



# Antipsychotics

Explains what antipsychotics are used for, how the medication works, possible side effects and information about withdrawal.

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# What are antipsychotics?

Antipsychotics are a type of [psychiatric medication](#) which are available on prescription to treat psychosis. They are licensed to treat certain types of mental health problem whose symptoms include [psychotic experiences](#). This includes:

- [schizophrenia](#)
- [schizoaffective disorder](#)
- some forms of [bipolar disorder](#)
- severe [depression](#)
- the psychotic symptoms of a [personality disorder](#).

Some antipsychotics are also licensed to treat other health problems, including:

- physical problems, such as persistent hiccups, problems with balance and nausea (feeling sick)
- agitation and psychotic experiences in dementia. This is only recommended if you pose a risk to yourself or others, or if you are severely distressed.

Antipsychotics can be prescribed to be taken in various different ways. Most commonly you will take them by swallowing them, in tablet or liquid form. But some of them can also be prescribed as a [depot injection](#). This is a slow-release, slow-acting form of the medication, given as an injection every few weeks.

If you are given antipsychotics in hospital, doctors may use a type of antipsychotic that you can inhale, called loxapine adusave. But this is not available for general prescription.

## Who can prescribe antipsychotics?

The healthcare professionals who can prescribe you antipsychotics include:

- a psychiatrist
- your GP
- a specialist nurse prescriber
- a specialist pharmacist.

When you are first prescribed antipsychotics, this is usually done by a psychiatrist. Your GP can also sometimes give your first prescription. But they more likely to give you ongoing prescriptions, once you are already taking the medication.

These information pages refer to 'your doctor or psychiatrist', as they are the most likely people to prescribe you an antipsychotic.

## How do antipsychotics work?

Antipsychotic drugs don't cure psychosis but they can help to reduce and control many psychotic symptoms, including:

- delusions and hallucinations, such as [paranoia](#) and [hearing voices](#)
- anxiety and serious agitation, for example from feeling threatened
- incoherent speech and muddled thinking
- confusion
- violent or disruptive behaviour
- [mania](#).

Antipsychotics might not get rid of these symptoms completely. They may just stop you feeling so bothered by them. This is to help you feel more stable, so you can lead your life the way you want to. Taking antipsychotics can also reduce the risk of these symptoms returning in future (relapse).

You may find that some types of antipsychotic work better than others for your symptoms. Or you may find that antipsychotics aren't right for you. See our page on [how antipsychotics can help](#) to find out more.

*"They make me feel calm, help me sleep, stop racing thoughts and help blunt hallucinations. Meds don't make life perfect – they just help me cope with the imperfections and struggles I face."*

## What's the science behind antipsychotics?

There are several possible explanations why antipsychotic drugs may help to reduce psychotic symptoms:

- **Blocking the action of dopamine.** Some scientists believe that some psychotic experiences are caused by your brain producing too much of a chemical called dopamine. Dopamine is a neurotransmitter, which means that it passes messages around your brain. Most antipsychotic drugs are known to block some of the dopamine receptors in the brain. This reduces the flow of these messages, which can help to reduce your psychotic symptoms.
- **Affecting other brain chemicals.** Most antipsychotics are known to affect other brain chemicals too. This may include the neurotransmitters serotonin, noradrenaline, and glutamate. These chemicals are thought to be involved in regulating your mood.
- **Parkinsonism.** Some scientists believe that certain antipsychotics work by causing Parkinsonism, which is a movement disorder. This means that they may cause some of the physical symptoms of Parkinsonism as [side effects](#). But they may also cause the psychological symptoms of Parkinsonism, such as not feeling emotions and losing interest in activities. These effects are more common with first-generation, or 'typical' antipsychotics.

Antipsychotics may help to relieve psychotic symptoms by causing changes to your brain chemistry. But the [causes of psychosis](#) can be very complex, and may be affected by your life experiences and your environment as much as the chemicals in your brain.

This is why you are likely to be offered talking therapy as a treatment for your psychosis, alongside medication. This is to help you with the causes of your psychosis, while the medication helps you deal with the symptoms.

## What different types of antipsychotic are there?

Antipsychotic drugs tend to fall into one of two categories:

- first generation (older), or 'typical' antipsychotics
- second generation (newer), or 'atypical' antipsychotics.

Both types can potentially work for different people. They also have different side effects.

### First generation (older) antipsychotics

Key facts:

- These are sometimes referred to as 'typicals'.
- They divide into various chemical groups which all act in a very similar way and can cause very similar side effects, including severe [neuromuscular side effects](#).
- But they are not all the same. For example, some may cause more severe movement disorders than others, or be more likely to make you more drowsy.

### Second generation (newer) antipsychotics

Key facts:

- These are sometimes referred to as 'atypicals'.
- In general, they cause less severe neuromuscular side effects than first generation antipsychotics.
- Some are also less likely to cause [sexual side effects](#) compared to first generation antipsychotics.
- But second generation antipsychotics may be more likely to cause serious [metabolic side effects](#). This may include rapid weight gain and changes to blood sugar levels.

The side effects that you may experience from drugs in either group will vary, depending on your dose and how you respond to the drug that you are prescribed.

For a full list of all antipsychotic drugs compared by category, form and half-life, see our page on [comparing antipsychotics](#). For more details about specific antipsychotics, you can also look up each individual drug in our [A-Z of antipsychotics](#).

*"I still take antipsychotic medication today and I don't have a problem with it. I feel so much better than when I was first prescribed an antipsychotic. I know that they work for me and help."*

# Could antipsychotics help me?

This page covers:

- [Which antipsychotic might be right for me?](#)
- [How quickly will they work?](#)
- [What is an emergency injection?](#)
- [Might I need to take other medication as well?](#)
- [Might I need to take two antipsychotics at once?](#)
- [Could taking antipsychotics make me feel worse?](#)

*"I decided to try antipsychotics because my hallucinations and lack of sleep were putting my safety at risk. Before I was on my medication, I was exhausted."*

## Which antipsychotic might be right for me?

The best antipsychotic for you is likely to depend on a few different factors:

### Your diagnosis and symptoms

For example:

- For [schizophrenia](#) – all antipsychotics may help control the 'positive' symptoms of schizophrenia. But it is more likely that a [second generation antipsychotic](#) will be able to help with the 'negative' symptoms of schizophrenia. [First generation antipsychotics](#) often have little effect on the negative symptoms. Some of their [side effects](#) may even make your negative symptoms worse.
- You may try different types of antipsychotic and find that they don't control your symptoms of schizophrenia. If you've tried two types of antipsychotic that haven't worked, including a second generation antipsychotic, you may be offered clozapine.
- For [bipolar disorder](#) or severe [depression](#) – you are more likely to be offered a second generation antipsychotic.

### Your past experiences of taking medication

This includes discussing what has and hasn't worked for you in the past. For example, if you've tried one kind of antipsychotic and had lots of problems with it, you could try a different type instead.

## Your medical situation

Our page on [taking antipsychotics safely](#) has information on when you might need to be careful about taking antipsychotics. It also covers situations when you may need to completely avoid taking antipsychotics.

## What you want from your treatment

Your medication should always be chosen based on a discussion between you and those involved in your care, including your doctor and psychiatrist. This discussion should take your preferences into account. You could ask a trusted friend, family member, carer or [advocate](#) to join you in this discussion, if you wish.

See our pages on [what to know before you take any drug](#) and [finding the right drug for you](#) for ideas of what you might want to discuss during this conversation.

Or see our pages on [seeking help for a mental health problem](#) for advice on talking to healthcare professionals, having your say in decisions and making yourself heard.

*"The antipsychotic softens me – I'd be sharper and more animated without it, but I'd be at a much higher risk of spiralling high."*

## How quickly will they work?

This partly depends on how you take them:

- **By mouth.** If you take them by mouth, in tablet or in syrup form, the drug's sedative effect usually takes **a few hours** to begin. The liquid form may act more quickly than the tablets.
- **Depot injection.** Some antipsychotics are available by deep injection into a muscle, known as a 'depot injection'. This is a slow-release version, which acts slowly and steadily over the course of **two to six weeks**, or longer. See our page on [depot injections](#) for more information.
- **Emergency injection.** In an emergency, you may be given an injection into a muscle. In this case the sedative effect is rapid, and usually reaches a peak within **one hour**. If you are given the antipsychotic zuclopenthixol acetate (Clopixol-Acuphase) as an emergency injection, it may take 36 hours to reach its peak. See our information on [emergency injections](#) to find out more.

Other factors that can also affect how quickly any medication works for you include:

- your metabolism
- your liver enzymes
- how physically active you are.

Whichever method you use to take antipsychotics drugs, they may work quite quickly to make you feel calmer. But it may take days or week to reduce your psychotic symptoms.

## What is an emergency injection?

If doctors consider you to be in an 'emergency situation', you may be given an antipsychotic or other sedative drug to quickly tranquillise you.

Emergency medication should ideally be given to you by mouth. But if that's not possible, you may need to be given drugs as a fast-acting injection into a muscle. This is known as an emergency injection.

## What is an emergency situation?

You are in an emergency situation if:

- you are behaving in a way that puts yourself at immediate risk, or puts other people at immediate risk
- you have not responded to measures to try and deescalate the situation, and
- you have refused to take oral medication that would calm you down, or you've taken that medication but it has not worked.

In a situation like this, doctors may decide that you need something to calm you down as quickly as possible (this is called **rapid tranquillisation**). They can do this without your consent if you are being detained under the Mental Health Act 1983, often called being 'sectioned'. See our pages on [sectioning](#) for information about when it may be legal to section you and what your rights are in this situation.

## Which medications might be used for emergency injection?

The antipsychotic drugs which may be given by emergency injection are:

- olanzapine
- aripiprazole
- haloperidol
- risperidone

You may be given lorazepam or promethazine. These are different types of drug, but both can be used as tranquillisers. Sometimes, doctors may use lorazepam at the same time as an antipsychotic, if you are very agitated.

In some cases, doctors may use zuclopenthixol acetate (Clopixol-Acuphase). This is given as an injection and can sedate you for two to three days. They should only use this if medications which last for a shorter period don't work.

## What happens if I refuse the injections?

If you refuse these injections, you may be restrained by hospital staff while a qualified nurse gives you the injection. This can be a very unpleasant. Anyone involved in restraining you should have had special training to avoid causing you injury.

Experiencing rapid tranquillisation like this can be traumatic. The National Institute for Health and Care Excellence (NICE) has [guidelines on the use of rapid tranquillisation in this setting](#). These guidelines state that afterwards you should be given the opportunity to:

- discuss the experience with the health professionals responsible for your care
- write down your own record of what happened, to be kept in your hospital notes.

**Remember:** if you are not happy with how you've been treated, you can complain. See our pages on [complaining about health and social care](#) for more information.

## Might I need to take other medication as well?

You may be offered a combination of an antipsychotic and another drug as the best way to manage your symptoms. This is likely to depend on:

- your diagnosis and symptoms
- the kind of side effects your main antipsychotic can cause.

The other kinds of medication that you may be offered as part of your treatment include:

- [antidepressants](#), if you are severely depressed
- [mood stabilisers](#), if you have a diagnosis of bipolar disorder or schizoaffective disorder
- [sleeping pills and minor tranquilisers](#), if you are extremely agitated or finding it impossible to sleep
- [anti-Parkinson's drugs](#). These aren't psychiatric medication, but they are sometimes prescribed alongside antipsychotics to help reduce their [neuromuscular side effects](#).
- **Drugs to control excess saliva.** This is a possible side effect of the antipsychotic clozapine.

**Remember:** you should always check with your doctor, psychiatrist or pharmacist before taking different drugs at the same time, or close together in time. This is in case the drugs might interact badly with each other. See our page on [taking antipsychotics safely](#) for more information.

*"It's difficult to say [how antipsychotics are working for me] as I was prescribed strong antidepressants and sleeping pills at the same time."*

## Might I need to take two antipsychotics at once?

Prescribing more than one antipsychotic drug at the same time is called polypharmacy. In most cases doctors should avoid doing this, except in specific short-term situations. For example, this may happen while you are switching from one antipsychotic drug to another.

But in some circumstances you may be prescribed more than one antipsychotic on a longer-term basis. This may happen if:

- your regular medication doesn't seem to be working well enough
- you and your doctor or psychiatrist have found that a careful combination of two drugs is what controls your symptoms best.

If you are detained in hospital under the [Mental Health Act 1983](#) (sectioned), doctors may be able to prescribe you more than one antipsychotic at once. In some circumstances, they may be able to do this without your consent. See our page on [treatment without consent](#) for more information.

## Could taking antipsychotics make me feel worse?

It's important to remember that **all drugs can affect different people in different ways**.

Not everyone finds antipsychotics helpful. Many people can experience negative **side effects** from them. Lots of these people may find that the good effects of antipsychotics make up for the bad effects. But not everybody does.

Your experience of taking antipsychotics will be personal to you. You may need to try a few different drugs before you find the one that suits you best. You can also work with your doctor or psychiatrist to find [the right dosage for you](#).

It's also important to be aware that it can be hard to come off antipsychotics. They may cause withdrawal effects if you come off them too quickly. So if you decide to try coming off your antipsychotics, it is important to come off them gradually. See our page on [coming off antipsychotics](#) for more information.

To learn about the possible side effects and withdrawal effects associated with a particular antipsychotic, you can look it up in our [antipsychotics A-Z](#). For ideas on managing your mental health without drugs, see our page on [alternatives to medication](#).

## How to take antipsychotics safely

This page has information about taking antipsychotics safely, including what to think about before you start taking them. It covers:

- [What tests do I need before taking an antipsychotic?](#)
- [What if I have a medical condition?](#)
- [What if I'm an older person?](#)
- [Could antipsychotics interact with other drugs?](#)

These pages may also help:

- Our pages on [dosage of antipsychotics](#) and [side effects of antipsychotics](#) have more information about taking antipsychotics safely.
- Our page on [antipsychotics in pregnancy](#) has information about taking antipsychotics safely if you are pregnant or breastfeeding.

You can also discuss any concerns you have about taking antipsychotics with your doctor or psychiatrist.

## Before you take any medication

Before you decide to take any medication, you should make sure you have all the facts you need to feel confident about your decision. See our pages on:

- [what you should know before taking any psychiatric drug](#)
- [receiving the right medication for you](#)
- [your right to refuse medication](#)

## What tests do I need before taking an antipsychotic?

Before you start taking an antipsychotic, your doctor should do the following tests to assess your physical health:

### Physical examination

This will include taking some physical measurements and asking some questions about your health and lifestyle, to find out:

- your weight
- your waist size
- your blood pressure and pulse rate
- your diet and level of physical activity
- whether you show any signs of movement disorders
- whether or not you smoke cigarettes
- any other prescribed medicines you take, and any other drugs or substances you may take.

### Blood tests

These are to measure your:

- blood sugar
- haemoglobin (red blood cells)
- cholesterol (blood fats)
- prolactin level. See our information on [sexual and hormonal side effects of antipsychotics](#) to find out more about prolactin.

## ECG

An electrocardiogram (ECG) is a test used to check your heart's rhythm and electrical activity. You should only need to have an ECG before being prescribed antipsychotics if:

- you have high blood pressure or any other symptom that may relate to your heart
- you have a family history of heart problems
- you're going to be admitted to stay in hospital
- an ECG is recommended for the specific drug that you may be prescribed.

## Will I need more tests after I start taking antipsychotics?

After you start taking the medication, your mental health team will need to continue to monitor your physical health. They will also need to monitor and record:

- whether you're taking your medication in the way you're supposed to
- whether your medication is helping you
- what side effects it's causing. This includes any side effects similar to the symptoms of [psychosis](#), such as agitation.

If you're on a high dose of antipsychotics, you should be given an ECG every one to three months. This is because antipsychotics can sometimes cause heart problems as a side effect. The risk of this happening is greater with higher doses.

If you have unexplained blackouts, you should let your mental health team know so they can regularly monitor your heart rhythm. You should do this even if you're on a low dose.

If you've been taking the drug for a year and are getting on well with it, your doctor can monitor your physical health instead of your mental health team. Your doctor should review your treatment at least once a year to check that it's still working well for you. But you can ask them for a review whenever you want one

## What if I have a medical condition?

If you have any of the following conditions, your doctor should take care when prescribing you an antipsychotic:

- liver or kidney disease
- cardiovascular (heart and circulatory) disease, or a family history of it
- diabetes, or a family history of it
- Parkinson's disease
- epilepsy
- [depression](#)
- myasthenia gravis (a rare disease affecting nerves and muscles)
- an enlarged prostate
- glaucoma (a serious eye disease)
- lung disease with breathing problems
- certain blood disorders.

If you have any medical condition at all, make sure that you tell your doctor or psychiatrist before they prescribe your medication. This includes any health conditions which aren't included in the list above. Your doctor may need to monitor you even more regularly to the effects of the antipsychotic on your health.

In some cases, it may not be safe to prescribe you an antipsychotic. For example, **you should never be given an antipsychotic if:**

- you have phaeochromocytoma (a type of tumour causing very high blood pressure)
- you are semi-conscious, unconscious or in a coma.

## What if I'm an older person?

If you're an older person, your doctor or psychiatrist should take care when prescribing you an antipsychotic. If they do prescribe an antipsychotic, they may need to change the dosage of your medication. This is because:

- antipsychotics are more likely to cause your blood pressure to drop when you stand up, which may cause you to fall
- antipsychotics are more likely to cause both high and low body temperature
- as you get older your body becomes less efficient at dealing with drugs. This means higher doses will have more risks of problems, so you are likely to need a smaller dose.

## Could antipsychotics interact with other drugs?

If you take antipsychotics with other drugs, they can sometimes interact with each other. This can cause unpleasant or dangerous effects. You should always speak to your doctor, psychiatrist or pharmacist before taking any drugs at the same time or close together.

The information below shows the main interaction risks between antipsychotics and:

- [all drugs with antimuscarinic properties](#)
- [certain sleeping pills and minor tranquillisers](#)
- [carbamazepine](#)
- [lithium](#)
- [tricyclic antidepressants](#)
- [trazodone](#)
- [over-the-counter drugs](#)
- [alcohol and recreational drugs](#)

## All drugs with antimuscarinic properties

All antipsychotics can cause [antimuscarinic side effects](#). Combining them with other drugs that also have antimuscarinic effects is likely to make these side effects worse.

This is especially likely if you take antipsychotics with [tricyclic antidepressants](#).

[Anti-Parkinson's drugs](#) can also be antimuscarinic. It's possible that an anti-Parkinson's drug could interact with your antipsychotic to make you delirious. This may be confused with your [psychotic symptoms](#).

## Certain sleeping pills and minor tranquillisers

Some [sleeping pills and minor tranquillisers](#) can increase the sedative action of all antipsychotics. This means they will make you feel even more drowsy.

This is especially likely if you take an antipsychotic with:

- the [minor tranquillisers used for anxiety](#), which are buspirone, pregabalin and meprobamate
- [benzodiazepines](#)
- the ['Z' drugs](#), which are zolpidem, zopiclone and zaleplon.

## Carbamazepine

[Carbamazepine](#) is an anticonvulsant drug, which is also used as a [mood stabiliser](#). Taking it with antipsychotics can increase the risk that you will experience unpleasant side effects.

It can also make your body process certain antipsychotics faster. This makes them less effective. The antipsychotics affected by this are:

- aripiprazole
- cariprazine
- clozapine
- haloperidol
- lurasidone
- olanzapine
- paliperidone
- quetiapine
- risperidone.

## Lithium

[Lithium](#) is a type of mood stabiliser. Taking it with antipsychotics can increase the risk of:

- serious blood disorders, especially with clozapine
- neuromuscular side effects, if you are taking flupentixol, sulpiride, haloperidol or risperidone
- neurotoxicity, which is a poisonous effect on the nervous system.

If your doctor or psychiatrist decides to prescribe an antipsychotic alongside lithium, they should start it at a lower dose than usual.

## Tricyclic antidepressants

Taking [tricyclic antidepressants](#) with antipsychotics can increase the risk of disturbing your heart rhythm. This is especially likely with these antipsychotics:

- fluphenazine
- haloperidol
- risperidone
- sulpiride.

## Trazodone

[Trazodone](#) is a type of [antidepressant](#). Taking it with certain antipsychotics can increase the risk of:

- experiencing severe side effects

- disturbing your heart rhythm
- experiencing a sudden drop in blood pressure when you stand up.

## Over-the-counter drugs

Speak to your doctor, psychiatrist or a pharmacist before taking over-the-counter medicine with your antipsychotic. This includes [complementary or alternative medicines](#). They will be able to tell you about any potential risks with taking the drugs together.

## Alcohol and recreational drugs

- Drinking alcohol can increase the sedative effect of antipsychotics. This means it will make you feel even more drowsy. You can ask your doctor, psychiatrist or pharmacist whether it's safe to drink with the medication you've been prescribed. They can help you understand where to limit your alcohol intake.
- If you take certain recreational drugs with antipsychotics, they may interact with each other. For example, taking amphetamines and chlorpromazine together can reduce their effects.

See our pages on [recreational drugs and alcohol](#) for more information about how these can affect your mental health. You can also visit the [FRANK](#) website for confidential advice on recreational drugs.

# What dosage of antipsychotics should I be on?

Your dosage means how much of your antipsychotic medication you should take, and how often you should take it. Finding the best dosage for you will depend on a lot of factors. These include:

- **The specific drug you've been prescribed.** Safe dosages for different antipsychotics can vary widely.
- **Whether you're taking other medication.** Some drugs can interact with antipsychotics if you take them around the same time.
- **What you find works for you.** Drugs work differently for everyone. Their effects may depend on factors like your age, weight, genes, general health, liver and kidney function, and whether you're able to take the drug as recommended.

You and your doctor or psychiatrist can work together to see whether your antipsychotic helps you and how well it suits you. They should be able to tell you how the drug may help you, and when you are likely to feel the drug's effects. The aim should be to find a dosage where the benefits outweigh any side effects.

**Remember:** you have a right to know what dosage you have been prescribed, and why.

## How can I work out my best dosage?

- You should **always start at a low dose**. For many people, low maintenance doses are as effective as higher doses. The dose should still be enough for the medication to have an effect.
- You should **try taking the dose you've been prescribed for four to six weeks** to see how it's working.
- Your doctor or psychiatrist may then **adjust your dose gradually**. But they should only do this if you both agree it is necessary.
- You may find that your medication isn't working, even if your dose is increased to the recommended limit. Or you may find that your medication is causing unpleasant side effects that are difficult to live with. In this case, your doctor or psychiatrist should consider **offering you a different antipsychotic drug**.
- Your doctor or psychiatrist should **clearly record any decisions about your medication in your medical notes**. This includes whether to start, continue, stop or change to another drug. It is especially important if your doctor or psychiatrist prescribes a dose that's outside the usual recommended range for that drug.

## What are the effects of taking a higher dosage?

The higher your dose, the more likely you are to experience problems with [side effects](#). For example, certain antipsychotics may cause side effects which affect your ability to:

- get up in the morning
- move your muscles naturally
- take part in everyday activities.

Moderate to high doses of antipsychotics may also increase the risk of [tardive dyskinesia](#). This is a serious side effect which causes movements in your face or body that you can't control.

## PRN prescribing

PRN prescribing means giving you extra doses of your medication, in addition to your regular daily dose. 'PRN' stands for 'pro re nata', which means 'as the circumstances require' in Latin. So it only happens in certain circumstances.

You are most likely to be given a PRN dose if you are staying in hospital, either because:

- the medical staff think you need a bit more medication in some situations, or
- you've asked for a bit more medication in some situations.

Any PRN doses should be carefully recorded in your medical notes. Your doctor or psychiatrist should also monitor you to make sure that you don't receive a daily dose that's too high.

## Is my daily dose too high?

The [British National Formulary \(BNF\)](#) recommends maximum dosages for many medications licensed in the UK, including antipsychotics. You can search the BNF's [A to Z list of drugs](#) to find information about any medication you've been prescribed, including details of recommended dosages.

In most cases, antipsychotics aren't licensed for use above the maximum recommended dosage published by the BNF. But there are some situations where you may end up with a total daily dose above the recommended maximum. These include:

- If your doctor or psychiatrist prescribes you a higher than recommended daily dose. They can choose to do this at their discretion. But it should not be common.
- If you are taking more than one antipsychotic at the same time.
- If you are in hospital receiving a PRN prescription. This is the most likely situation in which your daily dose may end up higher than the recommended limit.

**You have a right to know how much medication you're taking in total, including PRN doses.** If you aren't confident about working this out, your doctor, psychiatrist or pharmacist should be able to explain it to you.

Your pharmacist may also have a specific chart published by the [Prescribing Observatory for Mental Health UK](#) (POMH-UK) to work out antipsychotic dosages. They can use this as a guide to help you work out your overall dosage more easily.

If you are prescribed more than the recommended daily limit, your doctor or psychiatrist has a duty to review this every day. But you can always speak to your doctor or psychiatrist if you feel your daily dose is too high. You can ask them to review your dosage at any time, even if it is within the recommended range.

See our pages on [coming off antipsychotics](#) and [alternatives to antipsychotics](#) for information about other options.

## Antipsychotics during pregnancy and breastfeeding

This page covers:

- [What are the risks and benefits of taking antipsychotics while pregnant or breastfeeding?](#)
- [What can I do to feel more in control?](#)
- [Further support during pregnancy and breastfeeding](#)

## What are the risks and benefits of taking antipsychotics while pregnant or breastfeeding?

There is not much evidence about exactly how safe it is to take antipsychotics during pregnancy or breastfeeding. But there are some known risks to taking antipsychotics during this time:

- **Risks to your developing baby in the first three months of your pregnancy (first trimester).** All drugs carry higher risks during this period, when your developing baby is most vulnerable.
- **Possible effects on your baby in the final three months of your pregnancy (third trimester).** For example, there's a risk that your baby may experience a temporary muscle disorder if you take antipsychotics in the third trimester. All risks become higher in the last few weeks of pregnancy, when your baby becomes more vulnerable again.
- **Gestational diabetes and excessive weight gain.** Some research suggests that taking antipsychotics can make you more likely to put on weight and to develop diabetes. Gestational diabetes is a type of diabetes that starts during pregnancy. Your healthcare team should monitor for any signs of gestational diabetes while you are pregnant.
- **If you are breastfeeding, antipsychotics can be passed to your baby through your breast milk.** Your baby could experience some side effects from the medication because of this.
- Speak to your doctor or psychiatrist if you want to breastfeed and stay on your medication. They can let you know how serious the risks are with the antipsychotic you are taking. If the risk is low, you might feel that the advantages of breastfeeding whilst taking your medication outweigh any risks. But with certain antipsychotics, they are likely to advise that you do not breastfeed. This includes if you are taking clozapine.
- **Drugs are not usually clinically tested on anyone who is pregnant.** There is not much evidence about how safe it is to take antipsychotics during pregnancy. Newer drugs carry a higher 'unknown' risk than drugs that have been around longer. This is because scientists have had less time to gather evidence about them.

There can also be benefits to taking antipsychotics during this time:

- You might already be taking antipsychotics when you become pregnant. You may feel concerned about becoming unwell or unable to cope if you stop taking antipsychotics. This may mean you decide that the best thing for you and your baby is to continue taking them, so you are well enough to care for your baby.
- Or you may be offered antipsychotics to help treat a problem you develop during or shortly after pregnancy, such as [postpartum psychosis](#).

Your doctor or psychiatrist can help you balance the possible risks to your baby against any potential harm in not taking your medication. This is to help you come to your own decision about what's best for you. But it is understandable to feel unsure about this, and you might find it helpful to seek [further support](#) during this time.

## What can I do to feel more in control?

Being pregnant can sometimes feel like you're giving up control of your own body. This can be stressful, but there are lots of positive steps you can take:

- Planning your pregnancy gives you more options early on. But it is also a common experience to find out you're pregnant without planning it. Whatever your situation is, it's important to **remember that you have the same rights as everyone else**. This includes your right to [choose whether or not to take medication](#), and to [have your say in decisions about your treatment](#).
- **Talk to a healthcare professional as early on as you can.** This could be with your doctor or midwife, or a mental health specialist such as a psychiatrist. The earlier you start talking to someone about your options, the more in control you're likely to feel. For planned pregnancies, you should do this as soon as you decide you want to start trying to get pregnant. For unplanned pregnancies, you should speak to them as soon as you think you might be pregnant.
- [Seek extra support](#), to talk through your options and decide what's right for you.
- **If you decide to stay on your medication, ask your doctor or psychiatrist how you can reduce risks.** For example, you may be able to manage your symptoms effectively on a reduced dose.
- **If you decide to come off your medication, make sure you do it safely.** See our pages on [coming off medication](#) for more information. And see our page on [alternatives to antipsychotics](#) for information about other treatment and support options for your mental health.

## Further support during pregnancy and breastfeeding

Coming to a decision you feel comfortable with about what's right for you and your baby can be difficult. It's understandable if you feel conflicted or unsure about what to do.

As well as talking to your doctor or psychiatrist, you might find these support options helpful:

- **Talk to someone you trust.** If you feel able to, it can help to talk through your feelings with someone like a partner or close friend.
- **Midwife appointments.** You can talk to your midwife about how you're feeling throughout your pregnancy. They can also help make sure you receive plenty of support from your health visitor after you give birth. Our page on [talking to your GP](#) has tips on having conversations about your mental health with any medical professional, including your midwife.
- **Perinatal mental health services.** These services offer support to help you stay well during your pregnancy. You can be referred to these services by other professionals involved in your care, such as your doctor.

- **Online peer support.** It can be helpful to talk to other people who've had similar experiences to yours. [Netmums](#) has a supportive online network for all parents and parents-to-be. You can also talk about your experiences with others on Mind's supportive online community [Side by Side](#). See our pages on [online mental health](#) for information on using the internet if you're feeling vulnerable.
- **Specialist websites.** Websites such as [Action on Postpartum Psychosis](#), [NCT](#) and the [Breastfeeding Network](#) provide information and support on pregnancy, breastfeeding and mental health.

You might also find it helpful to read our pages on [parenting with a mental health problem](#). These pages include information on taking care of yourself, looking after your children, and other kinds of support available to parents. Our information on [perinatal mental health problems](#) may also help.

## What side effects can antipsychotics cause?

Every antipsychotic has its own possible side effects. Not everyone who takes antipsychotics will experience side effects, but many people do.

This page lists the most serious side effects that are possible with any antipsychotic drug. Some of these side effects are rare.

- [antimuscarinic effects](#)
- [bed-wetting](#)
- [blood disorders](#)
- [body temperature problems](#)
- [emotional effects](#)
- [eye problems](#)
- [heart problems](#)
- [liver disorders](#)
- [metabolic syndrome](#)
- [neuroleptic malignant syndrome \(NMS\)](#)
- [neuromuscular side effects](#)
- [sedation \(sleepiness\)](#)
- [seizures \(fits\)](#)
- [sexual and hormonal problems](#)

- [skin problems](#)
- [suicidal feelings and behaviour](#)
- [tardive dyskinesia \(TD\)](#)
- [tardive psychosis](#)
- [weight gain](#)

Certain types of antipsychotic may also have other side effects which aren't listed here. The British National Formulary (BNF) has an [A-Z list of drugs licensed for use in the UK](#). This list has links to find out more information about each drug, including information about side effects.

See our page on [coping with side effects](#) for guidance on what to do if you experience one of these side effects.

## Antimuscarinic effects

Antimuscarinic effects are side effects caused by changes to the level of the chemical acetylcholine in your body. These effects are sometimes called anticholinergic effects.

If your level of acetylcholine changes, this can have effects all over your body. These effects include:

- blurred vision
- confusion and agitation
- constipation, which may become life-threatening if not treated
- difficulty urinating
- drowsiness
- dry mouth, which can cause tooth decay in the long term
- erectile dysfunction
- hallucinations
- hot or dry skin, and decreased sweating
- increased pressure in the eye
- low blood pressure (taking hot baths increases this risk)
- nausea (feeling sick)
- rapid heartbeat and disturbed heart rhythm.

Antimuscarinic effects are more common with some antipsychotics than others. In particular, clozapine may be more likely to cause severe constipation than other types of antipsychotic.

These effects can also happen with other types of medication, such as [tricyclic antidepressants](#) and [anti-Parkinson's drugs](#).

*"With haloperidol my tongue hung out of my mouth and my lips were stretched wide and open. Quetiapine made me feel stoned initially, with huge weight gain."*

## Bed-wetting

Bed-wetting can be a side effect of antipsychotics. It is more common with some antipsychotics than others.

## Blood disorders

Certain blood disorders can be a side effect of antipsychotics. These include:

- agranulocytosis
- blood clotting disorders
- reduced white blood cells.

## Agranulocytosis

Agranulocytosis is a blood disorder which involves the loss of one type of white blood cell. It means that you are more likely to catch infections and less able to fight them. It is very serious and people have been known to die from it.

If you have the following symptoms, it may be a sign that your immune system is not working as well as it should:

- sore throats
- mouth ulcers
- a fever or chills.

If you experience these symptoms, you should contact your doctor straight away.

The risk of agranulocytosis is higher with clozapine than with other antipsychotics. If you take clozapine, you will have your blood tested regularly to check for this.

## Blood clotting disorders (venous thromboembolism or VTE)

These include deep vein thrombosis (DVT) and pulmonary thrombosis (blood clot in the lung), which can be life-threatening.

## Reduced white blood cells

Taking antipsychotics may cause a reduction in your white blood cells.

## Body temperature problems

Antipsychotics can cause problems with regulating your body temperature. It may become too high or too low, both of which can make you feel unwell.

## Emotional effects

Antipsychotics can sometimes make you feel:

- anxious
- excitable
- agitated
- aggressive
- depressed (although some antipsychotics may have an antidepressant effect, making you feel less depressed)
- restless and unable to keep still
- out of touch with reality
- socially withdrawn and detached from those around you.

## Eye problems

Certain antipsychotics may cause various eye problems. These include:

- blurred vision and difficulty reading
- a build-up of granular deposits in the cornea and lens. This doesn't usually affect your vision
- degeneration of the retina, which is the light-sensitive part of the eye. This can affect your vision
- glaucoma, which is a serious eye condition
- oculogyric crisis, which affects the muscles that control your eye movements. It can cause your eyes to turn suddenly, so you can't control where you look.

All antipsychotics also have the potential to cause narrow-angle glaucoma. This is a medical emergency. If you've ever had glaucoma or eye problems, you should be very cautious about taking antipsychotic drugs. You may want to avoid certain antipsychotics completely, especially those with [antimuscarinic effects](#).

If you're concerned about this, you can speak to your doctor or psychiatrist to find out more.

## Heart problems

Antipsychotics may cause certain heart problems, such as:

- increased heart rate
- heart palpitations, which are heartbeats that suddenly become more noticeable in your chest
- effects on your heart rhythm. This has been known to cause sudden death in extreme cases. The risk of this is especially linked to being on a high dose, or taking more than one antipsychotic at the same time.

See our pages on [taking antipsychotics safely](#) and [dosage of antipsychotics](#) for more information on the risks of heart problems with antipsychotics. This includes information on how you can manage these risks.

## Liver disorders

Certain antipsychotics may cause liver disorders and jaundice (yellow skin).

## Metabolic syndrome

Metabolic syndrome is the medical name for a combination of the following symptoms:

- weight gain and obesity
- high blood sugar
- diabetes
- high blood pressure
- high cholesterol.

You don't have to experience all of these symptoms to be diagnosed with metabolic syndrome.

Taking antipsychotics can increase your risk of developing metabolic syndrome. If you are experiencing metabolic syndrome, this means you are at higher risk of developing:

- diabetes
- stroke
- heart disease.

This risk of this is increased even more if you have an unhealthy lifestyle. Your doctors may suggest trying to eat a healthier diet and get enough physical activity can help to reduce this risk.

See our pages on [food and mood](#) for healthy eating tips, and [physical activity and your mental health](#) for lots of ways to get more active. If you have a difficult relationship with food and eating, our pages on [eating problems](#) may help.

You will also need to have regular health checks before and during your treatment. See our page on [taking antipsychotics safely](#) for more information.

## Neuroleptic malignant syndrome (NMS)

NMS is a rare but serious neurological disorder, which means it affects your nervous system.

It can happen as a side effect of taking antipsychotics. It may also occur as a withdrawal symptom if you stop taking antipsychotics. If it does occur, it usually develops rapidly over 24 to 72 hours.

The symptoms are:

- sweating or fever, with a high temperature
- tremor (shaking), rigidity (feeling stiff and unable to move your muscles) or loss of movement
- difficulty speaking and swallowing
- rapid heartbeat, very rapid breathing and changes in blood pressure
- changes in consciousness, including confusion and lethargy, stupor or coma.

High temperature and rigidity are usually the first symptoms to appear. This means NMS can sometimes be confused with an infection. But NMS can be very dangerous if it's not detected and treated. In rare cases, it can be fatal.

If you're worried that you may have symptoms of NMS, you should contact your GP urgently or call 999 for an ambulance.

## What's the treatment for NMS?

If you experience NMS, the treatment is most likely to involve admitting you to hospital, stopping your antipsychotic medication and reducing your fever.

Some other methods of treatment are used, although the evidence for the use of these is not as strong. These methods may include using:

- medication to relax your muscles
- medication to counter the chemical effects that are thought to cause NMS
- [electroconvulsive therapy \(ECT\)](#).

The symptoms may last for days, or even weeks, after coming off the antipsychotic that's causing them. Many people who have had NMS once go on to get it again.

If you experience NMS, you should only take antipsychotics afterwards if they are essential for your mental health. And you should have the lowest dosage possible that still gives the positive effects.

## Neuromuscular side effects

Antipsychotics interfere with the brain chemical dopamine, which is important in controlling movement. Antipsychotics may therefore cause movement disorders. These are most common with first generation (older) antipsychotics and less likely with the newer antipsychotics. They include the following:

## Parkinsonism

Some neuromuscular side effects are similar to the effects of Parkinson's disease, which is caused by the loss of dopamine. These effects are known as Parkinsonism, and they include the following:

- Your muscles become stiff and weak.
- You find it more difficult to make facial expressions.
- Certain small movements feel difficult, such as writing or picking up objects with your hands.
- You develop a slow tremor (shaking), especially in your hands.
- Your fingers move as if you are rolling a small object between them.
- When walking, you lean forward, take small steps and find it difficult to start and stop.
- Your mouth hangs open, and you dribble.

## Loss of movement

You may find it difficult to move and your muscles may feel very weak.

Having little energy to move is also a symptom of depression, so if you experience this your doctor or psychiatrist may ask if you're feeling depressed.

## Akathisia (restlessness)

Akathisia is a feeling of restlessness that can affect your body and your emotions. For example, you might:

- feel intensely restless and unable to sit still
- rock from foot to foot, shuffle your legs, cross or swing your legs repeatedly, or continuously pace up and down
- feel emotionally tense and uneasy.

Doctors might confuse these symptoms and think you are anxious or agitated. If they don't know that you have akathisia, they may suggest taking a higher dose of your antipsychotics, to help you feel calmer.

But if you have akathisia, increasing your dose of antipsychotics won't help. So if you are diagnosed with akathisia, your doctor or psychiatrist may suggest taking another medication to reduce its effects, as well as your antipsychotic.

## Muscle spasms

Muscle spasms are when a muscle in your body contracts against your control, and you cannot relax the muscle. They can be painful and may have serious effects. For example:

- If a spasm affects the muscles of your larynx (voicebox), you may have problems with your voice. This is called **dysphonia**. You might find it difficult to speak normally, and people may find it hard to understand you.
- If a spasm affects the muscles that control your eye movements, it can make your eyes turn suddenly. It may mean you can't control where you look. This is called an **oculogyric crisis**. This can feel very unpleasant. It could also be dangerous, for example if it happens while you are crossing the road or pouring boiling water from a kettle.

*"I experienced twitching, stumbling and slurred speech."*

## Sedation (sleepiness)

Sedation, or sleepiness, is a common side effect of many antipsychotics. It is more common with certain antipsychotics than others, such as chlorpromazine and olanzapine.

Sedation can happen during the day as well as at night. So if you experience this you might find it very hard to get up in the morning. Or it might feel difficult to motivate yourself to be active during the day.

*"Antipsychotics knock me out and make it very hard to function normally."*

## Seizures (fits)

Many antipsychotics have the potential to cause fits. If you've ever had fits in the past, you should be particularly cautious about taking antipsychotic drugs.

## Sexual and hormonal problems

Many antipsychotics can cause an increase in your prolactin level. Prolactin is a sex hormone that causes the breasts to produce milk, so your levels should normally be low, unless you are pregnant or breastfeeding.

If you have abnormally high prolactin levels, it's very common to experience some of the following sexual side effects:

### Women

Women may experience:

- vaginal dryness

- unwanted hair
- acne
- loss of menstrual cycle – but this is unpredictable and your periods may return if your prolactin levels drop back down, so you could still get pregnant if you have unprotected sex

## Men

Men may experience:

- priapism (prolonged erection) – this requires urgent medical attention, so if you experience this side effect you should see your GP or go to A&E
- spontaneous ejaculation

## Both men and women

Both men and women may experience:

- breast development and the production of breast milk
- reduced sexual desire, difficulty becoming aroused and difficulty achieving orgasm
- osteoporosis, which means your bones become weaker and are more likely to break

Some of the second generation (newer) antipsychotics have less effect on prolactin and produce fewer of these problems.

*"Amisulpride has made my breasts grow and lactate. After having blood tests, it turns out that my prolactin levels have sky-rocketed, which is why I experienced those side effects. I am also now at risk of osteoporosis in the future."*

## Skin problems

Antipsychotics can cause various skin problems, for example:

- **Allergic rashes.** These usually occur within the first two months of starting treatment. They usually disappear when you stop taking the drug. If you get a rash, you should contact your GP straight away to have it checked.
- **Increased sensitivity to sunlight,** especially at high doses. If you're taking antipsychotics, you may need to take extra care to protect yourself from the sun.
- **A blue-grey discolouration** in some skin types.

## Suicidal feelings or behaviour

Some people experience suicidal thoughts and behaviours while taking antipsychotics. This can happen particularly in the early stages of taking this medication.

If you are concerned about experiencing suicidal feelings while taking antipsychotics, speak to your doctor or psychiatrist.

If you feel unable to keep yourself safe, it's a mental health emergency.

[Get emergency advice](#)

## Tardive dyskinesia (TD)

Tardive dyskinesia (TD) is a side effect of certain medications, mainly antipsychotics. It involves experiencing sudden, jerky or slow twisting movements in your face or body.

See our pages on [tardive dyskinesia](#) to find out more. This includes information on what TD is, what treatments and support are available, and ways to help yourself cope.

## Tardive psychosis

Tardive psychosis is a term used to describe new [psychotic symptoms](#) that begin after you have been taking antipsychotics for a while. Some scientists believe that these symptoms may be caused by your medication, not your original illness returning. The word 'tardive' means that it's a delayed effect of the medication.

This risk of tardive psychosis is one reason why it's a good idea to withdraw slowly from your medication, if you decide to stop taking it. This is especially important if you have been taking it for a long time, as withdrawing slowly gives your brain time to readjust.

## Weight gain

Weight gain is a very common side effect of many antipsychotics, particularly some of the second generation (newer) drugs. This may be because antipsychotics increase your appetite, so you want to eat more than usual. They may also cause you to become less active, for example if they make you feel very tired.

If you put on a lot of weight, this can increase your risk of developing diabetes and other physical health problems. It's also understandable if you feel upset or frustrated about these changes to your body.

If you experience weight gain, your doctor or psychiatrist may suggest switching to another antipsychotic medication. They may also suggest that you try to eat a healthy diet and increase your level of physical activity.

See our pages on [food and mood](#) for healthy eating tips, and [physical activity and your mental health](#) for lots of ways to get more active. If you have a difficult relationship with food and eating, our pages on [eating problems](#) may help.

# What is a depot injection?

A depot injection is a slow-release form of antipsychotic medication. It's the same medication as the antipsychotic that comes in tablet or liquid form. But it is given as an injection in a liquid that releases it slowly, so it lasts a lot longer.

## Why might I choose a depot injection?

A depot injection might be a good option for you if:

- you find it difficult to swallow medication
- you find it difficult remembering to take medication regularly
- you prefer not to have to think about taking medication every day.

You may also be given a depot injection if the healthcare professionals involved in your care agree that you need the drug, but think you may struggle to take it regularly in a different form.

But you will usually only be offered a depot injection if:

- you've already been on your medication for a while
- you know it's working well for you, and
- you expect to keep taking it for a long time.

Not all antipsychotics are available as depot injections. See our [antipsychotics A-Z](#) or our page on [comparing antipsychotics](#) for information about the different forms available for each drug.

## How are depot injections given?

- Injections are usually given every two, three or four weeks, depending on the drug. Certain antipsychotics may last for longer periods when given as a depot injection.
- Your injection will usually be given by a healthcare professional in a community setting. For example, this may be in a clinic, medical centre or in your own home. You will not be given a depot injection to use at home on yourself.
- The injection is made into a large muscle. This is usually either your buttock or the largest muscle of your shoulder. It's a good idea to alternate between different muscles and sides of your body. This is to help prevent any injection site problems.

## Injection site problems

If you regularly have your injection in the same place in your body, you may start to experience problems with that part of your body. This may include:

- abscess (a painful collection of pus)

- bleeding
- bruising
- irritation
- lumps
- numbness
- pain
- redness
- soreness
- swelling.

If you have problems with your injection site, make sure you mention this to your doctor, nurse or whoever administers your medication.

## Patient Information Leaflet (PIL)

If you have depot injections, you may not pick up your own prescription for your medication. This may mean you are not given the Patient Information Leaflet (PIL) which usually comes in the drug packet.

It's always a good idea to read the PIL carefully before taking any medication. So if you aren't given it you can ask for a copy from the person who gives the injection, or your doctor or pharmacist. Or you can see our [antipsychotics A-Z](#) for links to PILs for the different forms of antipsychotics, including depot injections.

# How can I compare different antipsychotics?

This page has tables to help you compare antipsychotics by different factors. These are:

- [generic name and key characteristics](#)
- [type of antipsychotic](#) (first or second generation)
- [half-life](#)
- [form available](#)
- [dietary considerations](#)

## Why might I want to compare antipsychotics?

Understanding more about the different antipsychotics available may help you talk to your doctor or psychiatrist about what's right for you, including:

- If you've experienced **problems with a particular type of antipsychotic** and want to avoid them. For example, if you've experienced problems with a first generation (older) antipsychotic and want to change to a newer drug.
- If you need your medication in a **different form**. For example, you may have problems with swallowing or find it hard to remember to take your medication correctly every day.
- If you have any **dietary restrictions**, such as being vegetarian or intolerant to some ingredients.
- If the drug's **half-life** is important to you. For example, if you are concerned about withdrawal effects and would prefer a drug with a longer half-life. For information about what the half-life means and why it matters, see our page about [medication half-life](#).
- If you are worried about certain [side effects](#) of your medication.

**Remember:** drugs don't work the same way for everyone, and it's important to find a medication that works for you. See our page on [receiving the right medication](#) for more information.

## Antipsychotics by generic name and key characteristics

Each of these drugs may be known by several different names, which we have listed below under the Generic name and Trade names columns. See our page on [drug names](#) for more information.

Generic name	<a href="#">Trade names (UK)</a>	Type of antipsychotic	Forms available	<a href="#">Half-life</a>	Dietary considerations
<a href="#">amisulpride</a>	Solian	2nd generation	<ul style="list-style-type: none"> <li>• tablets</li> <li>• liquid</li> </ul>	about 12 hours	tablets contain lactose
<a href="#">aripiprazole</a>	Abilify, Arpoya	2nd generation	<ul style="list-style-type: none"> <li>• tablets</li> <li>• dissolving tablets</li> <li>• liquid</li> <li>• emergency injection</li> </ul>	75–146 hours	tablets contain lactose
<a href="#">aripiprazole (depot)</a>	Abilify Maintena	2nd generation depot	<ul style="list-style-type: none"> <li>• <a href="#">depot injection</a></li> </ul>	29–46 days	none

<a href="#">asenapine</a>	Sycrest	2nd generation	<ul style="list-style-type: none"> <li>dissolving tablets</li> </ul>	about 24 hours	contains gelatine
<a href="#">benperidol</a>	Anquil	1st generation	<ul style="list-style-type: none"> <li>tablets</li> </ul>	6–10 hours	contains lactose
<b>cariprazine</b>	Reagila	2nd generation	<ul style="list-style-type: none"> <li>capsules</li> </ul>	2–8 days	contains gelatine
<a href="#">chlorpromazine</a>	Chloractil, Largactil	1st generation	<ul style="list-style-type: none"> <li>tablets</li> <li>liquid</li> <li>emergency injection</li> <li>suppositories</li> </ul>	about 30 hours	tablets contain lactose and gelatine
<a href="#">clozapine</a>	Clozaril, Denzapine, Zaponex	2nd generation	<ul style="list-style-type: none"> <li>tablets</li> <li>dissolving tablets</li> <li>liquid suspension</li> </ul>	6–26 hours	tablets contain lactose
<a href="#">flupentixol</a>	Depixol, Fluaxol	1st generation	<ul style="list-style-type: none"> <li>tablets</li> </ul>	about 35 hours	contains lactose
<a href="#">flupentixol decanoate</a>	Depixol, Psytixol	1st generation depot	<ul style="list-style-type: none"> <li><a href="#">depot injection</a></li> </ul>	17–21 days	contains coconut oil
<a href="#">fluphenazine decanoate</a>	Modecate	1st generation depot	<ul style="list-style-type: none"> <li><a href="#">depot injection</a></li> </ul>	2.5–16 weeks	contains sesame oil
<a href="#">haloperidol</a>	Haldol, Halkid	1st generation	<ul style="list-style-type: none"> <li>tablets</li> <li>liquid</li> <li>emergency injection</li> </ul>	21–24 hours	some tablets contain lactose

<a href="#">haloperidol decanoate</a>	Haldol decanoate	1st generation depot	<ul style="list-style-type: none"> <li>• <a href="#">depot injection</a></li> </ul>	about 21 days	contains sesame oil
<a href="#">levomepromazine</a>	Nozinan	1st generation	<ul style="list-style-type: none"> <li>• tablets</li> </ul>	about 30 hours	none
<a href="#">lurasidone</a>	Latuda	2nd generation	<ul style="list-style-type: none"> <li>• tablets</li> </ul>	20–40 hours	none
<a href="#">olanzapine</a>	Zalasta, Zyprexa	2nd generation	<ul style="list-style-type: none"> <li>• tablets</li> <li>• dissolving tablets (Velotab)</li> <li>• emergency injection</li> </ul>	31–52 hours	tablets contain lactose (dissolving tablets do not)
<a href="#">olanzapine pamoate monohydrate</a>	Zypadhera	2nd generation depot	<ul style="list-style-type: none"> <li>• <a href="#">depot injection</a></li> </ul>	about 30 days	none
<a href="#">paliperidone</a>	Invega	2nd generation	<ul style="list-style-type: none"> <li>• slow release tablets</li> </ul>	about 23 hours	3mg tablets contain lactose
<a href="#">paliperidone palmitate</a>	Trevicta, Xeplion	2nd generation depot	<ul style="list-style-type: none"> <li>• <a href="#">depot injection</a></li> </ul>	Trevicta: 84–139 Xeplion: 25–49 days	none
<a href="#">pericyazine</a>	Neulactil	1st generation	<ul style="list-style-type: none"> <li>• tablets</li> <li>• liquid</li> </ul>	about 12 hours	tablets contain lactose
<a href="#">pimozide</a>	Orap	1st generation	<ul style="list-style-type: none"> <li>• tablets</li> </ul>	55–150 hours	none

<a href="#">prochlorperazine</a>	Stemetil	1st generation	<ul style="list-style-type: none"> <li>tablets</li> <li>liquid</li> <li>emergency injection</li> </ul>	4–9 hours	tablets contain lactose
<a href="#">promazine</a>	none	1st generation	<ul style="list-style-type: none"> <li>tablets</li> <li>liquid</li> </ul>	20–40 hours	tablets contain lactose
<a href="#">quetiapine</a>	Alaquet, Atrolak, Biquelle, Branco, Mintreleg, Seroquel, Tenprolide, Zaluron	2nd generation	<ul style="list-style-type: none"> <li>tablets</li> <li>slow-release tablets</li> </ul>	7–12 hours	some tablets contain lactose
<a href="#">risperidone</a>	Risperdal	2nd generation	<ul style="list-style-type: none"> <li>tablets</li> <li>dissolving tablets (Quicklet)</li> <li>liquid</li> </ul>	3–20 hours	tablets contain lactose some tablets contain gelatine
<a href="#">risperidone (depot)</a>	Risperdal Consta	2nd generation depot	<ul style="list-style-type: none"> <li><a href="#">depot injection</a></li> </ul>	3–6 days	none
<a href="#">sulpiride</a>	Dolmatil, Sulpor	1st generation	<ul style="list-style-type: none"> <li>tablets</li> <li>liquid</li> </ul>	about 8 hours	tablets contain lactose
<a href="#">trifluoperazine</a>	Stelazine	1st generation	<ul style="list-style-type: none"> <li>tablets</li> <li>liquid</li> </ul>	about 22 hours	tablets contain gelatine
<a href="#">zuclopenthixol</a>	Clopixol Acuphase	1st generation	<ul style="list-style-type: none"> <li>emergency injection</li> </ul>	about 19 days	contains thin coconut oil
<a href="#">zuclopenthixol decanoate</a>	Clopixol	1st generation depot	<ul style="list-style-type: none"> <li><a href="#">depot injection</a></li> </ul>	about 19 days	contains thin vegetable oil

<a href="#">zuclopenthixol dihydrochloride</a>	Clopixol	1st generation	• tablets	about 24 hours	contains lactose
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## Antipsychotics by type

Type of antipsychotic	Antipsychotics in this type
1st generation	<ul style="list-style-type: none"> <li>• benperidol</li> <li>• flupentixol</li> <li>• haloperidol</li> <li>• levomepromazine</li> <li>• pericyazine</li> <li>• pimozide</li> <li>• prochlorperazine</li> <li>• promazine</li> <li>• sulpiride</li> <li>• trifluoperazine</li> <li>• zuclopenthixol</li> <li>• zuclopenthixol dihydrochloride</li> </ul>
1st generation depot	<ul style="list-style-type: none"> <li>• flupentixol decanoate</li> <li>• fluphenazine decanoate</li> <li>• haloperidol decanoate</li> <li>• zuclopenthixol decanoate</li> </ul>
2nd generation	<ul style="list-style-type: none"> <li>• amisulpride</li> <li>• aripiprazole</li> <li>• asenapine</li> <li>• cariprazine</li> <li>• clozapine</li> <li>• lurasidone</li> </ul>

	<ul style="list-style-type: none"> <li>• olanzapine</li> <li>• paliperidone</li> <li>• quetiapine</li> <li>• risperidone</li> </ul>
<b>2nd generation depot</b>	<ul style="list-style-type: none"> <li>• aripiprazole</li> <li>• olanzapine pamoate monohydrate</li> <li>• paliperidone palmitate</li> <li>• risperidone</li> </ul>

## Antipsychotics by half-life

For information about what the half-life means and why it matters, see our page on [medication half-life](#).

<b>Half-life</b>	<b>Antipsychotic</b>
3–20 hours	risperidone
4–9 hours	prochlorperazine
6–10 hours	benperidol
6–26 hours	clozapine
7–12 hours	quetiapine
about 8 hours	sulpiride
about 12 hours	amisulpride
about 12 hours	pericyazine
20–40 hours	lurasidone
20–40 hours	promazine
21–24 hours	haloperidol
about 22 hours	trifluoperazine
about 23 hours	paliperidone
about 24 hours	asenapine

about 24 hours	zuclopenthixol dihydrochloride
about 30 hours	chlorpromazine
about 30 hours	levomepromazine
31–52 hours	olanzapine
about 35 hours	flupentixol
55–150 hours	pimozide
75–146 hours	aripiprazole
2–8 days	cariprazine
3–6 days	risperidone (depot)
17–112 days	fluphenazine decanoate
17–21 days	flupentixol decanoate
about 19 days	zuclopenthixol
about 19 days	zuclopentixol decanoate
about 21 days	haloperidol decanoate
25–139 days	paliperidone palmitate
29–46 days	aripiprazole (depot)
about 30 days	olanzapine pamoate monohydrate

## Antipsychotics by form available

Form	Antipsychotics available in this form
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tablets	<ul style="list-style-type: none"> <li>• amisulpride</li> <li>• aripiprazole</li> <li>• benperidol</li> <li>• chlorpromazine</li> <li>• clozapine</li> <li>• flupentixol</li> <li>• haloperidol</li> <li>• levomepromazine</li> <li>• lurasidone</li> <li>• olanzapine</li> <li>• paliperidone</li> <li>• pericyazine</li> <li>• pimozone</li> <li>• prochlorperazine</li> <li>• promazine</li> <li>• quetiapine</li> <li>• risperidone</li> <li>• sulpiride</li> <li>• trifluoperazine</li> <li>• zuclopenthixol dihydrochloride</li> </ul>
dissolving tablets	<ul style="list-style-type: none"> <li>• aripiprazole</li> <li>• asenapine</li> <li>• clozapine</li> <li>• olanzapine</li> <li>• risperidone</li> </ul>
capsules	<ul style="list-style-type: none"> <li>• cariprazine</li> </ul>
liquid	<ul style="list-style-type: none"> <li>• amisulpride</li> <li>• aripiprazole</li> <li>• chlorpromazine</li> </ul>

	<ul style="list-style-type: none"> <li>• haloperidol</li> <li>• pericyazine</li> <li>• prochlorperazine</li> <li>• promazine</li> <li>• sulpiride</li> <li>• trifluoperazine</li> </ul>
injection	<ul style="list-style-type: none"> <li>• aripiprazole</li> <li>• chlorpromazine</li> <li>• flupentixol decanoate</li> <li>• fluphenazine decanoate</li> <li>• haloperidol</li> <li>• haloperidol decanoate</li> <li>• olanzapine</li> <li>• olanzapine pamoate monohydrate</li> <li>• paliperidone palmitate</li> <li>• prochlorperazine</li> <li>• risperidone</li> <li>• zuclopenthixol</li> <li>• zuclopenthixol decanoate</li> </ul>
suppositories	<ul style="list-style-type: none"> <li>• chlorpromazine</li> </ul>

#### Antipsychotics by dietary considerations

Certain brands of individual drugs may have other dietary restrictions that aren't listed in the tables below. If you are concerned about this, you can check the Patient Information Leaflet (PIL) included in the box with your medication. This will include a section listing the ingredients contained in your medication.

Dietary consideration	Drugs this applies to
<b>Contains lactose</b> <b>(only applies to the tablet form of the drug, unless specified)</b>	<ul style="list-style-type: none"> <li>• amisulpride</li> <li>• aripiprazole</li> </ul>

	<ul style="list-style-type: none"> <li>• benperidol</li> <li>• chlorpromazine</li> <li>• clozapine</li> <li>• flupentixol</li> <li>• haloperidol</li> <li>• olanzapine (non-dissolving tablets only)</li> <li>• paliperidone (3mg tablets only)</li> <li>• pericyazine</li> <li>• prochlorperazine</li> <li>• promazine</li> <li>• quetiapine (some tablets)</li> <li>• risperidone</li> <li>• sulphiride</li> <li>• zuclopenthixol dihydrochloride</li> </ul>
<b>Contains gelatine</b>	<ul style="list-style-type: none"> <li>• asenapine</li> <li>• cariprazine</li> <li>• chlorpromazine (tablets only)</li> <li>• risperidone (some tablets)</li> <li>• trifluoperazine</li> </ul>
<b>Contains coconut oil</b>	<ul style="list-style-type: none"> <li>• flupentixol decanoate</li> <li>• zuclopenthixol</li> </ul>
<b>Contains sesame oil</b>	<ul style="list-style-type: none"> <li>• fluphenazine decanoate</li> <li>• haloperidol decanoate</li> <li>• pipotiazine palmitate</li> </ul>
<b>Contains vegetable oil</b>	<ul style="list-style-type: none"> <li>• zuclopenthixol decanoate</li> </ul>

## Can I come off antipsychotics?

Some doctors may suggest that you keep taking antipsychotics for some time. This is usually to reduce the risk of your symptoms coming back. You might feel that this is the right choice for you.

But there may also be reasons that you want to stop taking antipsychotics. For example, you may be experiencing unpleasant side effects. Or you may want to try other ways of coping with your mental health.

This page covers:

- [How easy is it to come off antipsychotics?](#)
- [When should I come off antipsychotics?](#)
- [Will my psychotic symptoms come back?](#)
- [What withdrawal symptoms might I get?](#)

See our page on [alternatives to antipsychotics](#) for ideas on managing your symptoms without medication. Or see our pages on [coming off medication](#) for information about making the decision to come off, withdrawal symptoms and finding support.

*"I feel so much better being off – less drugged up and more alive."*

## How easy is it to come off antipsychotics?

Some people may be able to stop taking antipsychotics without problems, but others can find it very difficult. If you have been taking them for some time, it can be more difficult to come off them. This is especially if you have been taking them for one year or longer.

If you are considering stopping taking antipsychotics, it is worth thinking about the following:

- **It is safest to come off slowly and gradually.** You should do this by reducing your daily dose over a period of weeks or months. The longer you have been taking a drug for, the longer it is likely to take you to safely come off it.
- **Avoid stopping suddenly**, if possible. If you come off too quickly you are much more likely to have a relapse of your psychotic symptoms. It may also increase your risk of developing [tardive psychosis](#).
- **Get support from people you trust.** Ideally this will include your doctor or psychiatrist. It also includes getting support from friends and family. And you could try [peer support](#) to find support from others who have had similar experiences to yours.

Unfortunately, your doctor or psychiatrist may not support your decision to come off antipsychotics. This may mean they don't offer as much help as you would like. Our page on [support for coming off psychiatric drugs](#) has information about other ways to find support.

**Remember:** whether to continue or stop taking medication is your decision, and you have the right to change your mind.

*"I took myself off and found I could feel emotions again, which was scary, but worth it."*

## When should I come off antipsychotics?

There's no perfect time to try coming off antipsychotics. Everyone is different, and there are many factors that might affect your experience of coming off.

If you are considering when to stop your medication, it might help to think about the following:

- What else is going on in your life right now? If you're under lots of extra stress, will this affect your ability to cope? For example, you may feel more stressed than usual if you are moving house, experiencing financial worries or concerned about your family.
- Would you prefer to feel relaxed and unburdened while you come off your medication? This may help you pay close attention to how you're feeling day to day. Or would you find it easier to be busy while you come off, so you're distracted by other things?
- Have you got a support group nearby or other people in your life who can provide any help you may need?
- If you've tried to come off your medication before but have not been able to manage it, what factors might have played a part then? Can you avoid or minimise them when you try again?

Whenever you decide to try coming off, it is best to withdraw slowly and safely. It might take a long time, or you might find that you become comfortable on a lower dose and decide not to come off completely. The main thing is that you find a way to manage your symptoms that works for you.

*"I came off them too fast and I wasn't physically or mentally ready for that. [I think] it's really important to make sure you come off them really slowly and under the watchful eye of a professional."*

## Will my psychotic symptoms come back?

Medication can help to stabilise your symptoms, so it's possible that your psychotic symptoms may return if you stop taking it. But it's not certain that this will happen. There are several factors that can affect whether you will become ill again. For example:

- You may have had other forms of treatment while you were taking medication, such as [talking treatments](#) and [arts and creative therapies](#). These may have helped you find new ways to cope
- You may have been able to make changes in your life since your last episode that mean you are less likely to become ill again.
- If you try to come off your medication too quickly, you are much more likely to have a relapse.

Some psychiatrists believe that people with a diagnosis of schizophrenia who take antipsychotics for several years are less likely to relapse than those who don't take antipsychotics. But not all psychiatrists agree with this view. And a lot of people with a diagnosis of schizophrenia also don't find this to be true.

*"Trying to come off was exhausting – my mood swings came back with a vengeance. Felt like I'd totally lost it again."*

## What withdrawal symptoms might I get?

The main withdrawal symptoms associated with antipsychotics are:

- abnormal skin sensations
- aching muscles
- anxiety
- diarrhoea
- dizziness and vertigo
- feeling too hot or too cold
- feeling withdrawn socially
- headaches
- loss of appetite
- mood disturbances
- nausea (feeling sick)
- [neuroleptic malignant syndrome](#)
- restlessness, agitation and irritability
- runny nose
- shaking
- insomnia (inability to sleep)
- sweating
- [tardive dyskinesia](#)
- [tardive psychosis](#)
- vomiting (being sick).

Unfortunately there is no evidence on how common these withdrawal symptoms are, so there's no way to know how likely you are to get any of them.

*"I was on a very small dose so I found it easy to stop – no side effects. My energy levels are back, but I have noticed I'm not sleeping as much and I'm a bit edgy, so I'm monitoring myself closely using a sleep and mood journal."*

# Alternatives to antipsychotics

If you don't want to take antipsychotics, there are several alternative treatments you can try. You may find it's possible to manage your symptoms, or to make a full recovery, without medication.

If you are taking antipsychotics, you may also want to use other options to support your mental health, as well as your medication.

This page has information on some of the common alternatives to antipsychotics. You may find these helpful to use instead of your medication, or alongside it:

- [Talking therapies](#)
- [Arts and creative therapies](#)
- [Ecotherapy](#)
- [Complementary and alternative therapies](#)
- [Peer support](#)
- [Look after your physical health](#)

*"In conjunction with antipsychotics, I have found that distraction techniques are a great way of dealing with troubling thoughts and voices in my mind. Anything and everything that is a distraction is ever so helpful for me, from painting my nails to baking a cake, from watching a DVD to colouring."*

## Talking therapies

The [National Institute for Health and Care Excellence \(NICE\)](#) recommends that, for many mental health problems, you should be offered other kinds of treatments alongside or instead of medication.

This often includes being offered a type of [talking therapy or counselling](#), such as:

- [cognitive behavioural therapy \(CBT\)](#)
- [dialectical behaviour therapy \(DBT\)](#)

See our [A-Z of mental health](#) for information about different mental health problems, including what types of treatment are recommended for each.

## Arts and creative therapies

[Arts and creative therapies](#) help you to express your feelings through things like painting, clay work, music or drama therapy. They can help you deal with your symptoms, especially if you find it difficult to talk about how you're feeling.

## Ecotherapy

[Ecotherapy](#) is a type of therapeutic treatment which involves doing outdoor activities in nature. This may include working on a conservation project or gardening. Or you may walk or cycle through woodland or other areas of nature.

## Complementary and alternative therapies

Some people find that [complementary and alternative therapies](#) help to manage their symptoms. For example, this may be aromatherapy, reflexology or acupuncture. Complementary therapies may also help manage some of the side effects of medication, if you decide to continue with it.

Some [herbal remedies](#) can interact with antipsychotics and other types of medication. If you are thinking about taking a herbal remedy alongside any medication, speak to your doctor, psychiatrist or pharmacist about whether this is safe.

*"I enjoy prayer and meditation as well as working at my local Food Bank. I also enjoy doing creative writing."*

## Peer support

Peer support allows you to communicate with people who have similar experiences to yours. If you'd like to try peer support, you could:

- contact Mind's [Infoline](#) or a [local Mind](#) to find out what support there is in your area
- try an online peer support community, such as Mind's supportive community [Side by Side](#) or [Bipolar UK's eCommunity](#). Or you could try the [Hearing Voices Network](#), if you hear voices or have other sorts of hallucinations.

*"[What helps me is] running, healthy diet and Pilates. I also have friends and a support group that I trust."*

## Look after your physical health

- **Think about what you eat and drink.** Eating a balanced and nutritious diet may help to manage some of your symptoms. Drinking plenty of water can also help your mental wellbeing. See our pages on [food and mood](#) for more information. If you have a difficult relationship with food and eating, our pages on [eating problems](#) may help.
- **Try to be more active.** Many people find regular physical activity helps to lift their mood, boost their energy levels and keep them grounded in reality. See our pages on [physical activity and your mental health](#) for more information.
- **Try to get enough sleep.** Getting enough sleep can sometimes feel difficult. But having a good amount of quality sleep is very helpful for your mental health. See our pages on [sleep problems](#) for more information.

# What are anti-Parkinson's drugs?

Anti-Parkinson's drugs are mainly used to treat Parkinson's disease. They are not psychiatric drugs, which means they are not licensed to treat mental health problems.

But your doctor or psychiatrist may prescribe one of these drugs alongside an antipsychotic, to reduce certain side effects from the antipsychotic. These are known as [neuromuscular side effects](#), as they affect your body's neuromuscular system. Together, the effects may also be known as Parkinsonism, as they are similar to some of the effects of Parkinson's disease. These effects include:

- your muscles become stiff and weak
- you develop a slow tremor (shaking), especially in your hands
- your mouth hangs open and you find that you are dribbling.

There are three anti-Parkinson's drugs which may be prescribed alongside antipsychotics to reduce these symptoms:

- [procyclidine](#) (Arpicolin, Kemadrin)
- [trihexyphenidyl](#) (formerly called benzhexol)
- [orphenadrine](#)

These anti-Parkinson's drugs are sometimes known as antimuscarinics. Antimuscarinic is the term used for the group of effects that these particular drugs have on your body. There are no significant differences between these three medications. But you may find that one of these drugs works better for you than others.

## When might I be prescribed an anti-Parkinson's drug?

You should only be prescribed an anti-Parkinson's drug if:

- you have developed Parkinsonism symptoms as a side effect of your antipsychotic
- you can't switch to a different antipsychotic
- you can't reduce your dose
- you have tried changing the antipsychotic or reducing the dose, but this has not helped your Parkinsonism symptoms.

These drugs should never be prescribed to prevent side effects that you haven't already experienced.

## What are the risks with these drugs?

- Anti-Parkinson's drugs are used to reduce certain side effects of antipsychotics. But they can also cause side effects of their own. See our information

on [procyclidine](#), [trihexyphenidyl](#) and [orphenadrine](#) to find out about the possible side effects of each drug.

- These drugs also have a stimulant effect, which means that for some people they may be addictive.
- When you stop taking anti-Parkinson's medication, you should reduce your dose gradually. Otherwise your Parkinsonism symptoms may return.
- You may decide to stop taking anti-Parkinson's drugs and antipsychotics around the same time. In this case, guidelines suggest to come off the antipsychotic first, and then stop the anti-Parkinson's drug.

You should be especially careful about taking these drugs if you have:

- a heart condition
- high blood pressure
- liver disease
- kidney disease

You should try to avoid these drugs if you:

- have glaucoma (a serious eye condition), or are at risk of developing it
- are showing signs of [tardive dyskinesia](#)
- have myasthenia gravis (a rare, serious muscle disorder)
- have an enlarged prostate
- are pregnant or breastfeeding. This is because there's very little information on how safe these drugs are, and babies are sensitive to antimuscarinic effects.

## About procyclidine

### Key facts

- **Trade names:** Kemadrin
- **Forms available:** tablets, liquid
- **Half-life:** 12 hours
- Tablets contain lactose

### Possible side effects

**Common** (between 1 in 10 and 1 in 100 people):

- blurred vision

- constipation
- difficulty urinating
- dry mouth

**Uncommon** (between 1 in 100 and 1 in 1,000 people):

- agitation (feeling irritable)
- anxiety
- confusion
- difficulty concentrating
- disorientation (not knowing where you are)
- dizziness
- nausea (feeling sick)
- hallucinations
- memory problems
- nervousness
- rashes
- vomiting (being sick)

**Rare** (between 1 in 1,000 and 1 in 10,000 people):

- [psychosis](#)

## About trihexyphenidyl

### Key facts

- **Trade names:** Agitane, Artane, Benzhexol
- **Forms available:** tablets, liquid
- **Half-life:** three to four hours

### Possible side effects

Trihexyphenidyl was first licensed before the current system of recording side effects was widely used. So estimates of how likely you are to experience these side effects are not available. The known side effects are listed below in alphabetical order.

Some patient information leaflets (PILs) for certain brands of trihexyphenidyl may list how common the side effects are for that specific brand. You can find the PIL in the box with your medication.

- agitation (feeling irritable)
- blurred vision
- confusion
- constipation
- delusions
- difficulty sleeping
- difficulty swallowing
- difficulty urinating
- dizziness
- dry mouth
- dry throat
- dry skin
- excitement
- eye discomfort, with increased sensitivity to light and pressure in the eye
- fast heartbeat
- flushing (redness of the skin)
- gingivitis (sore, inflamed gums)
- hallucinations
- high temperature
- memory problems
- nausea (feeling sick)
- nervousness
- restlessness
- skin rashes
- thirst
- vomiting (being sick)

## About orphenadrine

### Key facts

- **Forms available:** liquid
- **Half-life:** about 14 hours

## Possible side effects

**Common** (between 1 in 10 and 1 in 100 people):

- blurred vision
- dizziness
- dry mouth
- feeling restless
- nausea (feeling sick)
- upset stomach

**Uncommon** (between 1 in 100 and 1 in 1,000 people):

- confusion
- constipation
- difficulty sleeping
- difficulty urinating
- excitement
- fast heartbeat
- hallucinations
- light-headedness
- nervousness
- problems with co-ordination
- sedation (sleepiness)
- seizures (fits)

**Rare** (between 1 in 1,000 and 1 in 10,000 people):

- memory problems

# Useful contacts

## Mind's services

- [Helplines](#) – our Infolines provide information and support by phone, email and text.
- [Local Minds](#) – provide face-to-face services across England and Wales. These might be talking therapies, peer support and advocacy.
- [Side by Side](#) – our supportive online community for anyone experiencing a mental health problem.

## Other organisations

Other organisations

### Bipolar UK

[0333 323 3880](tel:03333233880)

[bipolaruk.org](http://bipolaruk.org)

Information and support for people affected by bipolar disorder, hypomania and mania.

### Hearing Voices Network

[hearing-voices.org](http://hearing-voices.org)

Information and support for people who hear voices or have other unshared perceptions, including local support groups.

### National Institute for Health and Care Excellence (NICE)

[nice.org.uk](http://nice.org.uk)

Produces guidelines on best practice in healthcare.

### National Paranoia Network

[nationalparanoianetwork.org](http://nationalparanoianetwork.org)

Information and support for people who experience paranoid thoughts.

### Rethink Mental Illness

[0300 5000 927](tel:03005000927)

[rethink.org](http://rethink.org)

Provides support and information for anyone affected by mental health problems, including local support groups.

## Royal College of Psychiatrists

[rcpsych.ac.uk](http://rcpsych.ac.uk)

Professional body for psychiatrists. Includes information about mental health problems and treatments.

## Samaritans

[116 123](tel:116123) (freephone)

[jo@samaritans.org](mailto:jo@samaritans.org)

Freepost RSRB-KKBY-CYJK

PO Box 90 90

Stirling FK8 2SA

[samaritans.org](http://samaritans.org)

Open 24/7 for anyone who needs to talk. You can [visit some branches in person](#). They also have a Welsh Language Line on 0300 123 3011 (7pm–11pm every day).