

Patient information from BMJ

Last published: Aug 05, 2021

Schizophrenia: what treatments work?

Having schizophrenia means that you sometimes think and feel differently from how you normally would. You might lose touch with reality.

This condition can be frightening and difficult to live with. But the right treatments can help control the symptoms.

You can use our information to talk to your doctor and decide which treatments are right for you. To learn more about what happens in schizophrenia and its signs and symptoms, see the leaflet *Schizophrenia: what is it?*

Antipsychotics

The main treatments for schizophrenia symptoms are medicines called **antipsychotics**. You might also hear these called neuroleptics.

Once your symptoms are under control there are other treatments that can help you cope with your illness and help prevent episodes of psychotic symptoms (called **relapses**).

The main problem with antipsychotics is the possible **side effects**. Your doctor should work with you to find the medicine and the dose that helps the most while causing the fewest side effects. But this can take time.

Why antipsychotics?

Antipsychotics calm you down when you're agitated or upset. They also reduce symptoms of schizophrenia, such as having strange or distressing thoughts or hearing voices.

Most antipsychotics are taken as tablets. But some come as long-lasting injections. Injections might be helpful if you find it hard to remember to take medicines.

There are two main groups of antipsychotic:

- the older, 'first-generation' antipsychotics, and
- the newer, 'second-generation' antipsychotics.

Schizophrenia: what treatments work?

Both the older and newer antipsychotics can work well, but research suggests that:

- newer antipsychotics might be better at preventing a relapse, and
- the side effects of the newer ones seem to be easier to cope with. If you have recently been diagnosed with schizophrenia you will probably be offered a newer antipsychotic first.

It's important to keep taking your medicines after your symptoms are under control. This helps to prevent symptoms in future. But the side effects can make it hard to keep taking antipsychotics.

Side effects

The main side effect of older antipsychotics is that they can affect how your brain controls your muscles. So you might find that your muscles are stiff or shaky, or that you twitch. You might also feel restless, and have trouble keeping still.

Doctors call these problems **movement disorders**. If antipsychotic medicines affect you in this way, your doctor might be able to prescribe other medicines to help control these side effects.

Other side effects of antipsychotics can include:

- drowsiness
- restlessness
- constipation
- a dry mouth, and
- weight gain.

Weight gain is more common with the newer antipsychotics. In some people, newer antipsychotics can also cause:

- high cholesterol
- low blood pressure (this can cause dizziness), and
- low sex drive (this is more likely with a drug called risperidone).

These drugs might also increase your chance of getting diabetes.

If you are having trouble with side effects, talk to your doctor. You might be able to switch to a different drug or try a lower dose.

The side effects of antipsychotics sometimes stop after you have been taking the medicine for a while.

An antipsychotic called **clozapine** is sometimes used when other types have not worked. It works well for most people. But, very rarely, it damages people's white blood cells, which help fight off infection. So you need to have regular blood tests when you are taking clozapine.

Schizophrenia: what treatments work?

You should also tell your doctor if you get **constipation** after taking clozapine. In some people this can be a sign of serious side effects that this drug can cause in the digestive system.

Whatever medicines you take, your doctor should **review your treatment regularly** to make sure that you are getting the treatment that helps you most, while causing the fewest problems from side effects.

Pregnancy and valproate

If you are a female at an age when you could become pregnant, your doctor should not prescribe a medication called valproate unless there is no other suitable treatment. Valproate causes severe birth defects.

If you do need to take valproate, your doctor should make sure you follow a **pregnancy prevention programme**. This means that you should:

- have a pregnancy test before taking valproate
- be given counselling about the dangers of valproate and the need to use effective contraception while taking it
- have regular reviews with your doctor and a specialist.

If you have any questions about valproate, don't hesitate to ask your doctor.

Talking treatments

Once your condition is under control talking treatments (**psychotherapies**) might help you cope with your illness and help prevent a relapse. But most people will still need to keep taking their antipsychotic medicines.

Below are some of the most common talking treatments.

Learning more about your illness from a trained professional can help you stay well. You can take part in a programme, either on your own or with others, to find out about schizophrenia and how to cope with it, including how to spot the signs of a relapse and what to do about it.

Family therapy might help you cope with your illness and stick with your treatment. It might also help prevent a relapse.

If you have family therapy you and your family meet with a therapist. You all learn more about schizophrenia and about ways to communicate better and solve problems together.

Other types of talking treatment might also be helpful. These include **cognitive behaviour therapy (CBT)** and **social skills training**.

CBT helps you think more positively about your life and find ways of coping with your schizophrenia symptoms.

Social skills training helps you learn, or relearn, ways of getting on with other people. This might help if you have become isolated because of your illness.

Schizophrenia: what treatments work?

Your general health

When you're dealing with a mental-health problem it's easy to neglect your physical health. This is common among people with schizophrenia.

Doctors should be aware of this. And your doctor should make sure that you are regularly tested for:

- common conditions such as diabetes
- problems that can be caused by your medicines, and
- infections that tend to be more common in people with mental-health problems, such as hepatitis and HIV.

But there are simple things you can do to keep yourself healthy, such as:

- eating regularly and as healthily as possible
- stopping smoking (if you smoke) or cutting down. If you need help to stop smoking, talk to your doctor, and
- being as active as possible. This doesn't need to mean going to a gym or playing sport. Just going for a walk, perhaps in a favourite park, can be good exercise. And being active and outdoors is good for your mental as well as your physical health.

Non-medical help

People with mental-health conditions such as schizophrenia often have problems with issues like housing, low income, employment, and support from family and friends. And people do better when they get help with these problems.

You might hear your doctor call this kind of help **psychosocial support**. He or she might be able to arrange for you to get some help in some of these areas.

People with schizophrenia who get help with issues like housing, employment, and social support tend to cope better in many ways, including taking their medicine regularly and not needing to be hospitalised.

The patient information from *BMJ Best Practice* from which this leaflet is derived is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2021. All rights reserved.

