USING MEDICATION
in treating psychological or psychiatric complaints

Gebruik van medicijnen bij psychische of psychiatrische klachten
WARNING:

This Information was written in 2003. A great deal of the user-information is still valuable.

Please do always check with your doctor for actual information about medicines.

For further information:

• Your own pharmacy - www.apotheek.nl

• The medicine information line KNMP (Koninklijke Nederlandse Maatschappij ter bevordering der Pharmacie).
  Tel: 0800 099 88 77
  At working days from 10.00 to 16.00.

• DGV, Nederlands Instituut voor Verantwoord Mediciijngebruik
  www.medicijngebruik.nl

• CBG MEB, Medicines Evaluation Board, with the Medicines Information Bank
  www.cbg-meb.nl/cbg/nl

• Lareb, Netherlands Pharmacovigilance centre - www.lareb.nl

Using Medication in treating psychological or psychiatric complaints

Information and support for people who are using or will be using medication for their psychological and/or psychiatric problems.

This document provides information on:

• the effects of medication
• the side effects of medication
• discontinuing or decreasing dosages
  broken down into: antipsychotics, antidepressants, mood stabilisers, sleeping-pills and tranquillizers.

Furthermore, this document includes a list of questions that may be useful when visiting your doctor, together with advice on how to use medication. Details of organisations, publications and websites for additional information are provided at the back of this document.

Please note
The Pandora Foundation expressly notifies readers not to regard the information in this document as advice, but as information that can be used as guidance when seeking professional medical advice. We advise readers to seek professional medical advice in connection with medication-related decision or changes.
1. Introduction

Prescription of medication (psychopharmaceuticals) during psychological or psychiatric complaints is a frequently used treatment method in the mental healthcare sector. Medication has improved the quality of life for many people with psychological problems. Medication may cure the symptoms of a given illness or may reduce the chance of recurrence of the problem. The Pandora Foundation receives a large volume of medication-related queries. This brochure is intended for patients, their direct family and carers in need of additional information about choosing a medication-based treatment, about the effects, the side effects and decreasing dosage. In addition, it provides addresses and details of organisations from which further information can be obtained.

Medication as part of a plan

Medication may help to cure, reduce or prevent psychological and psychiatric complaints. In most cases, it takes a while before the effects and success of psychopharmaceuticals can be assessed, since they can vary from patient to patient and from one situation to the next. In addition to intended effects, medication always has side effects. The process of finding the right medication and the appropriate and effective dosage usually requires time and patience. It requires professional guidance to evaluate the effects and side effects of medication and to adjust dosage and usage where necessary.

Curing the causes of problems or finding a way of dealing with psychological or psychiatric complaints involves more than medication alone. Effective treatment of complaints requires a diagnosis and an action plan. An action plan may comprise a combination of conversational or behavioural therapy, medication, support groups, home and neighbourhood support, home care or social work and counselling. Not just the doctor, but also the patient is asked what contributions will be required for recovery. In making an action plan, both doctor and patient not just discuss symptom-reducing measures, but also the patient’s daily activities and interpersonal relationships. Doctor and patient consult on a regular basis regarding progress, the patient’s own efforts as well as the effects and side effects of medication. In addition, the doctor and patient come to an agreement on what to do in case of a crisis situation.

The Pandora Foundation finds that in practice many patients are faced with issues in connection with medication usage: the effects do not meet expectations; side effects appear too burdensome; decreasing dosages result in serious complaints. Many of these complaints find their origins in inadequate information and support, as well as incorrect medication usage. The Pandora Foundation emphasises the importance of ongoing efforts from the part of medical professionals and patients in formulating clear action plans and relevant communications.

Useful questions when seeking medical advice

Treatment:
• What is the cause of your complaint; what is the diagnosis?
• How will the problem be addressed? Through counselling? Through therapy? By way of medication?
• What can and will I do myself to resolve the problem?

Medication:
• What is the medication for? How does it work? How should it be taken?
• When will it start taking effect? What side effects can be expected? Are there any risks in connection with this medication? What signs should I look out for?
• How should I take the medication? What can I do, in addition to taking medication, to cure or reduce complaints?
• When do we evaluate effectiveness, usage and dosage of the medication? When should I contact you? Where and when will you be contactable for further questions?
• Can this medication be used in combination with other drugs I am currently taking?
- Should I avoid alcohol or certain foods?
- What are the effects in combination with narcotics?
- Do I pay a patient’s contribution?

Recommendation:
- Take someone with you to the consultation and take notes.
- Consider a 20-minute consultation instead of the standard ten minutes in order to discuss everything fully.

Tips for usage
- Sometimes your doctor may simultaneously prescribe more than one drug, for example together with another medicine to cure any side effects. Query the effects of the various drugs and why your doctor prescribes them simultaneously. Never decide unilaterally, without consulting your doctor, to discontinue the intake of one or more drugs.
- Seek the advice of your doctor if you feel, possibly in retrospect, that your doctor has decided to prescribe medication too early or to prescribe too high a dosage, or if you have any other reason for being in doubt as to whether or not you should take your medication. Also enquire into alternative treatment and approaches.
- We advise against changing the dosage without consulting your doctor. If you disagree with your doctor or are in doubt, we recommend to discuss this directly with your doctor rather than to take unilateral action. Make sure to formulate your questions and complaints as clearly as possible; if necessary, prepare by obtaining additional information.
- Always read the prescription insert. Take note of and report to your doctor any health complaints on the basis of which discontinuation of medication usage is preferred. Some antidepressants, for example, are not recommended in case of cardiac problems. In addition, antipsychotics, for example, may be inductive to the more rapid development of diabetes. Also be alert in cases where these illnesses are hereditary.
- During (possible) pregnancy, not all medication can be taken without risk. Discuss this with your doctor and be alert.
- Ask your doctor how long you should take the prescribed medication. Some medication is intended for short-term usage, others for long-term usage. It is important to be aware of this.
- Never decide unilaterally, without consulting your doctor, to discontinue the use of medication (see page 10, Discontinuing or Decreasing Medication Usage).
- Apart from your doctor you can also consult your pharmacist in relation to any medication-related queries you may have.

2. The Effects of Medication (Psychopharmaceuticals)

Medication may help to cure, reduce or prevent psychological and psychiatric complaints. However, they never take away the causes for these complaints. There are drugs to treat or prevent psychoses (antipsychotics), states of depression (antidepressants), mood swings (mood stabilisers, anxiety (tranquillizers and antidepressants) and insomnia (sleeping-pills). Other medication may be used in addition to these drugs to cure side effects for example. The effects and side effects of the medication are listed in the prescription insert. The pharmacist is obliged to provide a prescription insert with every prescription and other medication. You can consult all prescription inserts via the internet at www.repertorium.org of www.ziekenhuis.nl and other websites.

Names of different drugs may give rise to confusion since medication is termed in both their generic names and brand name. Following expiry of a drug patent, manufacturers other than the inventor or developer can also produce this drug. They are not allowed, however, to use the brand name. Medication marketed under their generic name are typically cheaper, while their
effectiveness is identical. Therefore, our information includes both generic names and brand names.

On the internet you can find many sites with information on new antidepressants for example. That is why we also list brand names as used abroad of some frequently prescribed antidepressants.

### Antipsychotics

<table>
<thead>
<tr>
<th>Classic/Typical antipsychotics high dosage</th>
<th>Classic antipsychotics low dosage</th>
<th>Atypical antipsychotics</th>
</tr>
</thead>
<tbody>
<tr>
<td>generic name</td>
<td>brand name</td>
<td>generic name</td>
</tr>
<tr>
<td>alimemazine</td>
<td>Nedeltran</td>
<td>benzperidol</td>
</tr>
<tr>
<td>chloormpromazine</td>
<td>Largactil</td>
<td>broomperidol</td>
</tr>
<tr>
<td>chloortontixeen</td>
<td>Truxal</td>
<td>flufenazine</td>
</tr>
<tr>
<td>pipamperon</td>
<td>Dipiperon</td>
<td>flupentixol</td>
</tr>
<tr>
<td>pipotiazine</td>
<td>Piportil</td>
<td>fluspirileen</td>
</tr>
<tr>
<td>thioridazine</td>
<td>Melleril, Melleretten</td>
<td>haloperidol</td>
</tr>
<tr>
<td>tiapride</td>
<td>Tiapridal</td>
<td>penfluridol</td>
</tr>
<tr>
<td>perfenazine</td>
<td>Trifalon</td>
<td>periciazine</td>
</tr>
<tr>
<td>pimozide</td>
<td>Orap</td>
<td>tiapride</td>
</tr>
<tr>
<td>trifluoperazine</td>
<td>Terfluazine</td>
<td>zuclopentixol</td>
</tr>
</tbody>
</table>

A psychosis is a mental disorder characterised by disturbances in cognition. The use of antipsychotics is aimed at curing or reducing psychotic symptoms such as auditory and visual hallucinations. They also reduce psychosis-related anxiety, distress and tensions. In this way, patients can regain contact with the social environment. Antipsychotics are also used to prevent new psychoses. Acute psychoses often involve crisis situations. Antipsychotics are injected in such cases.

The effects of the various drugs vary from one person to the next. Medication that may be successful for one person may be ineffective or less effective in others. After three or four weeks the success of the medication programme can be determined. If the prescribed medication proves unsuccessful, alternative dosage or medication can be considered. Antipsychotics generally deintensify the emotional life of the patient as well as cause feelings of lethargy and claustrophobia. In some cases these effects may be desired, for example when a patient is distressed. In most cases, however, patients experience these effects as negative and as factors limiting their personal independence and wellbeing. There are two types of antipsychotics: classic and atypical. They vary in effectiveness and associated side effects.

Antipsychotics usage is associated with a range of side effects (see page 8, Medication & Side Effects). There are also a number of rare, yet dangerous side effects. Antipsychotics usage therefore requires evaluation with a doctor on a regular basis.

The period over which antipsychotics are used may vary. Doctors will typically be inclined to advise usage over a longer time period, sometimes lifelong in accordance with expectations regarding the recurrence of psychotic symptoms. Patients often find themselves in the middle of a dilemma between the pros and cons of using certain medication. In addition to doctor’s advice, support can also be sought from other users and field experts. In some cases it may be advisable to obtain a second opinion from another health care professional (see page 12, Additional Information).

### Antidepressants
<table>
<thead>
<tr>
<th>Classic/typical antidepressants</th>
<th>Second-generation antidepressants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>generic name</strong></td>
<td><strong>brand name</strong></td>
</tr>
<tr>
<td>amitriptyline</td>
<td>Sarotex, Tryptizol</td>
</tr>
<tr>
<td>clomipramine</td>
<td>Anafranil</td>
</tr>
<tr>
<td>dosulepine</td>
<td>Prothiaden</td>
</tr>
<tr>
<td>doxepine</td>
<td>Sinequan</td>
</tr>
<tr>
<td>imipramine</td>
<td>Tofranil</td>
</tr>
<tr>
<td>maprotiline</td>
<td>Ludiomil</td>
</tr>
<tr>
<td>nortriptyline</td>
<td>Nortrilen</td>
</tr>
<tr>
<td>trimipramine</td>
<td>Surmontil</td>
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</table>

In addition to antidepressants, depression can be treated with reversible inhibitor of monoamine oxidase-A (RIMA). One drug is available in the Netherlands: moclobemide (Aurorix).

**Please note:** for serious depressions that cannot be cured with the drugs mentioned classic MAO inhibitors can be used such as tranylcypromine (Parnate, Tilcyprine) and fenelzine (Nardil).

When looking for information on foreign-language websites or in English-language publications it is important to know that brand names may differ from those used in the Netherlands. The following are some of the names used on foreign-language websites or in English-language publications:

- citalopram (Cipramil): Celexa
- fluoxetine (Prozac): Fontex, Fluctin
- fluvoxamine (Fevarin): Faverin, Luvox
- mirtazapine (Remeron): Zispin
- paroxetine (Seroxat): Paxil, Aropax, Deroxat
- sertraline (Zoloft): Lustral

Antidepressants are drugs to cure, reduce or prevent depression or serious dejection. Depressions can be characterised as follows: long-term dysphoria; loss of interest in others, food or sex; feelings of inferiority and guilt; indecisiveness; concentration loss; fatigue; insomnia; suicidal thoughts, stress and feelings of inhibition. Antidepressants are also used for curing anxiety and panic attacks as well as phobia and compulsive behaviour.

It is not fully known how antidepressants work exactly. Antidepressants never take immediate effect. It usually takes two to four weeks before any changes can be observed. The drug should be taken on a regular basis. In other words, there is no point in taking a tablet every now and then when you think you may need it.

The side effects often manifest themselves before the medication starts curing, reducing or preventing the complaint. As a result, many patients become uncertain whether to continue medication intake. You must be alert in the initial stages and the second week of medication usage. Your complaints and feelings of depression may deteriorate. Some patients experience they are quicker at making decisions and have increased feelings of indifference. This involves an increased risk of suicidal thoughts developing into actual suicide.

If your mood does not change after four weeks, the dosage of some medication may need to be increased. Medication usage should be discontinued if after six to eight weeks no changes have taken place. Other forms of medication are subsequently used in most of such cases.

**Mood stabilisers**
Mood stabilisers

<table>
<thead>
<tr>
<th>generic name</th>
<th>brand name</th>
</tr>
</thead>
<tbody>
<tr>
<td>lithium carbonaat</td>
<td>Lithiumcarbonaat, Camcolit, Priadel</td>
</tr>
<tr>
<td>lithiumcitraat</td>
<td>Litarex</td>
</tr>
<tr>
<td>carbamazepine</td>
<td>Carbamazepine, Carbymal, Tegretol</td>
</tr>
<tr>
<td>valproïnezuur</td>
<td>Convulex, Depakine, Natriumvalproaat, Propymal</td>
</tr>
</tbody>
</table>

Please note: lithium content in lithiumcarbonaat and lithiumcitraat varies significantly.

Mood stabilisers (lithium being the most familiar) deintensify mood swings, the highs (mania) and lows (depression), in patients suffering from manic depression. It is not known how these drugs work exactly. Lithium has no immediate effect when used for mania. Improvements usually occur after two weeks. Full recovery may take longer. For severe complaints doctors typically prescribe tranquillizers or antipsychotics. In the majority of patients lithium reduces manic and psychotic symptoms as well as anxiety. Lower dosages are prescribed for the prevention of spells of mania and depression. Patients who respond insufficiently to antidepressants can also be given lithium to treat depression or reinforce the effect of the antidepressant.

When using mood stabilisers it is necessary to check regularly how much of the substance is contained in the blood by way of a blood test. Patients may experience this as an inconvenience.
### Sleeping-pills and tranquillizers (benzodiazepinen)

<table>
<thead>
<tr>
<th>generic name</th>
<th>brand name</th>
<th>Sleeping-pills or tranquillizers (benzodiazepinen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>alprazolam</td>
<td>Alprazolam, Xanax</td>
<td>tranquilizer</td>
</tr>
<tr>
<td>bromazepam</td>
<td>Bromazepam, Lexotanil</td>
<td>tranquilizer</td>
</tr>
<tr>
<td>brotizolam</td>
<td>Lendormin</td>
<td>sleeping-pill</td>
</tr>
<tr>
<td>chloordiazepoxide</td>
<td>Chloordiazepoxide</td>
<td>tranquilizer</td>
</tr>
<tr>
<td>clobazam</td>
<td>Frisium</td>
<td>tranquilizer</td>
</tr>
<tr>
<td>clorazepinezuur</td>
<td>Tranxene, Clorazepaat</td>
<td>tranquilizer</td>
</tr>
<tr>
<td>diazepam</td>
<td>Diazepam, Valium, Stesolid</td>
<td>sleeping-pill &amp; tranquillizer</td>
</tr>
<tr>
<td>flunitrazepam</td>
<td>Flunitrazepam, Rohypnol</td>
<td>sleeping-pill</td>
</tr>
<tr>
<td>flurazepam</td>
<td>Dalmadorm</td>
<td>sleeping-pill</td>
</tr>
<tr>
<td>lorazepam</td>
<td>Lorazepam, Temesta</td>
<td>sleeping-pill &amp; tranquillizer</td>
</tr>
<tr>
<td>lorazepam</td>
<td>Lorazepam, Temesta</td>
<td>sleeping-pill &amp; tranquillizer</td>
</tr>
<tr>
<td>lormetazepam</td>
<td>Lormetazepam, Loramet, Noctamid</td>
<td>sleeping-pill</td>
</tr>
<tr>
<td>medazepam</td>
<td>Medazepam</td>
<td>tranquilizer</td>
</tr>
<tr>
<td>midazolam</td>
<td>Midazolam, Dormicum</td>
<td>sleeping-pill</td>
</tr>
<tr>
<td>nitrazepam</td>
<td>Nitrazepam, Mogadon</td>
<td>sleeping-pill</td>
</tr>
<tr>
<td>nordazepam</td>
<td>Calmday</td>
<td>tranquilizer</td>
</tr>
<tr>
<td>oxazepam</td>
<td>Oxazepam, Seresta</td>
<td>sleeping-pill &amp; tranquillizer</td>
</tr>
<tr>
<td>prazepam</td>
<td>Reapam</td>
<td>tranquilizer</td>
</tr>
<tr>
<td>temazepam</td>
<td>Temazepam, Normison</td>
<td>sleeping-pill</td>
</tr>
<tr>
<td>temazepam</td>
<td>Temazepam, Levaxol</td>
<td>tranquilizer</td>
</tr>
<tr>
<td>triazolam</td>
<td>Halcion</td>
<td>sleeping-pill</td>
</tr>
<tr>
<td>zolpidem</td>
<td>Zolpidem, Stilnoct</td>
<td>sleeping-pill</td>
</tr>
<tr>
<td>zopiclon</td>
<td>Zopiclon, Imovane</td>
<td>sleeping-pill</td>
</tr>
</tbody>
</table>

Patients who do not respond to these drugs are often prescribed sedatives as tranquillizers, such as promethazine (Phenergan) and levomepromazine (Nozinan). They do have more side effects including low blood pressure and drowsiness.

Most sleeping-pills and tranquillizers are benzodiazepinen (benzodiazepines), so called after the chemical structure they have in common. Benzodiazepines are sleep-inducing drugs that deintensify emotions as well as feelings of distress and anxiety. Whether benzodiazepines are effectively sleep-inducing or calming depends on the dosage and duration of usage.

Effects may vary from one person to the next. Elderly patients are slower to break down the drug. Dosages should be adapted accordingly.

Complaints will reduce after first use of the drug. You will be better able to sleep and feelings of anxiety, discontent and stress reduce.

In case of insomnia it is important to establish the cause first (illness, increased thyroid activity, pain, stimulants, stress, sleeping environment). Most sleeping problems can be treated with methods other than on the basis of medication. Sometimes sleeping-pills can help break the vicious circle of insomnia debilitating your daytime functioning.

Benzodiazepines are also used to prevent distress and anxiety. Benzodiazepines can be an effective temporary support in providing stability during periods of stress and worry and to prevent exhaustion. There are many patients who have experience in using various types of medication finding the incidental use of tranquillizers or sleeping-pills beneficial.

The use of benzodiazepines does involve a risk of dependency. Sleeping-pills can be used for periods of two to four weeks. Continued use of sleeping-pills can result in psychological and
physical dependency. For many it proves difficult to turn around such a situation. Benzodiazepines can be used as tranquillizers for a maximum period of two months.

**Contraindications and incompatibility**
Many types of medication cannot be used under certain circumstances.

For example during pregnancy, at old or very young age or in case of certain health complications. Certain drugs are also dangerous when used in combination with other medication. Your doctor and pharmacist will check this, but you as a patient need to be vigilant. Always check the prescription insert.

Warning: in elderly patients and children, benzodiazepines may cause paradoxical responses (contrary to what you would expect), such as distress, (severe) agitation and anxiety.

Never administer benzodiazepines or antidepressants to children or youngsters without consulting your doctor.

3. **Side effects of medication (psychopharmaceuticals)**

Generally it is unknown whether or not side effects will occur and what their nature is. It is important to take into account any potential side effects. Are you still able to work, drive your car or operate machines? Can you maintain your lifestyle or do you need to modify your behaviour?

These side effects are listed and described in the prescription insert. Some side effects generally mentioned may be very rare, others are common. Reading the information may contribute to your being able to determine whether certain complaints you may have during usage are caused by the medication you are taking. Discuss your observations and questions with your doctor. Never decide unilaterally, without consulting your doctor, to discontinue the use of medication.

**Side effects of antipsychotics**
There are two types of antipsychotics: classic psychotics and the newer, atypical psychotics. The latter are known to cause fewer symptoms of dyskinesia, and in some cases are more effective than their classic counterparts. Side effects of antipsychotics vary. Successful medication usage and treatment of side effects require ongoing evaluation by both doctor and patient.

- Symptoms such as: deintensification of emotional life, lethargy, feelings of claustrophobia
- Drowsiness
- Anticholinergic effects: dry mouth/eyes, urinary difficulties, blurred vision, loss of memory and concentration, constipation
- Especially in elderly patients: confusion, hallucinations and distress
- Insomnia, sexual dysfunction, temporary low blood pressure (may cause elderly people to fall)
- Weight gain (especially when using atypical medication)
- Parkinson’s disease-style symptoms: akinesia and muscle stiffness, trembling also problems with walking and verbal expression
- Sudden muscle fatigue or tension (acute dystonia) typically starts with muscle contractions in tongue, eyes, jaw and neck. These symptoms are often treated through prescription of another type of medication, in addition to the antipsychotic, such as Akineton.
- Restless legs (akathisia)
- Tardive dyskinesia. This severe and painful side effect occurs in one fifth of chronic users of classic antipsychotics
Rare yet severe side effects:
- Malignant neuroleptica syndrom: initially fever, muscle stiffness, impaired consciousness, increased pulse, blood pressure and perspiration. Immediately notify your doctor and discontinue usage of the medication. Hospital treatment is necessary
- Agranulocytosis: sudden fall in number of white blood cells resulting in increased risk of infection and sustained infection

Medication to treat side effects
In addition to psychotics, the following drugs can be prescribed: Akineton, Artane, Kemadrin, Tremblex, Symmetrel.

**Side effects of antidepressants**
Commonly used antidepressants are classic types of medication (TCAs or tricyclic antidepressants) and second-generation drugs (especially SSRIs or selective serotonin reuptake inhibitors). The most important side effects are listed below. There are also other types of antidepressants. For a full overview, refer to *Zelfzorgboek Depressie* (Depression Self-help Book, see page 12, Additional Information).

When taking antidepressants it should be noted that, in addition to physical side effects, this type of medication also affects behaviour. For example, you may temporarily find it easier to take important decisions or experience feelings of indifference. These effects may involve an increased risk of suicide.

**Classic antidepressants:**
- anticholinergic effects (see Antipsychotics point 3)
- sexual problems, such as reduced sex drive or male sexual dysfunction
- sudden dizziness and increased pulse (this can cause problems in elderly patients)
- drowsiness
- weight gain due to increased appetite
- decreased heart function due to cardiac arrhythmia

**Second-generation antidepressants (SSRIs):**
- nausea, vomiting, diarrhoea
- nervousness, (severe) agitation
- headache
- insomnia
- sexual dysfunction (loss of libido, male sexual dysfunction)
- bleeding disorders (bruising)
- loss of appetite
- after a short usage period sometimes weight reduction; following longer usage period or discontinuation sometimes weight gain
- withdrawal symptoms when using medication which is effective for a limited period of time

**Side effects of mood stabilisers**
The use of lithium causes side effects in most users. The degree in which these side effects occur is dependent on the quantity of lithium contained in the patient's blood. Side effects can be reduced by taking a lower dosage. The most common side effects are nausea, vomiting, diarrhoea, weight gain, trembling hands, loss of memory and concentration. Nausea and diarrhoea occur shortly after taking the tablets. These side effects can be avoided by using time-release tablets providing gradual lithium dosage, or by taking small doses of lithium during the day. On average, lithium usage results in more complaints in elderly patients.

Chronic lithium intake affects internal organs such as the kidneys and thyroid gland.
Too much lithium in the blood stream may induce toxicity. If you or anyone in your environment are using lithium, you should be aware of the symptoms. Read about the symptoms on the prescription insert.

**Side effects of sleeping-pills and tranquillizers (benzodiazepines)**
Sleeping-pills and tranquillizers (often subconsciously) affect the ability to react, cause drowsiness, muscle fatigue, concentration and coordination problems and blurred vision. These side effects are stronger according to dosage, when taking alcohol or in combination with some other types of medication. You can also suffer from headache, muscle ache, fatigue, an empty feeling, feeling hung-over when getting up in the morning, dizziness, sadness, depression, indifference and lack of sex drive. Always read the prescription insert.

Withdrawal symptoms may occur when using medication that is effective for a limited period of time when the dosage is no longer effective (see Decreasing Dosages). These could be mistaken for side effects or symptoms of the underlying complication.

Effectiveness of these drugs diminishes as you continue to use the medication over a longer period of time (tolerance). In other words, you need a higher dosage to obtain the same effect.

4. **Discontinuing or Decreasing Medication Usage (psychopharmaceuticals)**
Patients can consider the discontinuation of medication usage for the following reasons:

- complaints have stopped
- pregnancy
- patient is not convinced that the medication is effective
- patient suffers substantially from side effects
- quality-of-life impairment
- patient wants to be able to do things independently
- patient fears for health in the longer term
- patient feels dependent or addicted

General tips

- Always consult your doctor when considering dosage reduction. How do I stop?
- Most types of medication will cause complaints when usage is suddenly discontinued. Such complaints may be severe. It is advisable to decrease the dosage gradually, if possible
- Try to stop in a period during which you are stable; make sure you are fit (get enough sleep)
- Very gradual decrease in dosage may help in case of severe withdrawal symptoms. In consultation with your doctor, your pharmacist can provide medication with a different dosage
- Discuss and agree on matters concerning relapses
- You need medical support

**Discontinuing usage of antipsychotics**
Following the discontinuation of antipsychotics usage, the relapse chance is 55 to 90 per cent. The chance of a relapse is smaller if you have had fewer psychoses, have taken a relatively low dose of antipsychotics, reduce gradually and the psychosis is in the more distant past.

Common withdrawal symptoms:

- nausea, vomiting
- loss of appetite
- excessive perspiration
- insomnia
- agitation
- anxiety
• dyskinesia
• diarrhoea
• runny nose

Rare side effects:
• dizziness
• feeling hot or cold
• muscle ache
• trembling
• abnormal sensation of emotions

Dyskinesia associated with antipsychotics usage generally disappear gradually, but not in all cases. Five years after discontinuation of medication usage, some 10 to 40 per cent (estimates vary) of patients still experience these symptoms.

In some cases you may not have had any problems during medication usage. However, symptoms may start when usage is discontinued.

**Discontinuing usage of antidepressants**

Many patients discontinue the intake of antidepressants without seeking prior medical advice.

Depressions may develop when usage is discontinued because the underlying depression is not fully cured or due to the manifestation of a new depression. Doctors advise to use the medication over a period of six to nine months.

Within a few months following discontinuation of usage, depressions recur in 20 per cent of patients. Earlier discontinuations increase this percentage to 50 per cent. These percentages are subject to discussion and varying opinion.

After the abrupt discontinuation of antidepressants usage (sometimes even when reducing usage gradually) the body responds with withdrawal symptoms. These symptoms should not be mistaken for possibly recurring (underlying) depression.

• Gastrointestinal complaints: stomach ache, nausea, vomiting, diarrhoea
• Flue symptoms: perspiration, shivers, muscle ache, feebleness
• Insomnia, nightmares
• Anxiety, unease, distress
• Dyskinesia and physical unsteadiness: dizziness, apprehension, stiffness, trembles
• Hypersensitivity: sensations of electrical shocks, itching
• Cardiac complaints (rare): cardiac arrhythmia

**Discontinuing usage of mood stabilisers**

Various studies into the discontinuation of lithium usage show that general chances of a relapse are 15 times higher than in patients who continue the intake of lithium. Gradual dosage reduction decreases the risk of relapse. An additional risk factor is that resumption of similar medication programmes is often less successful. On the other hand, there are patients who, despite their using lithium, do experience relapses into mania or depression.

The chance of a relapse is the highest during the first weeks after discontinuation. Seventy-five per cent of patients discontinuing lithium intake experience a relapse during this period.

It is unclear whether the discontinuation of lithium intake causes withdrawal symptoms. Little research has been done into the effects of discontinuing the intake of Carbamazepine and *Valproëzuur* (valproic acid). It is recommended to plan carefully the gradual reduction of these types of medication as well.
Discontinuing usage of sleeping-pills and tranquillizers (benzodiazepines)

Discontinuing benzodiazepine intake can be very difficult. The original complaints: anxiety and insomnia may recur. The time required for a reduction programme depends on the degree and nature of usage. Withdrawal symptoms may not occur until a few days after discontinuation since these drugs remain active in the body for some time. After years of use it may take months to reduce gradually to zero intake.

Withdrawal symptoms of benzodiazepines:

- aggravated insomnia
- anxiety and associated panic attacks, palpitations, perspiration, trembling, gastrointestinal complaints
- headache
- muscle complaints such as aches and cramps
- coordination problems
- sensitivity
- hypersensitivity to light, sound and touch
- Rare: Hallucinations and epileptic attacks

Support is available from specialised centres for discontinuing benzodiazepine usage.

5. Additional Information

Information on antidepressants, the effects, side effects and reduction programmes is available from various organisations: manufacturers of antidepressants, treatment centres, pharmacies, patient organisations and others. Each organisation has its own motivations for providing information with respective modifying consequences for information content.

Please note
The information available from the addresses listed below is provided in Dutch.

- **Product information**

  **Pharmacy**: Each type of medication and repeat prescription is provided with a prescription insert. Refer to your pharmacy if you did not receive a prescription insert with your prescription.

  **Prescription insert**: You can find, browse through and print off prescription inserts at www.geneesmiddelenrepertorium.nl, www.ziekenhuis.nl and other websites.

  **Geneesmiddel-Infolijn (Medication Hotline) +31 (0)900-9998800**. (20 cent/min.), Available Monday to Friday (excl. national holidays) from 10.00 to 16.00 hours. The Geneesmiddel-Infolijn is an initiative of Dutch pharmacists. Via this hotline you can contact any affiliated pharmacist.

- **Contact with field experts**

  **Pandora Depressielijn (Pandora Depression Hotline)** Via the *Depressielijn* (Depression Hotline) you can talk to people who themselves have experienced depression.

  Telephone: 0900 612 09 09 (10 cent/min.), Monday to Thursday (excl. national holidays) from 19.00 to 21.00 hours.
  Email: depressielijn@stichtingpandora.nl
Pandora Informatie- en Advieslijn (Pandora Information and Advice Hotline) Field experts provide answers to your questions concerning psychological problems and mental healthcare, treatment, patient's rights, job applications and work.

Telephone: 0900 7263672 (10 cent/min.), Monday to Thursday (excl. national holidays) from 10.00 to 16.30 hours.
Email: informatie_advieslijn@stichtingpandora.nl

Pandora Internet Forum www.stichtingpandora.nl
On The Pandora Foundation website you can follow the links to the Pandora Forum. This forum lists a number of issues on which users of psychopharmaceuticals share their experiences. You can also add your own comments and feedback.

Stichting Vrouwen en Medicijnengebruik (Women & Medication Usage Foundation)
The Foundation supports women in fighting excessive use of tranquillizers and sleeping-pills, by providing information, self-help groups, courses on and research into these types of medication.

Telephone: +31 (0)40 212 17 46, Monday to Thursday (excl. national holidays) from 10.00 to 15.00 hours.
Email: svmg@dse.nl

- Using psychopharmaceuticals

The first edition was realised at the initiative of The Pandora Foundation and Stichting September.

Chapters 9 and 21 provide information on antidepressants. Available from pharmacists and The Pandora Foundation.

Overwogen medicijngebruik (Balanced Medication Usage) Gebruikersinformatie over medicijnen bij psychische klachten en stoornissen (User Information on Medication in Treating Psychological or Psychiatric Complaints)- fourth edition.
Available from the Vereniging Cliëntenbond in de Geestelijke Gezondheidszorg.
Telephone: +31 (0)30 252 18 12 or +31 (0)30 252 18 22. Email: post.clientenbond@planet.nl.
Postal address: Vereniging Cliëntenbond in de Geestelijke Gezondheidszorg, postbus 645, 3500 AP Utrecht, the Netherlands.

Slaap- en kalmeringsmiddelen (Sleeping-pills & Tranquillizers) Jellinek Preventie en Consultancy (Prevention and Consultancy), Amsterdam. Brochure. Telephone +31 (0)20 570 23 55.

Rapport Gebruikers over Antidepressiva (User's Report on Antidepressants) Based on the experiences and questions of users of antidepressants and those directly involved. Available (download) at www.stichtingpandora.nl.

Literatuurlijst Medicijnen (Medication Bibliography) Available (download) at www.stichtingpandora.nl.
• **Discontinuing Usage of Psychopharmaceuticals**


Telephone: +31 (0)30 253 73 09. Email: wewi@pharm.uu.nl

**Stoppen met antidepressiva? (Discontinuing Usage of Antidepressants?)**

Telephone: +31 (0)30 253 73 09. Email: wewi@pharm.uu.nl

**Stoppen met lithium? (Discontinuing Usage of Lithium?)**

Telephone: +31 (0)30 253 73 09. Email: wewi@pharm.uu.nl

**Stoppen met slaap- en kalmeringsmiddelen? (Discontinuing Usage of Sleeping-pills and Tranquillizers?)** Een handleiding (A Manual)

Telephone: +31 (0)30 253 73 09. Email: wewi@pharm.uu.nl

• **References**


**Let op**
De brochure *Using medication, in treating psychological or psychiatric complaints* geeft informatie over het gebruik van medicijnen bij psychische en/of psychiatrische klachten. De Nederlandse brochure *Gebruik van medicijnen, bij psychische en/of psychiatrische klachten* kunt u op www.stichtingpandora.nl downloaden.