years reduces the chance of relapse. You might want to think about taking an antidepressant life-long.	Stop paroxetine slowly over several weeks. No big problems with the others
Venlafaxine (e.g. Efexor XL®)	75-225mg each morning	Boost the amount of serotonin and nor-adrenaline		●	●	●●●	●●	●●●	●●●		Stop slowly over at least 4 weeks
Mirtazapine (e.g. Zispin®)	30mg at bedtime (15mg is too low)			●●●	●●●	○	○	○	●		Should be no problems
Tricyclics e.g. dosulepin, lofepramine, clomipramine, imipramine, amitriptyline, trimipramine	Usually 125-150mg a day. Lofepramine 140-280mg a day			●●●	●●	●●	●●●	●●	●●●		Stop slowly over about 4 weeks
Duloxetine (Cymbalta®)	60-120mg each morning			●	●	●●●	●●	●●●	●●●		
Agomelatine (Valdoxan®)	25-50mg at bedtime			Regulates melatonin, boosts nor-adrenaline and dopamine	○	○	○	○	○		○
Trazodone	100-300mg at bedtime	Boosts serotonin		●●●	●	●●	○	●	○		Stop slowly over about 4 weeks
Reboxetine (Edronax®)	8-12mg each morning	Boosts noradrenaline		○	○	○	●●●	○	●		Should be no problems
MAOIs e.g. tranylcypromine, phenelzine, isocarboxazid (needs special diet)	Tranylcypromine and isocarboxazid 30mg a day. Phenelzine 45-90mg a day.	Stop the breakdown of serotonin and nor-adrenaline		●	●●●	●●	●●	●	●●●		Stop slowly over about 4 weeks
Moclobemide	300-600mg a day			●	●	●●	●●	●	●●		
Tryptophan (Optimax®) only for resistant depression	3-6g a day	Increases serotonin production	○	○	○	○	○	○	Should be no problems		

Insomnia: a handy chart to help you compare the medicines to help insomnia

Please note: You are unique and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. relaxation, sleep hygiene and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **insomnia**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Hangover** – feeling sleepy the next morning
- **Stomach upset** – feeling a bit sick

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help insomnia (poor sleep)

Medicine	Usual dose at night	How we think it might work (probably)	How long it takes to work	Duration of effect	Some main side effects *		How long you could or should take it for	How to stop it
					Hangover	Stomach upset		
Main medicines (licensed or which are proven to help)								
Zopiclone (e.g. Zimovane®)	7.5mg	Boost the effect of GABA, the brain's natural calming chemical messenger	About an hour or so	Lasts about 4-8 hours	●	0	These medicines can sometimes tend to lose their effect in some people over a few months. So, it is best not to take them every night for a long time.	A low dose for a few days may help, as you can get "rebound insomnia" (ie sleep gets worse for a few days) if you stop suddenly
Zolpidem (e.g. Stilnoct®)	5mg		About 15-20mins	Lasts about 2 hours	0	0		
Zaleplon (e.g. Sonata®)	10mg		15-20mins	Lasts about 2-4 hours	0	0		
Benzodiazepines, shorter-acting (e.g. loprazolam, temazepam, lormetazepam)	Loprazolam 1-2mg Lormetazepam 0.5-1.5mg Temazepam 10mg		About an hour or so	Lasts about 4-6 hours, but may be longer in older people	●	0		
Benzodiazepines, longer-acting (e.g. nitrazepam)	Nitrazepam 5mg		About an hour or so	Lasts about 6-8 hours, but may be longer in older people	●●●	0		
Promethazine (e.g. Phenergan®)	10-25mg	Antihistamine and sedative	About an hour	Lasts about 4-8 hours	●●	0		
Chloral hydrate and cloral betaine	Chloral hydrate up to 1g	Sedative	About an hour	Lasts about 4-8 hours	●●	●●●		
Clomethiazole (Heminevrin®)	192mg (resistant insomnia only)	Sedative	About an hour	Lasts about 4-8 hours	●●	●		
Melatonin (Circadin PR®)	2mg at night in people aged 55 or over, for up to 13 weeks	Boosts melatonin, the brain's natural sleep regulator	About an hour	Lasts for a few hours	●	0	3-13 weeks can help get a sleep pattern back to normal	There should be no problems at the end of the course
Other medicines (usually only where the main medicines have not worked or as an add-on)								
Sedative antidepressants (e.g. mirtazapine, trazodone)	Mirtazapine 15-30mg	Antihistamine and sedative	About an hour	Lasts about 4-8 hours	●	0	These may lose some of their effect over several months. Best not to take them every night for a long time.	A lower dose for a few days may help, as you can get "rebound insomnia" (i.e. sleep gets worse for a few days) if you stop suddenly
	Trazodone 50-150mg				●	●		
Antipsychotics or antihistamines at low dose	Promethazine 10-25mg	Antihistamine and sedative			●	0		

OCD (obsessive-compulsive disorder)

A handy chart to help you compare the medicines to help the symptoms of OCD

Please note: You are unique and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **OCD**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Weight gain** – feeling more hungry and putting on weight
- **Nausea** – feeling sick, but not usually being sick
- **Dry mouth etc** – plus blurred vision, constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire, performance or pleasure

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of obsessive-compulsive disorder

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsiness	Weight gain	Nausea	Dry mouth etc	Sexual problems		
Main medicines (licensed or which are proven to help)										
SSRIs e.g. citalopram, escitalopram, fluvoxamine, paroxetine, sertraline, fluoxetine	Citalopram, fluoxetine and paroxetine 20-60mg a day. Sertraline 50-200mg a day. Escitalopram 10-20mg a day.	Boost serotonin	Takes about 10-12 weeks for full effect. Some symptoms may begin to improve after a few weeks	●	●	●●●	●	●●●	If the medicine has helped, it seems that if you keep taking it for at least 1-2 years it will reduce the chances of the symptoms coming back	These should best be stopped slowly over at least 4 weeks, especially with higher doses. Paroxetine should be stopped gradually over at least 4 weeks or more
Tricyclics e.g. clomipramine (<i>other tricyclics do not work</i>)	May need higher doses e.g. 150-300mg a day	Boosts serotonin		●●●	●●	●●	●●●	●●		Should be slowly over at least 4 weeks
Other medicines (usually only where the main medicines have not worked or as an add-on)										
Venlafaxine (e.g. Efexor XL®)	Usually 75-225mg a day or possibly higher	Boosts the amount of serotonin and noradrenaline	Takes about 10-12 weeks for full effect. Some symptoms may begin to improve after a few weeks	●	●	●●●	●●	●●●	If the medicine has helped, it seems that keeping taking it for at least 1-2 years will reduce the chances of the symptoms coming back	Should be slowly over at least 4 weeks, possibly longer
Antipsychotics e.g. risperidone used with SSRIs	Risperidone up to about 1-4mg a day	Partly sedation and partly calming the mind	Within a few days, but takes a bit longer for the full effect to kick in	●●	●	0	●	●●	Often for a few months just to help the worst symptoms, but can be longer.	Should be no problems but over a few weeks is a good idea
Antipsychotics e.g. olanzapine used with SSRIs	Olanzapine up to about 10mg a day			●●●	●●●	0	●	0		

Panic Disorder

A handy chart to help you compare the medicines to help the symptoms of panic disorder

Please note: You are unique and this is only a guide!

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **panic disorder**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it’s kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn’t often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don’t give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Weight gain** – feeling more hungry and putting on weight
- **Nausea** – feeling sick, but not usually being sick
- **Dry mouth, blurred vision** – plus constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire, performance or pleasure

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it’s kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people’s symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of panic disorder

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsiness	Weight gain	Nausea	Dry mouth, blurred vision	Sexual problems		
Main medicines (licensed or which are proven to help)										
SSRIs e.g. citalopram, escitalopram, paroxetine	Paroxetine 20mg a day. Sertraline 50-100mg a day. Escitalopram 10mg a day	Boost serotonin	Take about 8-12 weeks for the full effect but you may start to feel better after a few weeks	●	●	●●●	●	●●●	If the medicine has helped, it seems that keeping taking it for 6-12 months at least will reduce the chances of the symptoms coming back	Stop paroxetine slowly over several weeks. Usually no problems with others
Tricyclics e.g. amitriptyline, clomipramine, dosulepin, doxepin, imipramine, lofepramine, trimipramine	Usually 125-150mg a day Lofepramine 140-210mg a day	Boost serotonin and noradrenaline		●●●	●●	●●	●●●	●●		Should be slowly over about 4 weeks
Benzodiazepines e.g. clonazepam, diazepam, lorazepam	Clonazepam 0.5-2mg a day. Diazepam 2-10mg a day. Lorazepam 1-4mg a day.	Boost GABA, the brain's natural calming messenger	Should get some effect in a few days	●●●	0	0	0	0	Usually only for a few weeks or months, or longer if only taken "if needed"	Should be slowly over a few weeks
Other medicines (usually only where main medicines have not worked or as an add-on)										
Beta-blockers e.g. propranolol or oxprenolol	Up to 120mg a day	Stops the heart beating too fast and reduces tremor	Should get some effect in a few hours	0	0	0	0	0	Often just used as an "if needed" medicine	Should be stopped slowly if taken for more than a few months

A handy chart to help you compare the medicines to help the symptoms of psychosis and schizophrenia

Please note: **You** are **unique** and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking and family therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **psychosis and schizophrenia**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleep, sedated or doped up
- **Muscle stiffness** – can be stiffness or a slight shake or tremor
- **Weight gain** – feeling more hungry and putting on weight
- **Dry mouth etc** – plus blurred vision, constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire, performance or pleasure

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of psychosis

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsi-ness	Muscle stiffness	Weight gain	Dry mouth etc	Sexual problems		
Newer ones (atypicals, second generation)										
Risperidone (e.g. Risperdal®)	4-6mg a day	Mainly blocks dopamine receptors	Usually there may be an effect in a few days, with the effect building over 3-4 weeks	●	●●	●●	●	●●	If taking one of these medicines for a first episode of psychosis or possible schizophrenia, taking it for at least 2 years will reduce the chances of the symptoms coming back. If taking it for schizophrenia that keeps coming back, then taking it for at least 5 years will much reduce the chances of the symptoms come back.	Should be no problem but we suggest that stopping it gently over several weeks or months is the safest way
Paliperidone (Invega®)	6mg a day			●	●●	●●	●	●●		
Olanzapine (Zyprexa®)	10-20mg a day	Blocks dopamine and other receptors		●●●	●	●●●	●	●		
Quetiapine (Seroquel XL®)	Around 600mg a day			●●●	●	●●	●	●		
Aripiprazole (Abilify®)	10-30mg a day	Regulates dopamine	As above but you might get a bit more agitated before getting better	●	●	○	○	○		
Clozapine (Clozaril®, Denzapine®, Zaponex®) - only for resistant schizophrenia	Usually around 300-600mg a day	Blocks a wide range of receptors	Usually there may be an effect in a few days, with the effect building over 3-4 weeks. Can be up to 6 months for clozapine	●●●	●	●●●	●●●	●		
Other antipsychotics										
Haloperidol	5-20mg a day	Block dopamine receptors	Usually there may be an effect in a few days, with the effect building over 3-4 weeks	●	●●●	●●	●	●●●	If for symptoms of psychosis, then it may only be needed for a few weeks or months	Should be no problem but stopping it gently over several weeks or months is the safest way
Amisulpride	400-800mg/d			●	●●	●●	●	●●●		
Sulpiride	400-1600mg/d			●	●●	●●	●	●●●		
Zuclopenthixol	10-25mg a day			●●	●●	●●●	●●	●●●		

Medicine	Usual dose	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsiness	Muscle stiffness	Weight gain	Dry mouth etc	Sexual problems		
Phenothiazines										
Chlorpromazine	75-300mg/d	Blocks dopamine receptors, some serotonin and many other receptors	Usually have an effect in a few days, with the effect building over 3-4 weeks	●●●	●●	●●	●●	●●●	If taking one of these medicines for a first episode of psychosis or possible schizophrenia, taking it for at least 2 years will reduce the chances of the symptoms coming back. If taking it for schizophrenia that keeps coming back, then taking it for at least 5 years will much reduce the chances of the symptoms come back. If for symptoms of psychosis, then it may only be needed for a few weeks or months	Should be no great problem but we suggest that stopping it gently over several weeks or months is the safest way
Levomepromazine	100-200mg/d			●●●	●●	●●●	●●	●●		
Pericyazine	75-300mg/d			●●●	●	●●●	●●●	●●		
Perphenazine	12-24mg a day			●●	●●●	●●	●	●●●		
Trifluoperazine	5-15mg a day			●	●●●	●●	●	●●●		
Depot and longer-acting injections										
Risperidone (Risperdal Consta®)	25-50mg every two weeks	Mainly blocks dopamine receptors	At least 4 weeks before any effect, but will then build over several weeks	●	●●	●●	●	●●	Because the medicine is released from a "depot" over several weeks, stopping is not a problem as the medication slowly reduces. The main problem is symptoms coming back.	
Paliperidone palm-itate (Xeplion®, Invega Sustenna®)	50-150mg once a month	Mainly blocks dopamine receptors	Usually takes a week or so before it begins to work	●	●●	●●	●	●●		
Olanzapine pamoate (Zypadhera®)	210-405mg every two or four weeks	Block dopamine and many other receptors		●●●	●	●●●	●	●		
Zuclopenthixol decanoate (e.g. Clopixol®)	200-500mg every two weeks			●●	●●	●●●	●●	●●●		
Flupentixol decanoate (e.g. Depixol®)	20-200mg every two weeks			●	●●	●●	●●	●●●		
Haloperidol decanoate (e.g. Haldol Decanoate®)	50-200mg a four weeks	Blocks dopamine receptors		●	●●●	●●	●	●●●		
Fluphenazine decanoate (e.g. Modecate®)	25-100mg every two weeks	Block dopamine, serotonin and many other receptors		●	●●●	●●	●●	●●●		
Pipothiazine palmitate (Piportil®)	25-50mg every two weeks	Blocks dopamine receptors		●	●●	●●	●●	●●●		

PTSD (post-traumatic stress disorder)

A handy chart to help you compare the medicines to help the symptoms of PTSD

Please note: You are unique and this is only a guide!

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of PTSD, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Weight gain** – feeling more hungry and putting on weight
- **Nausea** – feeling sick, but not usually being sick
- **Dry mouth etc** – plus blurred vision, constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire, performance or pleasure

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of post-traumatic stress disorder (PTSD)

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsiness	Weight gain	Nausea	Dry mouth etc	Sexual problems		
Main medicines (licensed or which are proven to help)										
SSRIs; paroxetine, and sertraline (<i>although sertraline is only licensed for women</i>)	Paroxetine 40-50mg a day. Sertraline around 150mg a day	Boost serotonin	Takes about 12 weeks for full effect	●	●	●●●	●	●●●	May need to be for a long time e.g. 1-2 years at least, as there is a high chance of the symptoms coming back if you stop	Should be slowly over several weeks, preferably longer
Other medicines (usually only where the main medicines have not worked or as an add-on)										
Other SSRIs e.g. citalopram, escitalopram, fluoxetine	Citalopram and fluoxetine 20-60mg a day. Escitalopram 10-20mg a day.	Boost serotonin	Takes about 12 weeks for full effect	●	●	●●●	●	●●●	May need to be for a long time e.g. 1-2 years at least as there is a high chance of the symptoms coming back if you stop	Should be slowly over several weeks, better if even slower
Venlafaxine (e.g. Efexor XL®)	150-225mg a day	Boosts serotonin and noradrenaline		●	●	●●●	●●	●●●		Should be slowly over at least 4 weeks, possibly longer
Antipsychotics e.g. risperidone used with SSRIs	Risperidone 1-4mg a day	Partly sedation and partly calming the mind if used with the SSRIs or venlafaxine.	Takes a few weeks to help some of the symptoms	●●	●	0	●	●●	Often for a few months just to help the worst symptoms, but can be longer	Should be no problems but over a few weeks is a good idea
Antipsychotics e.g. olanzapine used with SSRIs	Olanzapine about 10mg a day			●●●	●●●	0	●	0		

SAD (Seasonal Affective Disorder)

A handy chart to help you compare the medicines to help the depressive symptoms of SAD

Please note: You are unique and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **Seasonal Affective Disorder**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it’s kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn’t often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don’t give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Weight gain** – feeling more hungry and putting on weight
- **Nausea** – feeling sick, but not usually being sick
- **Dry mouth, blurred vision** – plus constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire or pleasure

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it’s kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people’s symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the depressive symptoms of seasonal affective disorder

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsiness	Weight gain	Nausea	Dry mouth, blurred vision	Sexual problems		
Unlicensed (there are no licensed treatments in the UK or RoI)										
Sertraline, an SSRI <i>Although other SSRIs can be used, the best evidence is for sertraline</i>	50-200mg a day	Boosts serotonin	Takes about 4 weeks for full effect but you may feel better after a few weeks. Can be started for winter depression in autumn before your mood drops	●	●	●●●	●	●●●	Can be for shorter courses e.g. 3 months but may be better to take for about 4-6 months	Should be no great problem but slowly over a week or so is a good idea
Other SSRIs e.g. citalopram, escitalopram (Ciprallex®), paroxetine, fluoxetine	Citalopram, paroxetine and fluoxetine 20mg a day. Escitalopram 10mg a day	Boosts serotonin		●	●	●●●	●	●●●		Stop paroxetine slowly over several weeks. No problems with others
Bupropion (Zyban®) - licensed in USA	150-300mg a day	Boosts dopamine		0	0	●	●	0		Should be no great problem but slowly over a week or so is a good idea

Social Anxiety or Social Phobia

A handy chart to help you compare the medicine treatments to help the symptoms of social anxiety

You might also want to look at the Handy Chart for anxiety

Please note: You are unique and this is only a guide!

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, art therapy, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **social phobia**, and a few others that are sometimes used.

- These medicines are in no special order
- We have listed them as their “generic name” (the name of the actual drug). We have also mentioned the trade name where possible
- This is only short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a drug slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on the website. Taking two medicines with the same way of working doesn't often help much.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Weight gain** – feeling more hungry and putting on weight
- **Nausea** – feeling sick, but not usually being sick
- **Dry mouth, blurred vision** – plus constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire, performance or pleasure

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder on your brain.

Tips on how to get the best out of medication:

- Read the website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required
(find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of social anxiety

You might also want to look at the Handy Chart for anxiety

Medicine	Usual dose per day	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsiness	Weight gain	Nausea	Dry mouth, blurred vision	Sexual problems		
Main medicines (licensed or which are proven to help)										
Escitalopram (Cipralex®) <i>- other SSRIs may be effective, but unlicensed</i>	10mg a day	Boosts serotonin	Takes at least 12 weeks for full effect but may begin to feel better after a few weeks	●	●	●●●	●	●●●	May need to take for at least six months or more or the symptoms may come back.	Should be no great problem but slowly over a week or so is a good idea
Paroxetine (e.g. Seroxat®) <i>- other SSRIs may be effective, but are not licensed</i>	20mg a day			●	●	●●●	●	●●●		Should be stopped slowly over several weeks
Other medicines (usually only where the main medicines have not worked or as an add-on)										
Venlafaxine (e.g. Efexor XL®)	75-150mg a day	Boosts serotonin and noradrenaline	Takes up to 12 weeks for full effect but you may begin to feel better after a few weeks	●	●	●●●	●●	●●●	May need to take for at least six months or more or the symptoms may come back.	Should be stopped slowly over several weeks
Other SSRIs e.g. fluoxetine, citalopram and sertraline	Fluoxetine & citalopram 20mg a day. Sertraline 50mg a day	Boosts serotonin	Takes up to 12 weeks for full effect but you may begin to feel better after a few weeks	●	●	●●●	●	●●●	May need to take for at least six months or more or the symptoms may come back.	Should be no great problem but slowly over a week or two is a good idea
Benzodiazepines	Lorazepam up to 4mg a day	Boosts GABA, the brain's natural calming messenger	Quick, can be a few hours or less	●●●	0	0	0	0	Best just used for short-term help when needed, rather than regularly	If taken regularly every day should probably be stopped slowly over a couple of weeks
Beta-blockers e.g. propranolol or oxprenolol	Up to 120mg a day, usually much less	Slows the heart, reduces tremor	Should get some effect in a few hours or so	0	0	0	0	0	Often just used as an "if needed" medicine	Should be stopped slowly if taken for more than a few months



Handy Charts



No such guide can be entirely bias-free. No matter how hard someone tries, training and background will always influence your outlook. We have, however, tried to eliminate bias, and we hope you take these charts in the spirit in which they are provided i.e. a genuine attempt to inform, educate and support.

See also www.choiceandmedication.org.uk or
www.southstaffsandshropshirehealthcareft.nhs.uk/
Produced by Medicines Management & Pharmacy Team,
St Chads House, Stafford, ST16 3AG
October 2011

South Staffordshire and
Shropshire Healthcare



NHS Foundation Trust

A Keele University Teaching Trust