

What People Need to Know about Psychiatric Drugs

Tranquillizers Anti-Depressants Stimulants
Anti-Psychotics Mood Stabilizers

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For

Psychiatric Medication Awareness Group

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THE PSYCHIATRIC MEDICATION AWARENESS GROUP

We are a small group of citizens concerned about the increasing use of psychiatric drugs in British Columbia and Canada and the potential harm associated with these drugs. We believe that every citizen should be well informed about every medication they are advised to take so that they can make responsible decisions about their own health. Informed and empowered citizens are able to take charge of their own lives.

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WARNING

No psychiatric drug should be stopped suddenly. This could result in serious symptoms and can be life threatening. Changes in dose levels [increases or decreases] can also cause serious symptoms.

If you experience any adverse reactions from a drug you should report it to the Regional Adverse Reaction Centre toll free 1-800-234-2345. [Canada] This is a confidential service provided by Health Canada to help track adverse reactions that people have experienced to prescription drugs.

In order to find balanced information about psychiatric drugs it is important to seek out objective resources [not funded by drug companies]. Worst Pills, Best Pills, by Dr. Sydney Wolfe et. al, 2005, is a consumer's guide giving information on over 500 drugs, including those of limited use and ones that should be avoided. It also provides non-drug alternatives for common health issues. If finding unbiased information is difficult, then it is important to read all the available literature and to ask questions.

ABOUT THIS BOOKLET

This booklet provides basic information about the most frequently prescribed psychiatric drugs in Canada. It describes their classes and names, the usual reasons why they are prescribed and the most common side effects [adverse reactions]. It includes questions you should ask your doctor if a psychiatric drug is recommended and tips to help yourself. Use this booklet as a guide to gather information needed to make informed decisions about your health.

WHY EVERYONE NEEDS TO BE INFORMED

Taking psychiatric medications is a serious matter. All psychiatric drugs have powerful effects on the brain and the body. Scientists do not know exactly how psychiatric drugs work or all their effects, including long term physical, mental and social consequences.

It is not legally required in Canada in 2009 to provide comprehensive information about the possible harmful effects of medications. Even drug inserts that come in your package of pills, list only a few of the possible side effects. Unfortunately, most of the available information about prescription drugs comes from the pharmaceutical industry. Pharmaceutical companies provide the drug information printed in The Compendium of Pharmaceuticals and Specialties [CPS], also known as the "Big Blue Book."

Doctors and nurses rely heavily on the CPS and the information drug companies provide. Every year, these companies spend tens of thousands of dollars on each physician in Canada through office visits by handing out industry literature and free samples of pills.

There are several unproven theories about the cause of emotional distress and how drugs are supposed to help. Your doctor may have told you that depression is caused by a "chemical imbalance" in the brain and anti-depressants like fluoxetine [Prozac] or paroxetine [Paxil] can correct this problem. There is no scientific evidence for this theory. In fact, research has established that life-circumstances such as early life abuse, neglect, family violence, poverty, loss, unemployment, or prescription and non-prescription drugs can cause depression.

You may have heard that psychosis, bipolar or depressive issues are genetic in origin. There is no evidence to support a genetic cause to mental illnesses.

You may be told that the psychiatric drug that is being recommended is completely safe and has few or no side effects. All prescription drugs have side effects, some of which are minor, and some that can be life threatening or permanent. Once a medication enters the body it affects many different cells. A medication that is supposed to affect the brain can also affect the stomach, heart, liver, kidney, skin, muscles, hormones and many other parts of the nervous system.

When a person takes two or more drugs of any kind they can interact with each other causing unexpected adverse reactions or even changing how the drugs work.

As the number of prescription and over the counter drugs you take increases, so does the likelihood of interactions. Certain foods interact with some drugs, for example, grapefruit can increase the powerfulness of anti-psychotic medications.

Alcohol and street drugs can also alter the effects of prescription and psychiatric drugs.

Potential Reactions to Psychiatric Drugs

Research has shown the use of psychiatric drugs can lead to:

1. A range of minor to major or even fatal side effects or adverse reactions.

Adverse reactions can affect the heart, brain and nervous, muscle, hormone, stomach, skin and other body systems. Reactions can develop slowly or dramatically. They can persist after the drug is stopped. A few can be fatal. A further description of the most common adverse reactions is included in this booklet.

2. Tolerance and addiction

All psychiatric drugs can cause tolerance and addiction over time. As the body and brain adjust to medications people can experience increased anxiety, panic and agitation occurring between doses. This between dose withdrawal can then be interpreted as worsening of a mental health problem. Although increasing the drug dose can delay the tolerance withdrawal symptoms from appearing, they will reoccur, as your brain again, becomes tolerant to the newer higher dose.

3. Increased number of accidents

All psychiatric drugs can impair people's judgement and safety. For example, research has shown the common tranquillizers [benzodiazepines] are a major contributor to automobile accidents. If you are taking one or more of the psychiatric medications you could be impaired and thus unsafe to drive or operate machinery. You might also be unsafe to work or to care for others. Psychiatric drugs interact with alcohol making the effects of alcohol more powerful. Alcohol and psychiatric drugs can be a lethal combination.

4. Increased risk of heat stress

Many psychiatric drugs including some anti-psychotics, antidepressants and mood stabilizers decrease a person's ability to sweat. Because perspiring cools the body, you can be at risk for heat stress especially during the hot weather, while using hot tubs, saunas, exercising, living in rooms that heat up with the sun, or living on the street. Overheating can cause dizziness, feeling light headed, fainting or heat stroke. When using these drugs it is important to decrease your activity, seek cool shelter and drink extra fluids.

Psychiatric Drugs Affect People Differently

Psychiatric drugs can have specific and more serious effects on different groups of people:

1. Babies, children and adolescents are more sensitive to medications due to their immature and developing bodies and brains. Most psychiatric drugs are not tested on the young, so the effects are not well understood. Adverse drug reactions can also show up years after a person has been prescribed a drug. For this reason nobody can say for sure these drugs are safe for children.
2. Pregnant and breastfeeding mothers can also be at greater risk. Using psychiatric medications during pregnancy and lactation needs to be carefully considered. There are warnings from Health Canada that the newer antidepressants are linked to breathing problems and birth defects in babies when taken by women when they were pregnant. It is documented that anti-psychotic drug use during pregnancy can cause sedation, withdrawal and painful muscle distortions in new born babies. The BC Health Guide, a medical advice book distributed to the public by the BC Ministry of Health, states: "Taking medicines for bipolar disorder during pregnancy can increase the risk of birth defects." <http://www.bchealthguide.org> November 6, 2008.

Psychiatric drugs can also be passed into breast milk.

3. Babies in the womb can become addicted if a mother takes one or more psychiatric drugs. These babies can have distressful withdrawal symptoms.
4. The effects of psychiatric drugs are more pronounced in people over the age of 50. The physical changes in the kidneys and liver of older people decrease their ability to detoxify medications. Generally, older people should be started on a lesser dose of any drug and any increases made with caution.

In spite of the increased sensitivity of older people to psychiatric medications, these drugs are prescribed at a very high rate to this population, especially to those living in health care facilities. Psychiatric drugs are sometimes used inappropriately in institutional settings to sedate residents who can be anxious, confused, disoriented or to control their behaviour.

Psychiatric drugs are also one of the most significant contributors to loss of balance, falls and fractures in the elderly. Falls and fractures of the elderly cost provincial governments millions of dollars in health care each year. Fractures can result in fatal complications in the elderly.

WHAT TO ASK YOUR DOCTOR ABOUT YOUR PSYCHIATRIC DRUG

You have the right and responsibility to ask questions about any drug that is recommended by your physician or any other health care provider. Some of the questions you have a right to have answered are:

- What is the name of that drug being recommended? [most drugs have a chemical and trade name]. For example, lorazepam can be called by many different names including Ativan.
- What kind of drug is it? What is it supposed to do?
- What is the starting dose? Will it be increased? To what level? What is the recommended dose level for a person my age?
- How long will the drug be prescribed? Is this the usual length of time?
- How does the drug work? What are the tests that will show improvement?
- How will the doctor know if it is working?
- How will this drug help me improve my life?
- What are the side effects? What are the most serious ones?
- What tests check for adverse reactions? How often should they be done?
- Can I drive, drink alcohol or use other prescription/over-the-counter or herbal drugs with this medication?
- How long is it safe to take the drug?
- Will I become dependent or develop tolerance? How long will this take?
- How should the drug be stopped? Over what time period? Will the doctor help if there are problems coming off?
- What symptoms are possible when coming off this drug? How long will they last?
- What is the cost of this drug? Is there a less expensive drug that would be just as useful?
- Is there another drug available with fewer side effects?
- Was this drug tested and approved for this condition or is it being prescribed "off-label?"
- What are the alternative ways of helping that do not involve drugs? Will the doctor support this approach?

A psychiatric drug should not usually be prescribed based on a short visit with the doctor. You have the right to book a longer appointment to discuss your concerns and ask about non-drug approaches.

Facts and Tips and More

"The greatest epidemic of drug abuse in American society is among those patients who are the victims of misprescribing or over prescribing. Like other epidemics, it is preventable" [S. Wolfe, p. xxvi, 2005]

- The Federal Drugs Administration [FDA] in the USA has issued warnings about increased risk for suicide from the use of anti-psychotics, mood stabilizers, antidepressants and drugs for attention deficit and hyperactivity problems.
- Low dose medication can have the same serious adverse effects, including addiction, as taking a drug at the normal dose.
- "The drugs responsible for the most serious reactions in older adults are tranquilizers, sleeping pills and other mind-affecting drugs." [S. Wolfe, p18, 2005]

WHY YOU MIGHT BE PRESCRIBED A PSYCHIATRIC DRUG

You may not be aware you are taking a psychiatric drug. On a visit to your physician, you may have discussed personal issues or described symptoms related to the personal challenges of living. These can include: being worried, sleep difficulties, feeling overtired, undergoing divorce, family problems, work or school stress, giving birth, experiencing a loss, suffering pain, a recent accident, living with a chronic condition, facing the challenges of adolescence or aging, adjusting to a nursing home, living in a prison setting or without a home. These problems can be causing serious distress but they do not mean you have a permanent "mental illness." Research shows that such difficulties are very effectively helped by non-drug methods.

HOW DO YOU KNOW WHAT DRUG YOU ARE TAKING?

It is very important to know what drug has been prescribed. Every drug has both a chemical name and a trade name. The trade name Ativan has the chemical name lorazepam, and the trade name Prozac has the chemical name fluoxetine. The chemical name is also known as the generic name.

One drug can have many different names; for example the trade names Rivotril and Klonopin are actually the same drug or chemical - clonazepam. The same medication can be known by a different name in different provinces or countries. Because there are several trade names for the same drug, it can be confusing to know what you are taking.

The generic names of drugs sometimes are preceded by a shortened name of the company producing them. For example your drug name might begin with "Apo," "Novo" or "Gen."

Psychiatric drugs are divided into several main classes. A drug class consists of drugs that are chemically related and approved for similar conditions. Generally, the adverse reactions are similar for drugs in the same class. Because there are dozens of side effects associated with every psychiatric drug, this booklet mentions only a few.

DRUGS TO TREAT DEPRESSION **[Antidepressants]**

Groups in the class of antidepressants

1. **Tricyclic antidepressants or older antidepressants [TCA]** tend to be more sedating and can lower blood pressure. Amitriptyline [Elavil] is also used to relieve pain, although it is not a "painkiller."
2. **Monoamine oxidase inhibitors [MAOI]** are also older antidepressants. Phenelzine [Nardil] and tranylcypromine [Parnate] can cause serious adverse reactions if taken with some foods, other drugs or over the counter medications. Moclobemide [Manerix] a MAOI, which came on the market later, has fewer food and drug restrictions. These drugs tend to have a stimulating effect.
3. **Selective serotonin reuptake inhibitors [SSRI] and related drugs** are the newer antidepressants. They affect serotonin and other chemicals in the brain. These are the most commonly prescribed antidepressants and rates of use of these drugs have skyrocketed in the past decade. In 2003, 20-23% of all women in B.C. was given a prescription for an SSRI medication.

Antidepressants are prescribed to treat depression, stress and worry. They are also prescribed for many other issues such as to treat pain, anxiety, obsessive compulsive disorder, smoking cessation, behaviour problems, pre-menstrual problems and menopause. Research suggests that antidepressants might be overprescribed, especially to women. Many of these issues can be overcome with life-style changes and effective medical and psychological assistance.

People have experienced the following reactions to antidepressants. They might be more acute when starting, increasing or decreasing a prescription. These are serious drug effects and not necessarily an underlying mental illness.

1. Chronic poor sleep which can lead to despair, fear of going crazy, and irritability.
2. Anxiety and panic that makes you feel jittery, fearful, worried, and cause a racing heart, fast breathing, trembling, and chest pain. These symptoms can be frightening.

3. Painful agitation, also called akathisia, is where a person can be fidgety, irritable and constantly needing to move his/her legs. People experiencing akathisia might feel compelled to pace or walk miles to avoid this painful agitation. Some people describe the painful sensation “as a motor churning inside the body.” In extreme situations, akathisia can be so severe that you might be led to violence or suicide.
4. Manic-like reactions. A person might feel extremely happy or manic, drive recklessly, or behave in a manner that is out of character. Delusions and hallucinations can also occur.
5. Paranoid reactions. A person might feel suspicious, frightened or fear he or she is being watched.
6. Psychotic reactions. A person might be out of touch with the real world; have beliefs that are not true, or see, hear or feel things that don’t exist.

[Adapted from J. Glenmullen, 2005]

Other serious adverse reactions to antidepressants include weight gain or loss, emotional dullness or flatness, feeling detached or distant from others, sexual problems, falls and fractures, skin, stomach and bladder problems.

Some antidepressants can interfere with effectiveness of birth control pills. This depends on the individual woman so she should discuss this with her doctor.

The older tricyclic antidepressants can cause serious harmful effects especially in older adults. Some of the side effects associated with tricyclics include: poor attention span, dry mouth, constipation, difficulty urinating, especially men with an enlarged prostate, blurred vision, sexual problems, worsening of glaucoma, fainting, falls and decreased sweating.

Tricyclic antidepressants interfere with the regulation of body temperature and increase the risk of hypothermia during cold weather and while swimming in cold water. These drugs can also necessitate the need for heart monitoring.

The tricyclic antidepressant, Elavil [amitriptyline] can cause Parkinson-like symptoms that are exactly like the disease itself and these symptoms can continue even after stopping the drug. This drug is described as having more side effects than other tricyclics.

Many antidepressants cause increased sensitivity to ultraviolet light and can cause sunburn easily. People taking these drugs should wear extra protection when outdoors or in tanning salons.

All antidepressants can be addicting and people must taper off slowly.

Selective Serotonin Reuptake Inhibitor Antidepressants [SSRI]	
Chemical or Generic Name	Trade Name
citalopram	Celexa
escitalopram	Cipralex [Canada], Lexapro [USA]
fluvoxamine [also used for obsessive compulsive disorder]	Luvox
paroxetine [also used for obsessive compulsive disorder]	Paxil
fluoxetine	Prozac
sertraline [also used for obsessive compulsive disorder]	Zoloft

*Serotonin – Norepinephrine Reuptake Inhibitors [SNRI]	
Chemical or Generic Name	Trade Name
venlafaxine	Effexor, Effexor XR
duloxetine	Cymbalta

*These drugs are similar to SSRIs but affect two neurotransmitters [Chemical messengers] in the brain.

Tricyclic Antidepressants [TCA]	
Chemical or Generic Name	Trade Name
clomipramine [used for obsessive compulsive disorder]	Anafranil
amitriptyline	Elavil
amoxapine	Asendin [not available in Canada]
desipramine	Norpramin
nortriptyline	Aventyl
doxepin	Sinequan
trimipramine	Surmontil
imipramine	Tofranil
protriptyline	Triptil [not available in Canada]
maprotiline	Ludiomil

Miscellaneous Antidepressants	
Chemical or Generic Name	Trade Name
trazodone	Desyrel
venlafaxine	Effexor
mirtazapine	Remeron
nefazadone	Serzone [taken off market in Canada]
tryptophan [also used as sleeping pill]	Tryptan
bupropion	Wellbutrin
hypericum	St. John's Wort

Did You Know?

- Many clinical trials for SSRI antidepressants show little benefit of these drugs over placebos. In spite of this, the number of prescriptions for SSRI antidepressants in BC increased by 73% between 1996 and 2002. Therapeutics Letter, Nov.-Dec. 2004.
- All antidepressants can cause withdrawal symptoms when people try to cut their dose or stop them. In some cases these symptoms can be severe enough that people find it difficult to get off the drugs. Increased depression is a common drug-related effect of withdrawing from the SSRI antidepressants.
- Bupropion [Wellbutrin, Zyban] an anti-depressant and antismoking drug, is derived from amphetamine, an addicting stimulant.
- Research indicates that SSRI antidepressants cause sexual problems in 30-70% of people taking them. There is evidence that these sexual problems continue in some people after the drug is stopped.

Monoamine Oxidase Inhibitors [MAOI] are older drugs that require adherence to a specific diet to avoid severe reactions, including heart and blood pressure reactions, headaches, confusion, restlessness or insomnia.

Monoamine Oxidase Inhibitors [MAOI]	
Chemical or Generic Name	Trade Name
phenelzine	Nardil
tranlycypromine	Parnate
moclobemide	Manerix

DRUGS TO TREAT ANXIETY AND SLEEP PROBLEMS **[Benzodiazepines – Common Tranquillizers]**

The most common drugs prescribed for anxiety, worry and stress, are the common tranquillizers [Benzodiazepines]. Benzodiazepines like lorazepam [Ativan], clonazepam [Rivotril, Klonopin], oxazepam [Serax], and diazepam [Valium] are also prescribed for sleep, to relax muscles, control seizures and sedate before an operation.

Benzodiazepines should not be prescribed for more than 2-4 weeks for any reason because they are highly addictive. Long-term use does little to control anxiety and often aggravates it. Even using benzodiazepines occasionally over a month, for example, to help sleep, can lead to dependence. Benzodiazepines should not be used as a long-term method of seizure control.

Benzodiazepines are widely prescribed for other issues for which they are not indicated such as bereavement, menstrual difficulties, normal life stresses, worry or chronic pain and emotional burnout. Although the risks of benzodiazepines have been known for decades, prescribing rates in many parts of Canada are rising.

Benzodiazepines can cause loss of balance, confusion, memory impairment, stimulation, agitation and emotional blunting. Long-term use can cause learning, memory and concentration difficulties. Other effects include increased agitation, depression, fearfulness, rage, agoraphobia, suspiciousness and loss of social skills.

Adverse reactions to benzodiazepines can cause symptoms similar to dementia. A person taking benzodiazepines can be misdiagnosed as having permanent mental deterioration, especially if they are older or living in care facilities.

Benzodiazepines can also cause a multitude of physical problems related to the stomach, bladder, skin, menstrual cycle and body coordination.

Babies exposed to benzodiazepines in the uterus can experience floppy baby syndrome, drowsiness, and a prolonged period of withdrawal. Benzodiazepines also pass into breast milk.

Benzodiazepines are associated with increased motor vehicle and other accidents. Benzodiazepines also contribute to falls and fractures at a high cost to the Canadian medical system.

If benzodiazepines are stopped, decreased or the dosage delayed a person can start experiencing withdrawal symptoms such as severe anxiety, agitation, sleeplessness, muscle twitches and spasms, electric shock-like feelings or stomach problems.

Side effects from taking benzodiazepines are often interpreted as a new health problem and more drugs such as antidepressants, pain killers or stomach medications might be prescribed.

Oxazepam [Serax], lorazepam [Ativan] and alprazolam [Xanax] leave the body quickly and are more likely to cause between dose withdrawals.

Benzodiazepines are frequently prescribed as sleeping pills.

Benzodiazepines: Common Tranquillizers	
Chemical or Generic Name	Trade Name
alprazolam	Xanax, Alpraz, Novo-Alprazol
bromazepam	Lectopam
*buspirone	BuSpar, Buspirex [Interacts with some antidepressants]
chlordiazepoxide	Librax [also contains clidinium], Novo-Poxide, Librium
clonazepam	Rivotril, Clonazepam, Klonopin
clorazepate	Tranxene
diazepam	Valium, Vivol, Diastat, Diazemuls
flunitrazepam [So-called "date-rape" drug]	Rohypnol [Street drug in Canada]
flurazepam	Dalmane
halazepam	Paxipam [USA]
lorazepam	Ativan
midazolam	Sabex, Versad
nitrazepam	Mogadon
oxazepam	Serax
temazepam	Restoril
triazolam	Halcion

*Buspirone is a sedating tranquillizer with many of the same risks as benzodiazepines, including addiction, although it is not a benzodiazepine.

Did You Know?

- "Despite the potential for major harm and scant evidence of clinically meaningful benefit, the use of benzodiazepines in BC grew 11% between 1996 and 2002. This drug class is currently near the top in terms of pills dispensed, 84 million pills in 2002." [Therapeutics Letter, #54, 2004]
- "The two groups most vulnerable to adverse effects of benzodiazepines, women and the elderly, are the highest users." [Therapeutics Letter, #54, 2004].
- "9.7% of the population of B.C. [400,000 people] received at least one prescription for a benzodiazepine in 2002." 170,000 people in B.C. received over 100 pills per year. [Therapeutics Letter, #54, 2004] It is very likely that the latter group is addicted and suffering many other health problems.
- One dose of a benzodiazepine has been shown to cause loss of balance leading to falls and fractures.
- Benzodiazepines are taken by 50-80% of those using street drugs and alcohol.
- Benzodiazepines act on the brain much like alcohol. The urge to drink can increase or return when a person with current or past issues with alcohol is given a benzodiazepine.

SLEEPING PILLS [Hypnotics]

Sleeping pills [Hypnotics] are prescribed for insomnia or difficulties with sleep. Benzodiazepines such as lorazepam [Ativan] are also prescribed for sleep problems as are sleeping pills such as zolpidem [Ambien] or zopiclone [Imovane]. *These pills are often described as being different from benzodiazepines but have the exact same effect on the brain and body and are just as addictive.* Sleeping pills should never be used for more than 7 to 10 days, even if only used now and then.

Hypnotic and Sleeping Pills	
Chemical or Generic Name	Trade Name
zaleplon	Sonata [USA]
zaleplon	Starnoc
zolpidem	Ambien
zopiclone	Imovane
valerian root	Potent herb which can cause withdrawal effects when stopped

Chloral hydrate is an older drug that is sometimes prescribed as a hypnotic or sleeping pill. It is highly addictive and can cause depression, irregular heart beats, nervous problems, impairment of the liver and kidney.

DRUGS TO TREAT PSYCHOSES [Anti-psychotics]

Anti-psychotics are powerful psychiatric drugs with severe and sometimes permanent side effects. Older drugs in this class are referred to as typical anti-psychotics. The newer medications are known as atypical anti-psychotics. Anti-psychotics are frequently prescribed for psychoses and schizophrenia.

Anti-psychotics are frequently, but inappropriately prescribed for anxiety, sleep, anger, behaviour control, attention deficit disorders and serious non-psychotic and emotional difficulties. These drugs are not approved for anxiety or sleep and can worsen the problems.

Anti-psychotic medications are addicting and should never be stopped abruptly.

In 2008, a Canadian study published in the Archives of Internal Medicine reported that older adults treated for dementia with conventional and atypical anti-psychotics were more likely to have serious adverse reactions, including death, than those who did not take these drugs.

It is worrisome that there was a five-fold increase in the number of children receiving anti-psychotic medications between 1995 and 2002. This is of particular concern because these drugs have not been tested in children and their effects on children's brains are not understood.

Anti-psychotics are also over prescribed to those living with acquired brain injury, the developmentally challenged, people living with other disabilities and people in care homes.

Extrapyramidal Reactions are Serious Adverse Reactions to Anti-Psychotic Use

Extrapyramidal syndrome [EPS] symptoms include:

1. Abnormal muscle tightening and spasms, contortions and twisting of the trunk, neck, arms and legs. These reactions are both disabling and painful. These are called dystonic reactions or dystonia.
2. Rapid back and forth jerking of the eyeballs causing visual problems. This is called nystagmus.
3. Fidgeting, constant leg movement, being compelled to walk miles, rocking or other repetitive, purposeless motions. This is called akathisia and has been described as a motor churning in the body and can lead to violence and suicide. It can persist long after stopping the drugs.
4. Trembling lips, clenching of the jaw, moving the tongue, tics around the eye, twitching fingers and toes. These abnormal movements can progress to uncontrollable jerking of arms or legs and throat spasms that can cause choking. The problem can be so severe that standing and walking are difficult. This is called tardive dyskinesia [TD]. This serious effect takes time to develop and can be painful and permanent. It is estimated that 50% of people will develop tardive dyskinesia if they take anti-psychotics over the long term. Children, youth and the elderly can develop this syndrome quickly. *Everyone taking any drug that can cause tardive dyskinesia should be monitored regularly by a knowledgeable physician familiar using the abnormal involuntary movement scale.* [A.I.M.S.]
5. Parkinson-like symptoms such as shaking hands, stiffness, slowness, other tremors, rigid limbs, poor balance and difficulty walking.

Extrapyramidal reactions are best treated by slowly stopping the drugs under medical supervision. Medications used to help extrapyramidal symptoms only mask them and can cause their own problems, including addiction. They do not stop the underlying adverse reactions.

Other Troubling Reactions from Anti-psychotic Use

1. Hormonal changes that can cause sexual dysfunction. Changes in hormones can lead to stopping of menses or increasing the flow, swelling of breasts and the production milk. There is emerging evidence that the hormone disruption from some of the anti-psychotics can lead to breast cancer. Hormone changes can affect overall sexuality.
2. Weight gain that can lead to diabetes, although 25% of those diagnosed with diabetes after taking these drugs had not gained weight. Excess weight is associated with heart problems, high blood pressure, stroke and some forms of cancer.
3. Neuroleptic malignant syndrome. This life-threatening reaction comes on quickly and is characterized by rapid heart beat, muscle stiffness, high fever and blood pressure problems. People with this syndrome require immediate intensive medical help.
4. Heart irregularities that can lead to heart attack and sudden death. They are diagnosed with the heart-test, EKG [ECG.]
5. Blood disorders and clots that can be fatal.
6. Loss of mental ability that can appear as dementia. This can be misinterpreted as Alzheimers or mental illness.
7. Mood changes which can mimic other psychiatric conditions such as bipolar disorder, schizophrenia, personality disorders and depression.
8. Changes in eyesight that can cause damage to the retina. People with a personal or family history of narrow-angle glaucoma should not take these drugs.
9. Low blood pressure that can cause dizziness and falls.
10. Increased sensitivity to the sun.

Typical Anti-psychotic Medications	
Chemical or Generic Name	Trade Name
chlorpromazine	Largactil, Thorazine
droperidol	Droperidol
flupenthixol	Fluanxol
fluphenazine	Moditen, Prolixin
haloperidol	Haldol
loxapine	Loxapac, Loxapine
mesoridazine	Serentil
methotrimeprazine	Nozinan
pericyazine	Neuleptil
perphenazine	Trilafon
pimozide	Orap
prochlorperazine	Stemetil [Mainly used for sedation, nausea and stomach problems.]
promazine	Sparine
promethazine	Phenergan
thiopropazine	Majeptil
thioridazine	Mellaril [Not available in Canada]
thiothixene	Navane
trifluoperazine	Stelazine
zuclopenthixol	Clopixol

Atypical Anti-psychotic Medications	
Chemical or Generic Name	Trade Name
aripiprazole	Abilify [Available in Canada through the Special Access Program]
clozapine	Clozaril
ziprasidone	Geodon [Available in Canada through the Special Access Program]
risperidone	Risperdal
quetiapine	Seroquel
olanzapine	Zyprexa

Did You Know?

- "B.C. taxpayers spent more than \$51 million last year [2005] on the three most popular atypical anti-psychotic drugs." Olanzapine [Zyprexa], risperidone [Risperdal], quetiapine [Seroquel]. www.straight.com
- Many anti-psychotics are being inappropriately prescribed due to aggressive marketing by drug companies. Eli Lilly, the maker of the anti-psychotic Zyprexa has pleaded guilty to a \$1.42 billion lawsuit for illegally promoting the drugs as a treatment for dementia, including Alzheimer's, disease and for use in children.
- Ninety percent [90%] of patients taking an anti-psychotic experience an extrapyramidal reaction such as Parkinsonism, dystonia and akathisia. <http://wings.buffalo.edu/psychology/aru/P402chpt17.htm>
- Anti-psychotic drugs, even at low doses have been associated with sudden death due to heart attacks.
- In 2006, the Federal Drug Administration of the USA issued a drug safety alert about promethazine, [Phenergan] warning doctors and parents that promethazine should not be given to children younger than two years of age, and they should use care in giving this drug to children older than two years.
- A major study published in the New England Journal of Medicine, 2005, concluded that the majority of patients living with long term schizophrenia stopped their anti-psychotic treatment mostly because the drugs did not work or the side effects were intolerable.
- If diagnosed with schizophrenia, you have the right to request a second opinion, to know what the expected outcome is, and how to recognize when the treatment goals are being met.

DRUGS TO TREAT BIPOLAR DISORDERS

[Mood Stabilizing and Anti-Seizure Drugs]

Mood stabilizers are used to modulate wide mood swings, to control behaviour and pain. They are used for seizure control. Side effects include stomach upset, intestinal bleeding, drowsiness, clumsiness, depression, emotional flatness, mood or mental changes, suicidal thoughts, liver and kidney problems. Liver failure has occurred in people using valproic acid and kidney failure in those using lithium. People using these drugs should receive regular blood tests to monitor drug levels in the body in order to avoid toxic effects.

Mood stabilizers can be addicting and require slow tapering if a person wishes to withdraw. After the last dosage, withdrawal symptoms can take several weeks or even a month to appear and then might be misinterpreted as psychiatric disease rather than a late emerging withdrawal reaction.

Mood Stabilizing and Anti-seizure Drugs	
Chemical or Generic Name	Trade Name
carbamazapine	Tegretol
divalproex, valproic acid	Epival, Depakene, Depakote Depacon
gabapentin	Neurontin
lamotrigine	Lamictal
lithium	Lithane, Carbolith, Duralith
topiramate	Topamax

Facts and Tips and More

- The Food and Drug Administration [FDA] in the USA warned in July 2008 that carbamazapine [Tegretol], valproic acid [Epival, Depakene, Depakote, Depacon], topiramate [Topamax] and gabapentin [Neurontin] pose a suicide risk but did not go as far as to issue a Black Box Warning. Health Canada is monitoring these medications for suicide risk.

HEART AND BLOOD VESSEL DRUGS USED IN PSYCHIATRY **[Beta-Adrenergic Blockers]**

Beta-adrenergic blockers, or beta blockers are heart and blood pressure drugs that might be prescribed to decrease anxiety symptoms resulting from post trauma and performance anxiety. They are also used to treat aggression, to increase the effect of or address the side effects of other psychiatric drugs.

Beta-blockers lower blood pressure. They can cause depression, insomnia, nightmares, liver and kidney problems. They can blunt people’s response to low blood sugar. They should not be used in people who have allergies or bronchial problems. They should be withdrawn slowly before surgery.

They can cause addiction, can have a rebound effect and should be tapered slowly.

Beta-Adrenergic Blockers	
Chemical or Generic Name	Trade Name
atenolol	Tenormin
propranolol	Inderal
nadolol	Corgard
pindolol	Visken

DRUGS TO TREAT ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS **[Stimulants]**

Stimulants are prescribed for attention deficit disorder, hyperactivity disorder, depression, weight loss, to counter drug-induced sedation, and control behaviour. Side effects of stimulants include agitation, depression, tiredness, sudden onset of extreme fatigue, suicidal feelings, insomnia, abnormal or extreme moods, aggressive or hostile behaviour, personality changes, apathy, dizziness, heart problems, hallucinations, high blood pressure, increased heart rate, loss of appetite, nausea and muscle cramping.

In 2006, Health Canada cautioned that stimulant drugs could lead to heart attacks, strokes and psychosis including deaths in adults and children. A year earlier, Health Canada warned that atomoxetine [Strattera] can be associated with behavioural and emotional changes, including risk of self-harm.

Methylphenidate [Ritalin] is "similar to amphetamines, and produces behavioural and psychological effects similar to cocaine. The human body cannot tell the difference between cocaine, amphetamines, or Ritalin. When abused, these prescription tablets create powerful stimulant and addictive effects. In recent years, Ritalin has become one of the most abused prescription drugs." [Greater Dallas Council on Alcohol and Drug Abuse: <http://www.gdcada.org/statistics/alcohol.htm>]

Stimulant drugs can cause dependence and addiction. They should not be stopped suddenly.

Stimulants	
Chemical or Generic Name	Trade Name
atomoxetine	Strattera [non stimulant, antidepressant]
dexamphetamine	Dexedrine
methylphenidate	Ritalin
methylphenidate [Longer acting form]	Biphentin, Concerta
mixed amphetamine salts [Same as amphetamine but longer acting.]	Adderall XR [Taken off market in Canada, 2005 for sudden deaths, heart-related deaths, and strokes in children and adults taking usual recommended doses.]

Facts and Tips and More:

- "Ritalin is abused by diverse segments of the population, from health care professions and children to street addicts."
- "Reports from students and faculty on college campuses show Ritalin [is] used as a study aid and party drug in the same manner that amphetamine was used on campuses in the 1960's." [University of Buffalo]
- "Research suggests that Ritalin causes long-lasting changes in brain cell structure and function. This drug appears to initiate changes in brain function that remain long after the therapeutic effects dissipate." [University of Buffalo]

Greater Dallas Council on Alcohol and Drug Abuse: <http://www.gdcada.org/statistics/alcohol.htm>

DRUGS THAT CAN CAUSE PSYCHOLOGICAL OR MENTAL HEALTH SYMPTOMS

Many people are unaware that drugs prescribed for emotional or psychiatric conditions can cause or increase mental health symptoms or problems. In addition, there are many other types of prescriptions and over-the-counter drugs used for a variety of health problems that can cause mental problems such as anxiety, depression, sleeplessness or confusion.

According to *Worst Pills, Best Pills: A Consumers Guide to Avoiding Drug-Induced Health or Illness*, there are 166 commonly prescribed drugs that can cause depression, 156 that can cause hallucinations and psychoses, 147 that can cause confusion and delirium, 76 that can cause dementia and 35 that can cause insomnia. Some of the most common drugs causing these symptoms are listed below.

Psychological Symptoms Caused by Commonly Prescribed Prescription Drugs		
Psychological Symptom	Number of Common Drugs that can Cause this Symptom	A Few Examples
Depression	166	Ibuprofen [Advil]; naproxen [Naprosyn]; bupropion [Wellbutrin, Zyban]; temazepam [Restoril]; cortisone drugs; ciprofloxacin [Cipro]; flurazepam [Dalmene]; atorvastatin [Lipitor]; rosuvastatin [Crestor]; famotidine [Pepcid]; cimetidine; ranitidine [Zantac]; diazepam [Valium]; lorazepam [Ativan]; alprazolam [Xanax].
Psychoses; Hallucinations	156	Diphenhydramine [Benadryl]; celecoxib [Celebrex]; ciprofloxacin [Cipro]; clonidine [Catapres]; high doses of ASA [Aspirin]; amitriptyline [Elavil]; thyroid replacement [Synthroid]; sildenafil [Viagra]; bupropion [Wellbutrin, Zyban]; tramadol [Tramacet]; Cortisone drugs; nonsteroidal anti-inflammatory drugs [NSAID] carbidopa [Sinemet]
Confusion/delirium	147	Zolpidem [Ambien] diphenhydramine [Benadryl, Sominex]; ciprofloxacin [Cipro]; glyburide [Diabeta]; cimetidine; diazepam [Valium]; alprazolam [Xanax]; ranitidine [Zantac]; cortisone drugs; fluoxetine [Prozac]; bupropion [Wellbutrin]; trimethoprim [Bactrim]
Dementia, Forgetfulness, Slow Thinking, Inability to care for oneself.	76	Propranolol [Inderal]; triamterene [Triazide]; temazepam [Restoril]; cimetidine; clonazepam [Rivotril, Klonopin]; lorazepam [Ativan]; diazepam [Valium]; alprazolam [Xanax]; ranitidine [Zantac]; famotidine [Pepcid]; many high blood pressure drugs;
Insomnia	35	Nicotine [Nicorette]; gabapentin [Neurontin]; dextromethorphan [Sudafed, Dimetapp, Robitussin, Benylin and other cold medications]; thyroid replacement [Synthroid]; venlafaxine [Effexor]; risperidone [Risperdal]; methylphenidate [Ritalin]; paroxetine [Paxil]; topiramate [Topamax]; benzodiazepines

HELPING YOURSELF

There are three keys to regaining your health:

1. Keep a positive outlook. If you are offered a psychiatric medication, you may wonder if you will ever be well. Some people bounce back from stress quickly and others need time. It might take the support of family and friends or the guidance of professionals, but you will improve. Not every emotional problem requires medication; however, long-term issues do need consistent and effective help. You are the expert about yourself. Keep a vision of how you want your health to be and it is more likely to happen.
2. Develop healthy skepticism. Rather than accepting what you are told, learn about your condition, the variety of possible treatment options and the good and bad about each. Then you will be taking charge of your health and able to make better choices. When you take charge, your outlook will improve. [Adapted from A. Cassels, 2007]
3. Be persistent. It might take a year or more to reach your vision of health; however, each step on the way is progress. Persistence does pay off.

People use a variety of ways to regain their health. Managing your reactions to difficult situations can go a long way to feeling better. Skills to keep calm can be learned using tapes, books or stress management programs. Many communities have activities such as walking groups, community gardens, and theatre and support groups. Some people find a faith practice useful.

If you are considering therapy, it is important to find a registered professional who is competent in using a variety of techniques and is able to help in a way that is effective for your situation.

If a prescription is recommended, gather as much information as you need, then ask questions and keep asking questions. You can better help yourself when you are informed.

IMPORTANT WEB SITES

In Canada, Health Canada assesses, approves and monitors medications and their reactions. They can issue advisories, warnings and in serious situations will take a drug off the market. Their web site is: <http://www.hc-sc.gc.ca/index-eng.php>

In the USA, the Federal Drug Administration or the FDA is a consumer protection agency that monitors medical devices, foods, drugs, biologics and other medical products. It issues warnings and in serious situations, issues "Black Box Warnings" and will take dangerous drugs off the market. Their web site is: www.fda.gov

RESOURCES

- Compendium of Pharmaceuticals and Specialties Canadian Pharmacists Association. 2005 or later edition. Known as the CPS.
 - Worst Pills, Best Pills: a Consumer's Guide to Avoiding Drug-Induced Death or Illness. Sidney M. Wolfe, Larry Sasich and others. 2005.
 - The Antidepressant Solution: A Step-by-Step Guide to Safely Overcoming Antidepressant Withdrawal, Dependence, and "Addiction". Joseph Glenmullen. 2005.
 - The Antidepressant Fact Book: What Your Doctor Won't Tell You about Prozac, Zoloft, Paxil, Celexa, and Luvox. Peter Breggin. 2001.
 - ABC's of Disease Mongering: An Epidemic in 26 Letters. Alan Cassels. 2007.
 - Your Drug May be Your Problem: How and Why to Stop Taking Psychiatric Drugs. Peter Breggin, David Cohen. 2000.
 - Addiction by Prescription: One Woman's Triumph and Fight for Change. Joan E. Gadsby. 2000.
 - The Accidental Addict: Sleeping Pills and Tranquillisers That Make you Sick. Di Porritt and Di Russell. 1994.
 - Prescription for Disaster: The Hidden Dangers in Your Medicine Cabinet. Thomas Moore. 1998.
 - Overdosed In America. Dr. John Abramson. 2004.
 - Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill. Kelly O'Meara. 2006.
 - Soteria and Other Alternatives to Acute Psychiatric Hospitalization. Loren R Mosher, 1999.
 - Manufacturing Addiction: The over-prescription of tranquilizers and sleeping pills to women in Canada. Janet Currie. 2004.
 - www.psychmedaware.org: The Psychiatric Medication Awareness Group web site. Check out the You Tube video with Dr Heather Ashton, world expert on benzodiazepines.
 - www.cwhn.ca: Canadian Women's Health Network: Sharing information, resources and strategies, and building links to improve women's health.
 - www.ti.ubc.ca: Therapeutics Newsletters. The web page provides evidence-based advice about drug therapy.
 - www.socialaudit.org.uk: Social Audit is a comprehensive resource on antidepressant medications.
 - www.benzo.org.uk: This web page is an excellent resource on benzodiazepines. Look for the ASHTON MANUAL that provides information about these drugs and how to withdraw safely.
 - www.cpsbc.bc.ca: The College of Physicians and Surgeons of BC web site contains the ASHTON MANUAL that can be downloaded.
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What People Need to Know about Psychiatric Drugs is an important guide to navigating the maze of adverse effects associated with psychiatric drugs. This well-researched, plain - language booklet provides a wealth of information for the public, for the physicians who prescribe these drugs, and for frontline personnel who work with those who are living with the consequences of medication side effects.

Ronnie Phipps, Coordinator, British Columbia Coalition for Health Promotion

When you or someone you love is experiencing distress, it is often a lonely, frustrating and overwhelming situation for everyone. Information needs to come in many forms and from many sources. “What People Need to Know...” is an invaluable and thought-provoking resource that will help people know what questions to ask when accessing Mental Health Services. It is also vital for people working in Mental Health to understand that these are not simple or consequence-free prescriptions. Books like these ensure that some balance is maintained and oversight is given in a sector where there continues to be very little critical, alternative evaluation geared to those experiencing distress.

Christina Martens MEd. R.R.P., Executive Director, Canadian Mental Health Association,
Cowichan Valley & Mid Island Branches

What People Need to Know about Psychiatric Drugs

By E Daisy Anderson, MSc and Janet Currie, MSW

Psychiatric Medication Awareness Group (PMAG) (2nd Edition, 2009)

By Ellen Reynolds

What People Need to Know about Psychiatric Drugs, recently updated for the second edition, is a must-read for anyone prescribed a psychiatric medication in Canada, or anyone considering a prescription for tranquillizers, anti-depressants, stimulants, anti-psychotics or mood stabilizers. Even those not taking psychiatric medications—or any medications—are likely to know someone who is taking a drug to treat depression, anxiety, problems sleeping or any number of symptoms associated with mental health issues.

This issue is of particular importance to women. Research shows that women and girls are more likely to be diagnosed with depression, seasonal affective disorder, eating disorders, panic disorders and phobias than men, and that women are twice as likely to be prescribed a psychiatric drug compared with men.

Co-authors, Andersen and Currie, provide a concise overview of research on the most commonly prescribed psychiatric drugs, lists of drugs and what they are prescribed for, and possible side effects or adverse reactions. Readers can quickly look up a drug for specific information and read further for more background. The goal is to empower people through information, and the booklet artfully achieves its goal as an accessible and informative resource.

What People Need to Know challenges some of the myths and misinformation about mental health that have no basis in scientific fact—myths such as depression is caused by a “chemical imbalance” or that bipolar or depressive conditions are mainly genetic. The authors point to social determinants of mental health such as poverty, family violence and unemployment, and steer away from stigmatizing people with the label of mental illness. The section of the booklet with questions to ask your doctor not only empowers patients, but may even encourage some physicians to take a second look at what they are prescribing. Tips for helping yourself and references to other resources also make this a user-friendly and practical guide.

The use of psychiatric medications is ubiquitous in our society, yet comprehensive information about these medications is not. *What People Need to Know about Psychiatric Drugs* helps address this gap, and the “people” who “need to know” are all of us.

Ellen Reynolds is the Director of Communications at the Canadian Women’s Health Network and a board member of the consumer health organization DES Action Canada.

For more information, visit www.psychmedaware.org