

Patient information from the BMJ Group

Schizophrenia

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Schizophrenia

Schizophrenia is a long-term mental illness. It makes you think and feel differently to how you normally would. It can be frightening and hard to live with. If you've been told you have schizophrenia, you may worry that you won't be able to live a normal life. But the right treatments can help people with schizophrenia to live more independently.

We've brought together the best research about schizophrenia and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is schizophrenia?

Schizophrenia is a serious, long-term mental illness. It can make you lose touch with reality. You can usually keep the symptoms under control by taking medicines. But you'll probably have some symptoms that don't go away. You will probably also have times when all your symptoms come back (doctors call this a relapse).

If you have schizophrenia, your brain works differently to other people's brains. This affects your thoughts, emotions, and the way you behave. You may go through periods when you find it hard to tell what's really happening and what you are imagining. Doctors call this **psychosis**.

Key points for people diagnosed with schizophrenia

If you have schizophrenia, you may lose touch with reality, and have beliefs that couldn't be true (delusions), and imaginary experiences that seem real (hallucinations).

- Schizophrenia symptoms can cause you problems because they make you behave differently from how you normally would.
- There is no cure for schizophrenia. But long-term treatment with drugs called antipsychotics can help control your symptoms. ^[1] ^[2]
- Being treated with antipsychotics allows many people with schizophrenia to lead independent lives.

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- Antipsychotics all have side effects. But you can work with your doctor to try and stop side effects from becoming a problem.

If someone in your family has schizophrenia, you may find it very hard to cope with their illness. Schizophrenia puts a lot of strain on families and relationships. We hope you will find that this information helps you to understand the causes and symptoms of schizophrenia, and the treatments available. Your doctor may be able to help you find support groups, which can support and advise you.

How your brain works

To understand what happens in schizophrenia, it's useful to know how your brain works.

Your brain controls everything you do. Your brain allows you to think, to speak, to move your body, and remember things. It's also responsible for the things your body does automatically, such as breathing and digesting food.

Your brain is made up of billions of **nerve cells** that share information with each other. These cells are organised in chains. They are not actually joined together, but they sit close to each other with a space between them called a **synapse**.

Nerve cells allow the brain to receive, process, and send information.

- Tiny electrical signals travel from one nerve cell to the next with the help of chemicals called **neurotransmitters**.
- To reach nerve cells throughout your body, these electrical signals travel from your brain to your **spinal cord**. This is a tube of nerves that runs down your back from your brain. It sits inside the bones that make up your spine.
- Once an electrical signal reaches your spinal cord, it can then travel along nerves to your arms, legs, and elsewhere in your body.

Different parts of your brain have different jobs to do. Some areas control your muscles and how you move. Some change the signals from your eyes into pictures and the signals from your ears into sounds.

Other areas are responsible for matching up and comparing the information you receive from the outside world with your memories. This is how we experience our moods and emotions, such as pleasure, fear, or anger.

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What happens in schizophrenia?



Most people with schizophrenia can keep their symptoms under control with medication.

No one fully understands what causes schizophrenia. But you might find it helpful to know some of the theories that doctors and researchers have about why people have schizophrenia.

Doctors think that people with schizophrenia have different levels of neurotransmitters than other people.^[3] Drugs can be used to change the levels of neurotransmitters in people's brains. Some of the drugs that work for schizophrenia reduce the amount of the neurotransmitter **dopamine**.

Doctors also think that if you have schizophrenia, some parts of your brain are not working normally and that the different parts can't communicate with each other properly.^[4] Scans show that the brain structures of people with schizophrenia are slightly different from the brain structures of people who don't have schizophrenia.^[3]

If parts of your brain can't communicate properly, or if some areas of your brain aren't working in the way they should, your brain will have trouble dealing with information. When your brain can't deal with information properly, your understanding of the world can change a lot. It may be hard to know what's real and what isn't. You may get symptoms like hearing voices that aren't really there.

Your thoughts and emotions depend on what you think is happening around you. If you have schizophrenia it can have a big effect on the way you think and the way you feel. Having schizophrenia can make you isolated and lonely. Some of the symptoms can be

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very frightening. And it can be hard to get on with normal life when you have trouble working out what is real and what isn't.

Before drugs called antipsychotics (also called 'neuroleptics' or 'major tranquilisers') were introduced to treat schizophrenia in the 1950s, many people with schizophrenia spent years in hospital. However, with antipsychotics (and the other treatments now available that help people deal with schizophrenia), most people can keep their symptoms under control most of the time. Now, with help, people with schizophrenia have a much better chance of living active lives, outside hospital. ^[5]

It's very important to have good support from your doctors, and from friends and family. But schizophrenia puts a big strain on the people who care for you. It can be hard to have good relationships with other people, because of the way schizophrenia makes you feel and behave.

You may want to share the information on these pages with your close friends and family. It may help them to understand what you're going through and why you behave the way you do.

There are a lot of myths and misunderstandings about schizophrenia. Some people think it means you have a split personality. That isn't true. And, some people think having schizophrenia means you will behave in a violent or dangerous way. It's true that some people may be violent when they are having schizophrenia symptoms. But most people with schizophrenia do not harm other people. ^[6]

These myths and misunderstandings can make life even more difficult for people with schizophrenia.

Schizophrenia: why me?

Doctors don't know for certain why some people have schizophrenia. But, if you have a close relative with schizophrenia, you are more likely to have it yourself. Schizophrenia seems to run in families. But not everyone who has close relatives with schizophrenia gets it themselves.

- If you don't have a relative with schizophrenia, your chances of getting it are about 1 in 100. ^[7]
- If you have a close relative (a parent, a brother, or a sister) with schizophrenia, your chances of developing it yourself are about 1 in 10. ^[7]
- The chances are very high if you have an identical twin who has schizophrenia. If your twin has schizophrenia, the chances that you will have it are nearly 1 in 2. ^[7]

So, the **genes** you get from your parents play an important part in making you more likely to get schizophrenia. But doctors think your experiences are also important. These include the very early experiences in your life, like your time in the womb, your birth, and

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your early childhood. But these things probably only have an effect if you already have genes that make you more likely to get schizophrenia.

Some studies have shown that you may be more likely to get schizophrenia if you: ^[7]

- Didn't get enough nutrients as you were growing in your mother's womb
- Had a difficult birth. For example, if you didn't get enough oxygen while your mother was in labour
- Were slow to develop as a baby or young child. For example, if you learned to walk or talk later than expected
- Were born in a city, rather than the countryside
- Were born in winter or early spring
- Were born to a mother who had an infection like flu when she was pregnant
- Had parents who were immigrants. For example, Afro-Caribbean people in the UK are more likely to have schizophrenia
- Smoke a lot of cannabis.

All of these things can make you more likely to get schizophrenia. They may affect the way your brain develops. But doctors also believe that, once you are vulnerable to getting schizophrenia, your symptoms can be started off by things that happen to you, like becoming stressed. ^[3] Stressful situations may also bring on symptoms in people who have had schizophrenia for some time, but who haven't been having symptoms (doctors call this a relapse).

Things that can bring on symptoms include: ^[3]

- Being under lots of stress from studying or working, or because of family or relationship problems
- Being isolated, with little or no social support from friends and family
- Using drugs or alcohol
- Stopping your antipsychotics.

If your child has schizophrenia, you may worry that it's happened because of the way you brought up your child. But you shouldn't feel guilty. There's no evidence that the way a person is brought up makes them more or less likely to get schizophrenia.

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What are the symptoms of schizophrenia?

Schizophrenia means you have problems with the way your brain works. This affects the way you see the world, and the way you think and feel.

There are three main types of symptoms that people get with schizophrenia. How often you get these symptoms varies a lot from person to person. The three types are:

- Losing touch with reality (a **psychotic episode**)
- Feeling withdrawn, isolated, or emotionless (called **negative symptoms**)
- Having problems with your thinking and memory.

What happens when you lose touch with reality?

During a psychotic episode, you may have some of these symptoms: ^[8]

- Beliefs that couldn't be true. These are called **delusions**. Delusions are beliefs that you hold very firmly, even when they don't stand up to reason. For example, you might believe someone is trying to poison you, or control your thoughts. Or you might believe you are very powerful and can control other people
- Experiences no-one else shares. These are called **hallucinations**. You might hear voices inside your head, when there's nobody there. But hallucinations aren't just sounds. You might smell, see, or feel things that are not really there.

These are the symptoms people are most likely to think of when you mention schizophrenia. They can be very frightening. But taking antipsychotics can usually bring these symptoms under control. When you lose touch with reality, you may find it hard to believe that your experiences are part of an illness. ^[8] Doctors call this a **lack of insight**.

For more information, see [Psychotic symptoms](#) .

What happens when you feel withdrawn, isolated, or emotionless?

People often think schizophrenia only means people hear voices or have delusions. But, some of the most upsetting symptoms can be when people don't feel or show any emotion. Doctors call these **negative symptoms**, because you're missing some of the emotions and behaviours that you used to have.

Here are some of the negative symptoms you can get with schizophrenia: ^[8]

- Appearing to be in a very flat mood when you don't care about anything
- Not enjoying things that you used to enjoy
- Not showing any expression on your face

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- Being unable to pay attention to anyone or anything.

If you have these symptoms, you may withdraw into yourself. You might sit still, doing and saying very little. If someone asks you a question, you might reply in just one or two words. You may lose all interest in work, hobbies, or your friends. It is rare, but people with very bad negative symptoms can become totally withdrawn. They go into a sort of trance and can't react to anything that's going on. Doctors call this **catatonia**.

Unfortunately, antipsychotics don't work as well for negative symptoms as they do for hallucinations and delusions. ^[9]

Negative symptoms are not just caused by schizophrenia itself. They may be caused by other things that happen as a result of schizophrenia. They might happen because: ^[9]

- You're depressed
- You're frightened by hallucinations
- You're bored: for example, if you have to stay in hospital and there isn't much to do.

It's important to understand that while antipsychotics don't work well for negative symptoms, there may be other things that can help. You may need treatment for depression. You may need reassurance and support if you are having hallucinations. And if you need to spend time in hospital, doctors and nurses can make sure you have things to do so you don't get bored.

What happens with thinking and memory problems?

If you have schizophrenia, you may find it hard to think in an organised way. This can make it hard to concentrate, to speak to people, or to solve problems. Here are some of the problems you can have if you have difficulties with your thinking and memory:

- Finding it hard to concentrate when you are reading or writing
- Finding it hard to learn new skills
- Having jumbled up speech that is hard for other people to follow. You might jump from one topic to another, making it hard for other people to follow what you're trying to say
- Being very disorganised. This can make it hard for you to care for yourself. For example, you might not be able to cook a meal properly. You might dress in an odd or very scruffy way. Or you might not be able to wash and take care of how you look.

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You are most likely to start getting symptoms of schizophrenia when you are in your mid-20s. You might have started getting symptoms gradually, over a period of weeks or months. Or you might have got symptoms suddenly.

The symptoms of schizophrenia can make life very difficult. You may find everyday tasks take much more effort than they did before. If you have schizophrenia, it's common to feel very anxious or to have angry outbursts. You may also find that you are thinking about death a lot, or even about committing suicide. ^[10]

Early signs of schizophrenia

The early signs of schizophrenia are usually the negative symptoms. You might: ^[8]

- Become quiet when you're with people or spend most of the time alone
- Lose interest in work or studying
- Behave in a way that isn't normal for you. For example, getting angry and losing your temper
- Care less about how you look, so you don't wash or dress properly.

Of course, many young people go through times when they feel like that. So, if you or someone you know is acting like this, it doesn't necessarily mean they have schizophrenia. If someone is starting to get schizophrenia, they will probably also start to have beliefs that couldn't be true (**delusions**) or see, hear, or feel things that aren't there (**hallucinations**) as well.

How do doctors diagnose schizophrenia?

There are both good and bad sides to being diagnosed with schizophrenia. You might feel relieved to have a name for what is happening to you. And it's a first step towards getting the right treatment to help you cope with your illness. On the other hand, being diagnosed with a serious long-term mental illness can be a shock. You might not be happy at having a label that some people associate with being mad or dangerous.

Doctors are usually very cautious about diagnosing someone with schizophrenia. Usually, they will carry out several different assessments over a period of weeks or months, to be certain you don't get diagnosed incorrectly. You'll see a specialist mental-health doctor (a **psychiatrist**) before you are diagnosed. ^[17]

Your doctor may do some of the things below to help work out if you have schizophrenia. ^[20]

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Asking questions

If your GP thinks that you may have schizophrenia, he or she will probably refer you to a hospital or clinic, to see a psychiatrist. The psychiatrist will want to hear the history of any problems you've had. He or she may ask you: ^[20]

- What sort of symptoms have you been getting?
- When did you first start having these problems (such as hearing voices)?
- If you do hear voices, what do they say?
- Do you know that the delusions or hallucinations you have are part of an illness, or do you think they are real experiences?
- Do your problems come and go or do you get them all the time?
- How have your problems affected your life (such as your studies or your work)?

The psychiatrist will probably ask about any other mental or physical health problems you have had, and whether anybody else in your family has had mental health problems.

If a friend or relative has come with you to the hospital or the clinic, your doctor may ask them what they have noticed about your condition. This may be particularly important if your symptoms are making it hard for you to speak or for people to understand what you are saying.

Doing a mental state examination

During the interview, the psychiatrist will look at you carefully and see how you react to things. This is called a **mental state examination**. This is to find out if you have schizophrenia symptoms at the time of the interview. The psychiatrist will:

- Look at your appearance and behaviour
- Listen carefully to the way you speak and what you say
- See how you move and how much energy you seem to have
- Ask about how you are thinking (whether your thoughts are racing or coming slowly)
- Try to work out whether you are having abnormal thoughts (**delusions**) or abnormal experiences (**hallucinations**)
- Ask about your mood and how you feel about yourself

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- If you are having delusions or hallucinations, try to work out whether you know your experiences are not real.

Ordering tests

There aren't any blood tests or scans that can show if you have schizophrenia. But you may need to have blood or urine tests, to be certain you don't have another condition that can cause similar problems to those of schizophrenia.

Making the diagnosis

Your doctor will always check for any other conditions that could be causing your symptoms, before making a diagnosis of schizophrenia. For more information, see [What else might it be?](#)

When the psychiatrist has gathered up all the information about your symptoms, he or she will compare this with the standard descriptions of schizophrenia.^[8] Before making the diagnosis, the psychiatrist will consider how much your symptoms have affected your life, and whether you have had problems for at least six months.

Your psychiatrist will be looking to see if you've had two or more of the following symptoms, each of which have lasted for about a month at a time:

- Delusions
- Hallucinations
- Disorganised speech (such as suddenly switching topics or not making sense). This may show you have thinking or memory problems
- Disorganised behaviour (such as dressing or behaving strangely, or being unable to look after yourself). This may also show you have thinking or memory problems
- Negative symptoms (such as a completely flat mood, not speaking very much, or not wanting to begin or finish things). These are called negative symptoms because they take things away from your normal personality.

If you have had **two or more of these**, your doctor will probably diagnose schizophrenia. But if the delusions are obviously false (they are bizarre), or the hallucinations affect you a lot, the doctor will diagnose you with schizophrenia, **even if you haven't had any other symptoms**.

How common is schizophrenia?

Schizophrenia can affect anyone.

Researchers have found that:

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- At any one time, about 7 in 1,000 adults have schizophrenia ^[12]
- The chance of getting schizophrenia at some point in your life is about 1 in 100 ^[13]
- Some studies have found that men are more likely to get schizophrenia than women. According to these studies, roughly three men get schizophrenia for every two women who get it. ^[14] However, other studies have found that men and women are equally likely to get schizophrenia ^[15]
- Schizophrenia tends to affect people for the first time as young adults. The average age for first getting symptoms is 25. However, men tend to be affected at a younger age than women. ^[16]

What treatments work for schizophrenia?

Schizophrenia is a mental health problem that affects the way you think and feel. It can be frightening and hard to live with. If you've been diagnosed with schizophrenia, you may worry that you won't be able to live a normal life. But the right treatments can help people with schizophrenia to live more independently.

Key points about treating schizophrenia symptoms

- The only treatment we know that works when you're getting [psychotic symptoms](#) (like hearing voices) is taking antipsychotic drugs.
- You will probably have to keep taking antipsychotics to stop your symptoms coming back (doctors call this a relapse).
- When your symptoms are under control, family therapy and education can also help you to avoid having a relapse and to cope better with schizophrenia.
- All antipsychotic medicines have side effects but you may find one suits you better than another.
- Taking antipsychotics can help you avoid a relapse.
- There are other things that can help when you're being treated for schizophrenia. To find out more, see [What can I expect from treatment?](#)

Treatments for schizophrenia

You may need different treatments at different times. We've split the treatments into groups.

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- [Treatments for schizophrenia symptoms](#) : Antipsychotics are used to treat the symptoms of schizophrenia, like hearing voices (hallucinations) or having beliefs that couldn't be true (delusions). [More...](#)
- [Treatments to prevent a relapse](#) : These are treatments to help prevent you getting more symptoms of schizophrenia in the future. They include antipsychotics, education, and talking treatments. [More...](#)

Treatment Group 1

Treatments for schizophrenia symptoms

Key points about treating schizophrenia symptoms

- Antipsychotics are the only treatment that we know works for psychotic symptoms.
- All antipsychotics have side effects. You may find certain side effects easier to put up with than others.
- There are standard antipsychotics (called first-generation or typical antipsychotics) and newer types of antipsychotics (called second-generation or atypical antipsychotics). Both types work as well as each other, but you will need to find one that works for you and that has side effects that you can put up with.

Which treatments work best for treating schizophrenia symptoms? We've looked at the best research and given a rating for each treatment according to how well it works.

Treating schizophrenia symptoms

Treatments that work, but may have serious side effects

- [Standard antipsychotics](#) : These are drugs that work to calm down the symptoms of schizophrenia. There are lots of different drugs. But they can all have serious side effects. Names include haloperidol (Haldol, Serenace) and chlorpromazine (Largactil). [More...](#)
- [Newer antipsychotics](#) : These work in a slightly different way to standard antipsychotics and have different side effects. Names include olanzapine (Zyprexa), risperidone (Risperdal), and quetiapine (Seroquel). [More...](#)
- [Clozapine](#) : This newer antipsychotic works in a slightly different way from the others. It sometimes works when other drugs don't. But it can have serious side effects, so it's not used for everyone. The brand name is Clozaril. [More...](#)

Treatment Group 2

What treatments prevent a relapse of schizophrenia symptoms?

If you've had symptoms of schizophrenia before, there are treatments that can help stop the symptoms coming back (doctors call this having a relapse). This means you are less likely to get symptoms, and that if you do, the symptoms are likely to be less intense.

Key points about preventing a relapse of schizophrenia symptoms

- Staying on antipsychotics can help prevent a relapse. Most people will need to stay on antipsychotics.
- Some talking treatments that your family takes part in can also help.
- Learning more about schizophrenia may also help.

Which treatments work best to prevent a relapse of schizophrenia symptoms? We've looked at the best research and given a rating for each treatment according to how well it works.

Treatments to prevent a relapse of schizophrenia symptoms

Treatments that work

- [Taking antipsychotics to prevent a relapse](#) : This means carrying on with antipsychotics after you've stopped getting schizophrenia symptoms. [More...](#)
- [Family therapy](#) : This is a type of talking treatment that you have along with your family, to help you cope better with schizophrenia. [More...](#)
- [Education about schizophrenia](#) : This means learning about schizophrenia, the best way of treating it and how best to cope with it. [More...](#)

Treatments that need further study

- [Cognitive behaviour therapy](#) : This is a talking treatment. It works by questioning the way you see the world, to help you cope better with your schizophrenia. [More...](#)
- [Social skills training](#) : Schizophrenia often leads to people spending most of their time alone. This training is to help you learn, or re-learn, how to get on better with people. [More...](#)

What will happen to me?

If you've been diagnosed with schizophrenia, you may worry that you'll have to spend a lot of time in hospital, and that you won't be able to live a normal life.

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Schizophrenia does have a big effect on your life. But everyone is different. Some people have long periods of time when they are free from symptoms, or only have lingering, annoying symptoms (called **background symptoms**) that don't stop them getting on with their life. Other people need more time in hospital and are ill for more of the time.

You'll probably need to keep taking medicine, even when you are well, to keep your symptoms under control.

What happens when you're first diagnosed?

People are often diagnosed for the first time because they've had a period of [psychotic symptoms](#), where they lose touch with reality. (As well as psychotic symptoms, schizophrenia can give you what doctors call **negative symptoms**, such as feeling withdrawn and depressed.)

During a psychotic episode, you may be too ill to work or look after yourself properly. You might be at risk of harming yourself or, much less commonly, other people. You may need to go into hospital for treatment.

A psychotic episode can last for a few weeks or months. The average stay in hospital is about a month.^[17] Some people stay for just a few days while others stay for many months.

What happens in the longer term?

Once you have recovered from a psychotic episode, you may have a few lingering symptoms. You might still hear voices, for example. But they might not stop you going about your life more or less normally.^[17]

Doctors call the pattern of symptoms a person has the 'course of their illness'. This varies a lot from one person to another. These are some of the patterns of schizophrenia you might have.

- Having a single bout of schizophrenia symptoms, then never getting symptoms again. This is a complete recovery. Unfortunately, this happens for only about 1 in 8 people with schizophrenia.^[18]
- Recovering from the first bout of schizophrenia symptoms, but with one or more relapses at a later date. In between episodes of full-blown illness, you might be completely better, or partly better. If you are partly better, you may still have some background symptoms.
- Getting a bit worse with each relapse and not recovering completely.
- Having bouts of schizophrenia symptoms that get less and less serious as you get older.

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Antipsychotics bring symptoms under control for most people. But older and newer antipsychotic drugs don't work for everyone. These people may need to take a newer antipsychotic called [clozapine](#) , which works differently from other antipsychotics.

Relapses

If you needed to go into hospital for treatment, you are likely to need to go back sometime in the future because of schizophrenia symptoms. When the symptoms of an illness come back, doctors call it a relapse.

- Doctors estimate that about half the people who are treated in hospital for schizophrenia need to go back into hospital because of schizophrenia within two years. ^[17]
- Around a quarter of the people treated once in hospital for schizophrenia won't need to go back because of schizophrenia. ^[17]

No one can say for certain what will happen to you. But some people seem to have fewer relapses and to recover more completely from episodes of schizophrenia. ^[8]

You are more likely have fewer relapses and recover more quickly if you: ^[8]

- Are a woman
- Get treatment with antipsychotics quickly
- Remember to take your antipsychotics every day.

Other things that can also mean you have fewer relapses and get better quickly are if you: ^[8]

- Became unwell suddenly, rather than gradually getting more symptoms
- Can see that your symptoms are part of an illness
- Have symptoms that clear up quickly with treatment
- Are well between the episodes of schizophrenia
- Were older when the illness first started
- Were doing well at school or work before you were ill
- Don't have a family history of schizophrenia.

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Some people with schizophrenia seem to have more relapses and not recover completely in between them. You're likely to have more problems from schizophrenia if you: ^[17]

- Have a long period of psychotic symptoms without treatment
- Have little support from your family or friends
- Are going through stressful life events, like being homeless or if you've had a relationship that's finished
- Live somewhere where people are harsh and critical about you.

Advance directives

When you are ill, you may not be able to care for yourself or make decisions about what sort of care you want. But you can plan for this while you are well. Your psychiatrist can help you make this plan, which is sometimes called an advance directive.

This could include:

- Who should be told about your condition (for example, friends or family members)
- Where you want to go for treatment, if you need to be looked after in a hospital or clinic
- Which drugs you want to be given.

The plan can be kept with your medical records. It can then be used if you have a relapse.

Some people need to be treated in hospital while they are having a relapse. Sometimes people have to be taken to hospital for treatment against their wishes. There are strict rules about this. These rules are laid out in the Mental Health Act in England and Wales and in the The Mental Health (Care and Treatment) (Scotland) Act in Scotland. For more information, see [The Mental Health Act](#) .

Problems in the long term

In the long term, having schizophrenia can make it more likely that a person will: ^[19]

- Have problems with alcohol and illegal drugs
- Suffer from anxiety and depression
- Be homeless
- Smoke and get illnesses that come from smoking.

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Because of the problems that come from having schizophrenia, around 1 in 20 people who have schizophrenia commit suicide. ^[19]

This all sounds very depressing. But remember that you are an individual. Nobody can say what will happen to you. With good support and treatment, you may be able to live a full, independent life.

Questions to ask your doctor

If you have been told you have schizophrenia, you may want to talk to your doctor to find out more.

- Are you certain I've got schizophrenia?
- Is there anything else that could be causing my symptoms?
- Which treatment would be best for me?
- What are the side effects of the drugs for schizophrenia?
- How can you help me deal with any side effects?
- Will I need to continue taking drugs after I've stopped getting symptoms?
- If I need to continue taking drugs, which ones would suit me best?
- Can I get training in how to spot when my symptoms begin to come back?
- What exactly should I do if I spot the signs of a relapse? Who should I ring and which drugs should I take?
- If I prefer, can I be treated at home rather than in hospital?
- While I'm well, can we agree on what sort of treatment I want if I have a relapse?
- Are there any things I should do, or stop doing, that may help me avoid a relapse?
- What should I do if I start thinking about hurting myself or committing suicide?
- How can my friends and family help me cope with my schizophrenia?
- Is there any therapy or support for my family?

Treatments:

Standard antipsychotics

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In this section

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[How good is the research on standard antipsychotics?](#)

This information is for people who have schizophrenia. It tells you about standard antipsychotics used to treat symptoms of schizophrenia. It is based on the best and most up-to-date research.

Do they work?

Yes. Standard antipsychotics reduce the symptoms of schizophrenia for most people. But standard antipsychotics have serious side effects. Doctors will try to find one that controls your symptoms and causes the least side effects for you.

What are they?

Antipsychotics calm you down when you're agitated or upset. They also reduce the psychotic symptoms of schizophrenia, like having strange or distressing thoughts, or hearing voices. ^[39]

There are two kinds of antipsychotic medicines. There are standard antipsychotics such as chlorpromazine, haloperidol, and flupentixol, and [newer antipsychotics](#) including olanzapine, risperidone, and quetiapine. ^[40] Doctors sometimes call standard antipsychotics 'typical antipsychotics' or 'first-generation antipsychotics' and newer antipsychotics 'atypical antipsychotics' or 'second-generation antipsychotics'.

This information is about **standard antipsychotics**. For more information, see [Commonly used standard antipsychotics](#) .

Antipsychotics come as tablets or as a liquid you drink. You take these once, twice, or three times a day, depending on which drug you are on and what dose you need. Different people need different doses. You'll need to check with your doctor or pharmacist to be certain you know which dose to take.

Alternatively, some antipsychotics come as injections. Doctors sometimes give these to people who are too unwell to take tablets, or if they are very unwell and need a fast-acting drug.

You may also be offered an injection as a regular treatment. This is called a **depot injection**. A doctor or nurse will inject the drug into your buttock muscles every one to four weeks. The drug is contained in an oily solution that is slowly absorbed into your bloodstream. This means there is a steady amount of the drug in your body at all times. You may find depot injections helpful if you find it hard to remember to take tablets every day. But we don't know if depot injections work any better than taking the same drugs as tablets. ^[41] ^[42]

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The standard antipsychotics that are available as depot injections (with brand names) are:

- flupentixol (Depixol)
- fluphenazine (Modecate)
- haloperidol (Haldol)
- pipotiazine (Piportil).

All these drugs start working quickly. You should feel calmer within minutes or hours of starting them. But it will take longer before you get the full effect, so your hallucinations and delusions probably won't go away immediately. You should feel the full effect after six to eight weeks of taking them. ^[43]

Standard antipsychotics don't work equally well for everybody. If the first drug you try doesn't work well enough for you, your doctor will probably switch you to another drug. Some studies say about 1 in 5 people recover completely, if they take antipsychotics. ^[43] This means they have no symptoms of schizophrenia at all.

But for most people, antipsychotics help to reduce symptoms, but don't get rid of them completely.

The National Institute for Health and Care Excellence, which advises the government about which treatments should be used on the NHS, has written some guidelines about which antipsychotics doctors should use. ^[33] To find out more, see [Which type of antipsychotic should I take?](#)

How can they help?

Taking antipsychotics reduces the psychotic symptoms of schizophrenia. This means you should get fewer times when you hear voices or see things that aren't there (hallucinations) and fewer times when you believe things that couldn't be true (delusions). ^[44] ^[45] ^[46] If you still get psychotic symptoms even though you're taking an antipsychotic, the symptoms should be less extreme and distracting. ^[44] ^[46]

When you're not having hallucinations and delusions, you are less likely to suffer from disorganised thoughts, or behave unusually. You are also less likely to be agitated and suspicious. ^[43] ^[44] ^[46]

One large summary of the research looked at a standard antipsychotic called haloperidol. ^[46] The study looked at more than 1,500 people. The summary showed that after six weeks of treatment, 7 in 10 people taking haloperidol had improved a lot. Only 3 in 10 people taking a dummy drug (a placebo) had done as well.

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How do they work?

Your brain uses chemicals called **neurotransmitters** to carry messages between brain cells. Standard antipsychotics work on the neurotransmitter **dopamine**. Dopamine stimulates parts of your brain into action. Doctors think that the delusions and hallucinations that you get with schizophrenia may be the result of your brain being stimulated too much by dopamine. Standard antipsychotics block the effect of dopamine in your brain. This has a calming effect. It makes hallucinations and delusions less intense. ^[43]

Can they be harmful?

Yes. All antipsychotics can cause side effects. Side effects are the reason that many people stop taking their drugs. The side effects from antipsychotics are the main drawback to having treatment for schizophrenia. But you may find that your side effects improve within a few weeks of starting treatment. ^[47]

The biggest problem with standard antipsychotics is that many people get problems with how their brain controls their muscles. This happens because antipsychotics affect the parts of your brain that control the way you move your body. So, if you take these drugs you may find yourself making unusual movements or find that your muscles are stiff or shaky. You may find your arms, legs, hands, feet, or the muscles of your face shake. You may also get a sense of inner restlessness, making it hard to keep still.

Doctors call these side effects **movement disorders**. Between 1 in 3 and 1 in 10 people taking a standard antipsychotic will get a movement disorder. For more information, see [Movement disorders](#). ^{[44] [46]}

If you do get movement disorders, you may be able to take additional drugs that can help get rid of them. These drugs are called **anticholinergics**. One example is procyclidine. They are also used to treat Parkinson's disease. To learn more about anticholinergics, see [Anticholinergic drugs](#) in our section on [Parkinson's disease](#). Studies show that standard antipsychotics are more likely to cause movement disorders than the newer antipsychotics. ^{[48] [49] [50]}

There are several other common side effects from taking a standard antipsychotic that can be annoying, but don't usually cause long-term health problems. ^{[44] [50]}

- **Dry mouth**: about 1 in 13 people find that their mouth feels too dry.
- **Constipation**: about 1 in 22 people get constipated.

Standard antipsychotics can also cause weight gain, and about 1 in 6 people put on weight. However, they tend to cause fewer problems with weight than the newer antipsychotics.

There are some other fairly common side effects with standard antipsychotics: ^[43]

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- Not feeling pleasure from things that used to give you pleasure
- Feeling sleepy
- Feeling the cold more or feeling too hot
- Losing your sex drive
- Having low blood pressure. This can cause dizziness
- Finding that you get sunburnt more easily.

About 8 in 10 people get some form of side effects from their antipsychotics.^[49] Bear in mind that not all of these will be serious ones. Antipsychotics also have some rarer side effects, which are:^[40]

- A very high temperature, losing consciousness, and getting rigid muscles. Doctors call this **neuroleptic malignant syndrome**. It can be life threatening and needs immediate medical treatment.
- Irregular periods
- Male breast growth
- Difficulty getting an erection
- Leakage of milk from the breasts when not pregnant (doctors call this **galactorrhoea**)
- **Anaemia**
- Rashes
- Your skin and eyes turning yellow (**jaundice**).

There have been some reports of sudden death in people taking the drug pimozide.^[40] So doctors have been advised to check that the heart of a person who's taking pimozide is working normally. They do this with a test called an **ECG**.^[45] People taking pimozide should also avoid certain drugs that can affect the heart, such as drugs to prevent **malaria**, **tricyclic antidepressants**, and drugs that help the heart beat normally. Check with your doctor if you're unsure about anything.

One study has found that **haloperidol** increases the risk of dangerous **heart problems**.^[51] Haloperidol interferes with the electrical activity in the heart, making it beat too quickly.

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If this isn't treated, it can make the heart stop working (called sudden cardiac arrest). And if someone's heart stops working, they may die.

In the study, the risk of heart problems was highest in women, elderly people, and people who'd recently started taking haloperidol (they'd started taking it in the last 90 days).^[51] But it's not clear exactly how big the risk is.^[52] One study found that, on average, over a year, about 1 in 1,000 people die suddenly of a cardiac arrest.^[51] Haloperidol seems to increase this risk to roughly 5 in 1,000 deaths each year.

In the US, an organisation called the Food and Drug Administration (FDA) checks the safety of drugs. The FDA says at least 28 people taking unusually high doses of haloperidol, or having haloperidol injections into a vein instead of a muscle, have had problems with a fast heartbeat. Some people have died. The FDA advises doctors to take account of this risk when deciding on treatments.^[52]

You will get a leaflet with your medicine, which lists all these rarer side effects. Some of them sound alarming. It's important to bear in mind that these rarer side effects are **very unlikely to happen to you**. Also, you need to weigh up the good chance that your antipsychotic will help you against the very small chance of a rare side effect.

If you do have side effects and they are bothering you, don't stop your medicine straight away. Talk to your doctor first about your side effects. Your doctor may switch you to another drug or change your dose. If you stop taking the drugs without talking to your doctor, your symptoms might come back. For more information, see [Sticking with treatment](#).

How good is the research on standard antipsychotics?

There's a lot of good-quality research showing that **standard antipsychotics** work for people with schizophrenia.

There have been many high-quality studies (randomised controlled trials) and summaries of the evidence (systematic reviews) into how well the standard antipsychotics work. These studies have involved many thousands of people. The studies compared the drug with a dummy treatment (placebo), or with other standard antipsychotics. The results show that the drugs work well to reduce the symptoms of schizophrenia, such as believing things that couldn't be true (delusions) and perceiving things that aren't there (hallucinations).^[44] ^[53] ^[46] ^[54]

But there is one problem with the evidence. Most of the studies into antipsychotics only lasted a few weeks or a few months. Some doctors have said that these studies are too short for us to really understand how helpful the drugs are for people who go on taking them for many years.^[55]

Newer antipsychotics

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[How do they work?](#)

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[How good is the research on newer antipsychotics?](#)

This information is for people who have schizophrenia. It tells you about newer antipsychotic drugs (also known as atypical antipsychotics or second-generation antipsychotics) used to treat symptoms of schizophrenia. It is based on the best and most up-to-date research.

Do they work?

Yes. Newer antipsychotics reduce symptoms of schizophrenia for most people. While all antipsychotics can cause serious side effects, newer antipsychotics seem less likely to cause some types of side effects than standard antipsychotics. Doctors will try to find a drug that controls your symptoms and causes the least side effects.

What are they?

Antipsychotics calm you down when you're agitated or upset. They also reduce symptoms of schizophrenia, such as having strange or distressing thoughts, or hearing voices. ^[56]

There are two main groups of antipsychotics. There are [standard antipsychotics](#) such as chlorpromazine, haloperidol, and flupentixol, and newer antipsychotics, including olanzapine, risperidone, and quetiapine. ^[57] Doctors sometimes call standard antipsychotics 'typical antipsychotics' or 'first-generation antipsychotics' and newer antipsychotics 'atypical antipsychotics' or 'second-generation antipsychotics'.

This information is about **newer antipsychotics**.

Newer antipsychotics seem less likely to give you some types of side effects than standard antipsychotics. ^[33] To find out more, see [Which type of antipsychotic should I take?](#)

Antipsychotics usually come as tablets or as medicines that you drink. You take them once, twice, or three times a day, depending on which drug you are on and what dose you need. Different people need different doses. You'll need to check with your doctor or pharmacist to be certain you know which dose to take.

Some antipsychotics also come as injections. Doctors sometimes give antipsychotic injections to people who are too unwell to take tablets or to people who are very unwell and need a fast-acting drug.

You might be offered an injection that lasts a long time. You take it as a regular treatment. This is called a **depot** injection. Your doctor or nurse injects the antipsychotic into your buttocks every one to four weeks. The drug is inside an oily solution that is slowly absorbed into your bloodstream. This means you have a steady amount of the drug in your body at all times. You might find depot injections helpful if you have problems remembering to take your tablets every day. But we don't know if depot injections work any better than taking the same as tablets or as a medicine that you drink. ^[58] ^[59]

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Only one newer antipsychotic drug is available as a depot injection. It's called risperidone (brand name Risperdal Consta).

To learn more, see [Commonly used newer antipsychotics](#) .

How can they help?

Taking newer antipsychotics reduces the symptoms of schizophrenia. This means you should get fewer **hallucinations**, like hearing voices or seeing things that aren't there, or **delusions**, like believing people are out to get you.^{[60] [61] [62] [63] [64]} And if you do still get symptoms, they should be less extreme and distracting.^{[60] [61] [62] [63] [64]}

When you're not having distracting hallucinations or delusions, you are less likely to suffer from disorganised thoughts or behave in an unusual way. You are also less likely to be agitated and suspicious.^{[60] [61] [62] [63] [64] [65]} Studies show that the newer antipsychotics work about as well as the standard antipsychotics.^{[60] [61] [62] [63] [64] [66]} However, you may get fewer side effects with a newer antipsychotic.^{[60] [62] [64] [67] [68] [69] [70]}

One big review compared the newer antipsychotic olanzapine with standard drugs such as haloperidol.^[69] The review looked at more than 3,000 people. It found that there was not much difference in how well the different types of drugs worked. After six to eight weeks of treatment:^[69]

- Of the people taking olanzapine, 11 in 20 still had some schizophrenia symptoms
- Of the people taking haloperidol, 14 in 20 still had some schizophrenia symptoms.

It's difficult to say which of the newer antipsychotic drugs work best. In trials, lots of people stopped taking them, making it hard to rely on the results.^[71] Olanzapine might work slightly better than some of the other drugs, including quetiapine, and ziprasidone.^[72] However, olanzapine also seems more likely to cause side effects, such as weight gain and high cholesterol.

How do they work?

Your brain uses chemicals called **neurotransmitters** to carry messages between brain cells. Newer antipsychotics work on two of these neurotransmitters, called **dopamine** and **serotonin** . Dopamine stimulates parts of your brain. Doctors think that the delusions and hallucinations of schizophrenia may be the result of parts of your brain being stimulated too much by dopamine.

All antipsychotics reduce the effect of dopamine in your brain. This has a calming effect. It makes hallucinations and delusions less intense.^[65] The newer antipsychotics work on dopamine in a different way to the standard antipsychotics.^[65] This helps to explain why they have different side effects.

Can they be harmful?

Yes. All antipsychotics can have serious side effects. Side effects are an important reason why people stop taking antipsychotics. The side effects of schizophrenia are the main drawback to having treatment for schizophrenia. But you may find that any side effects improve within a few weeks of starting a treatment. ^[73]

Although we're talking about newer antipsychotics as one group, they do have differences. For example, some may make you more sleepy than others. You may need to try more than one antipsychotic to get one that works for you, and doesn't cause too many side effects. ^[66]

There are some common side effects that can be annoying, but don't usually cause long-term health problems. You may find your mouth feels dry, or you may have constipation. ^[44]

Newer antipsychotics also have some more serious side effects that can cause health problems. Antipsychotics can make you may put on weight. About 1 in 4 people taking a newer antipsychotic called olanzapine put on weight. ^[69] People taking olanzapine or [clozapine](#) seem to put on the most weight. ^[71]

If you take newer antipsychotics, you have a higher risk of getting high blood sugar and diabetes. ^[74] We don't know exactly why this is. In the US, the Food and Drug Administration (FDA), which checks the safety of drugs, recommends that everyone who is treated with newer antipsychotics should have regular blood tests and urine tests. These should pick up any problems. ^[75] For more information, see our articles on [Diabetes](#) .

There are some other fairly common side effects you can get from taking newer antipsychotics. We've listed them below: ^[65]

- High cholesterol
- Low blood pressure (this can cause dizziness)
- Losing your sex drive (this is most likely with risperidone).

Many people taking antipsychotics get problems with how their brain controls their muscles. This happens because antipsychotics affect the parts of your brain that control the way you move your body. So, if you take these drugs you may find yourself making unusual movements or find that your muscles are stiff or shaky. You may find your arms, legs, hands, feet, or the muscles of your face shake. You may also get a sense of inner restlessness, making it hard to keep still.

Doctors call these side effects **movement disorders**. For more information, see [Movement disorders](#) .

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If you do get movement disorders, you may be able to take additional drugs which can help get rid of them. These drugs are called **anticholinergics**. One example is procyclidine. They are also used to treat Parkinson's disease. To learn more about these drugs, see our article about using [Anticholinergic drugs](#) to treat [Parkinson's disease](#) .

Studies show that newer antipsychotics are less likely to cause movement disorders than the standard antipsychotics.^[67] ^[68] ^[69] In one study, about 1 in 7 people treated with the newer antipsychotic olanzapine needed treatment for movement disorders, but half the people taking a standard drug needed treatment.^[69]

Antipsychotics can also have other, rarer side effects. These include:^[57]

- A very high temperature, losing consciousness, and getting rigid muscles. Doctors call this **neuroleptic malignant syndrome**. It can be life threatening
- Irregular menstrual periods
- Male breast growth
- Difficulty getting an erection
- Leakage of milk from the breasts when not pregnant (doctors call this **galactorrhoea**)
- [Anaemia](#)
- Rashes
- Your skin and eyes turning yellow (**jaundice**).

You will get a leaflet with your medicine, which lists all these rare side effects. Some of them sound alarming. It's important to bear in mind that these are **very unlikely to happen to you**. Also, you need to weigh up the good chance that your antipsychotic treatment will help you against the very small chance of a rare side effect.

If you do have side effects and they are bothering you, don't stop your medicine straight away. Talk to your doctor first about your side effects. The doctor may switch you to another drug or change your dose. If you stop taking the drugs without talking to your doctor, your symptoms might come back. For more information, see [Sticking with treatment](#) .

How good is the research on newer antipsychotics?

There's some good evidence that newer antipsychotics work well to reduce the symptoms of schizophrenia for most people. Most of the research into the **newer antipsychotics** compares them with the older **standard antipsychotics**.

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There have been lots of summaries of the evidence ([systematic reviews](#)), looking at many individual studies, involving thousands of individual patients. Generally, they have found that the newer drugs work as well as the standard drugs. ^[76] ^[77] ^[78] ^[79] ^[80] But some have found that amisulpride, clozapine, olanzapine, and risperidone seem to work better than typical antipsychotics. ^[54] ^[81] ^[82]

More recent summaries of evidence (systematic reviews) compared the newer antipsychotics with each other. Most of them have found that the newer antipsychotics seem to work as well as each other for treating symptoms of schizophrenia. ^[72] ^[83] ^[84] ^[85] ^[86] ^[87] ^[88] ^[89] But there is some evidence that olanzapine might work slightly better than some of the other drugs, including quetiapine and ziprasidone. ^[72] However, one summary of the evidence said that there were significant differences between the side effects you might get from different newer antipsychotics. It said that doctors shouldn't think of them as the same, just because they are in the same group. ^[66]

But there is one problem with the evidence. Most of the studies into antipsychotics only last a few weeks or months. Some doctors have said that these studies are too short for us to understand how helpful the newer antipsychotics are for people who go on taking them for many years. ^[90]

Clozapine

In this section

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[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on clozapine?](#)

This information is for people who have schizophrenia. It tells you about clozapine, a drug used to treat symptoms of schizophrenia. It is based on the best and most up-to-date research.

Does it work?

Yes. Clozapine reduces the symptoms of schizophrenia. It often works for people who have schizophrenia symptoms that can't be treated by other antipsychotics. But there is a risk of a serious side effect that damages your blood cells, so you need regular blood tests when you're taking clozapine.

What is it?

Clozapine (brand name Clozaril) is one of the newer antipsychotics. It comes as tablets.

If you take clozapine, there's a risk you'll get a dangerous side effect that damages your blood cells. So, you need to have blood tests every week or two when you're taking clozapine.

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But you are less likely to get another problem, which affects the way your brain controls your muscles (called **tardive dyskinesia**) than if you were taking other antipsychotics.

The National Institute for Health and Care Excellence, which advises the government about which treatments should be used on the NHS, has written some guidelines about when doctors should use clozapine.^[33] For more information, see [Which type of antipsychotic drug should I take?](#)

How can it help?

More people who take clozapine find that their symptoms get better than people who take [standard antipsychotics](#).^[91] ^[81] This means that people who take clozapine have fewer hallucinations, delusions, and disorganised thoughts, and are less likely to be agitated and suspicious.

In one large study, more than half the people who took clozapine found they got much better, compared with only a third of people who took standard antipsychotics.^[91] Because clozapine works better, people are more likely to keep taking clozapine than other antipsychotics. This should mean they are less likely to have times when their symptoms come back (relapses).^[91]

How does it work?

Your brain uses chemicals called **neurotransmitters** to carry messages between brain cells. Antipsychotics reduce the effects of a neurotransmitter called **dopamine**. Dopamine stimulates parts of your brain. Doctors think that if you have schizophrenia, it is because you have too much dopamine, and that causes the thoughts you have that couldn't be true (delusions) and the things you perceive that aren't really there (hallucinations).

Antipsychotics block the effect of dopamine. This has a calming effect, and makes hallucinations and delusions less intense.^[92]

The newer antipsychotics such as clozapine block the effects of dopamine in a different way to the standard drugs. They can also affect the neurotransmitter serotonin.^[92] This helps to explain why a drug such as clozapine may work better and have different side effects than one of the standard antipsychotics.

Can it be harmful?

Yes. Clozapine, like all antipsychotics, can cause side effects. Side effects are a common reason why people stop taking antipsychotics. But stopping your antipsychotics makes a relapse of schizophrenia symptoms more likely. You may find that any side effects you do get improve within a few weeks of starting a treatment.^[93]

The side effects of clozapine can be annoying, but they don't usually cause long-term health problems. If they are worrying you, speak to your doctor. You may be able to take a lower dose of clozapine. Common side effects include:^[91]

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- Producing too much saliva (spit) at night. This happens to about 5 in 10 people taking clozapine
- Getting a dry mouth. This happens to about 1 in 10 people taking clozapine. This is less common than it is with standard antipsychotics. With standard antipsychotics, nearly 3 in 10 people who take them get a dry mouth
- Getting constipation
- Losing your sex drive
- Feeling sleepy or tired.

One of the most common side effects with antipsychotics are problems with the way you move. Around 3 in 10 people taking clozapine get problems with making unusual movements.^[91] These include moving in an unusual way, stiffness, and shakiness. Doctors call them movement disorders. They are less common if you're taking clozapine than if you're taking a standard antipsychotic.^[91] To find out more, see [Movement disorders](#) .

Clozapine can also make you more likely to get some long-term problems with your health. These don't happen to everyone who takes clozapine. But your doctors should watch to make sure you don't develop these problems. You may need a check-up every year with your GP. You may also need to have some tests.

These are some of the problems you're more likely to get with clozapine than other antipsychotics:^[92]

- Putting on a lot of weight
- Having high cholesterol
- Having low blood pressure (this can cause dizziness)
- Fits (also called convulsions)
- Damage to your heart muscle, where it becomes too thick
- Clouding of the lenses in your eyes.

People taking newer antipsychotics, including clozapine, have a higher risk of getting **high blood sugar** and **diabetes** than other people. We don't know exactly why this is. The US Food and Drug Administration says that everyone who is treated with newer antipsychotics should have regular blood and urine tests to pick up any problems.^[75]

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There is one other rare but important side effect. Clozapine can damage the **white blood cells** in your blood. White blood cells help your body to fight **infection**. Doctors call this damage **agranulocytosis**. If you get this blood problem, your body is not able to fight infections and you can become very sick quickly. This can be life threatening.

Because of this, everybody who takes clozapine has regular blood tests, usually every one or two weeks.^[94] The tests check whether you are getting problems with your white blood cells. If you have regular tests, your doctors can switch you to another drug, or reduce your dose, if you start to get problems.^[91]

If you do have side effects and they are bothering you, don't stop your medicine straight away. Talk to your doctor first about your side effects. The doctor may switch you to another drug, or change your dose. If you stop taking the drugs without talking to your doctor, your schizophrenia symptoms might come back. For more information, see [Sticking with treatment](#).

How good is the research on clozapine?

There's good evidence that clozapine works well to control symptoms of schizophrenia.

We found a large summary of the research, called a **systematic review**, which looked at 35 good-quality studies, which involved more than 2,500 people altogether. The review looked at how well clozapine worked, compared with standard antipsychotics. It found that more people got better with clozapine than with standard drugs.^[95]

Taking antipsychotics to prevent a relapse

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[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on taking antipsychotics to prevent a relapse?](#)

This information is for people who have schizophrenia. It tells you about taking antipsychotics to prevent a relapse of schizophrenia. It is based on the best and most up-to-date research.

Does it work?

Yes. If you carry on taking antipsychotics after your schizophrenia symptoms are under control, your symptoms are much less likely to come back (doctors call this having a relapse). But you may get side effects from the antipsychotics.

What is it?

Even after you've been well for a while, your schizophrenia symptoms might come back. But if you continue to take your antipsychotics, even when you're feeling well, you're less

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likely to get a relapse. Continuing to take your antipsychotics, even after your symptoms have cleared up is sometimes called **maintenance treatment**.

There are two groups of antipsychotics. There are **standard antipsychotics** (also called first-generation or typical antipsychotics), including chlorpromazine, haloperidol, and flupentixol, and **newer antipsychotics** (also called second-generation or atypical antipsychotics), including olanzapine, risperidone, and quetiapine.^[96] The two groups of drugs seem to work about as well as each other for preventing a relapse.^{[97] [98] [99] [100] [101] [102] [103] [104] [105]}

The National Institute for Health and Care Excellence, which advises the government about which treatments should be used on the NHS, has written some guidelines about which antipsychotics doctors should use.^[33] To find out more, see [Which type of antipsychotic should I take?](#)

How can it help?

If you take an antipsychotic for a long time, you are much less likely to have a relapse of schizophrenia symptoms, like hallucinations and delusions.

There's a lot of evidence that shows that antipsychotics help to prevent a relapse of schizophrenia symptoms.

A review of lots of studies looked at how well standard antipsychotics worked in comparison with newer antipsychotics. The review showed that standard antipsychotics and newer antipsychotics work as well as each other at preventing a relapse of schizophrenia symptoms.^[105]

Over a period of seven to 12 months:^[105]

- 24 in 100 people taking a **standard antipsychotic** had a relapse, compared with 62 in 100 people who took a **placebo** (dummy pill).
- 30 in 100 people taking a **newer antipsychotic** had a relapse, compared with 67 in 100 people who took a **placebo**.

Clozapine, one of the newer antipsychotics, may work better than other antipsychotics.^[105] However, clozapine does have risks that the other antipsychotics don't. For more information, see [Clozapine](#).

How does it work?

We don't know exactly how antipsychotics work to prevent a relapse of schizophrenia symptoms.

The brain uses chemicals called **neurotransmitters** to carry messages between brain cells. Antipsychotics reduce the effects of a neurotransmitter called **dopamine**. Dopamine

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stimulates parts of your brain. Doctors think that the beliefs that couldn't be true (**delusions**) and the perception of things that aren't there (**hallucinations**) of schizophrenia may be the result of parts of your brain being stimulated too much by dopamine.

Antipsychotics block the effect of dopamine. This has a calming effect, making hallucinations and delusions less intense. ^[106]

If you have too much dopamine in your brain, this might set off fresh schizophrenia symptoms. So, continuing to take drugs that block dopamine in your brain makes it less likely that your symptoms will come back.

Can it be harmful?

Yes. All antipsychotics have side effects. These have mostly been studied in short-term studies of people who were taking drugs because they had symptoms. But these side effects also affect people who are taking the drugs for a longer time to prevent a relapse.

Side effects can be annoying and hard to deal with. But there's also a risk of more serious side effects that can damage your health.

For more information, see [Standard antipsychotics](#) , [Newer antipsychotics](#) , and [Clozapine](#) .

When you are taking a drug for a long time to prevent a relapse, it's important that you are comfortable with it. Your doctor should work with you to find the right type of drug, and the right dose, to keep your schizophrenia under control without causing too many side effects.

If you do have side effects and they are bothering you, don't stop your medicine straight away. Talk to your doctor first about your side effects. The doctor may switch you to another drug or change your dose. If you stop taking the drugs without talking to your doctor, your symptoms might come back. For more information, see [Sticking with treatment](#) .

How good is the research on taking antipsychotics to prevent a relapse?

There has been a lot of high-quality research to show that continuing to take antipsychotics helps to prevent a relapse of schizophrenia symptoms.

We found five summaries of the evidence (systematic reviews) that followed people who had recovered after an episode of schizophrenia. It followed them for up to two years to see if their symptoms came back (they had a relapse). ^{[44] [107] [108] [46] [109]} The summaries looked at many thousands of patients. The studies found that you're much less likely to have a relapse if you're taking an antipsychotic.

Other reviews compared different antipsychotics. Most found little to choose between them. ^{[110] [111] [112] [113] [114] [115] [116]} Of the eleven studies we looked at, eight found

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that there was no significant difference between the number of people on each drug who had a relapse.

Unfortunately, the results from studies do not always reflect real life.^[117] People in the clinical trials for schizophrenia treatments probably got much more support and encouragement to take their medication than they would if they hadn't been in a trial. In everyday life, where your doctor is treating you as well as a lot of other patients, there is likely to be less encouragement.

So, the positive results for antipsychotics to prevent a relapse are based on people who were good at taking their drugs every day. Also, most of the studies into antipsychotics only last a few weeks or months. Some doctors have said that these studies are too short for us to really understand exactly how helpful the drugs are for people who go on taking them for many years.^[118]

Family therapy

In this section

[Does it work?](#)

[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on family therapy?](#)

This information is for people who have schizophrenia. It tells you about family therapy, a treatment used to help prevent a relapse of schizophrenia. It is based on the best and most up-to-date research.

Does it work?

Yes. Having a course of family therapy may help to prevent you getting a relapse of schizophrenia symptoms. Some, but not all, studies show it can help to make a relapse less likely.^[119] But you'll probably need to carry on taking antipsychotics as well.

What is it?

When you have schizophrenia symptoms, after having a period of being well (called a relapse). It means your symptoms start up again. Doctors prescribe antipsychotics to stop you from having a relapse. Having family therapy as well as taking antipsychotics can also help to prevent a relapse.^[120]

Family therapy is a form of talking treatment (psychotherapy). It is designed to give you and your family support to help you cope better with schizophrenia.

Different therapists may provide different sorts of family therapy. But what usually happens is that you and your family:^[121]

- Learn about schizophrenia. This includes what causes it, what the symptoms are, and what treatments are available

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- Have training on how to spot early signs of a relapse and what to do about them
- Have training to improve the way you communicate and solve problems together.

You will probably have one therapy session a week. This is quite a big time commitment for you and your family members. Sessions are usually evenings or at weekends, when everyone in your family is available.

How can it help?

Taking part in a full programme of family therapy makes you less likely to have a relapse or need to be admitted to hospital.

One big summary of the research showed that over four years, 62 in 100 people who had family therapy avoided a relapse of schizophrenia symptoms, compared with 46 in 100 people who didn't have family therapy. ^[120]

People who'd had family therapy were also slightly more likely to take their medications as their doctor had asked them. ^[120] ^[122]

How does it work?

Family therapy aims to change the way your family thinks about your illness and how they behave with you.

It can be very hard to live with someone with schizophrenia. If you see someone you love acting strangely, this can be upsetting. Sometimes, family members get angry with the person with schizophrenia, or criticise the way they behave. Psychologists think that people who get lots of criticism or angry reactions from their families are more likely to get relapses of schizophrenia symptoms. ^[120]

If your family knows more about why you behave the way you do, they may find it easier to remain calm and not get upset with you. This may help you to avoid getting stressed and having a relapse. ^[120]

Can it be harmful?

We don't know if family therapy can be harmful. The studies we found didn't tell us anything about side effects of family therapy. ^[120]

How good is the research on family therapy?

We found two summaries of the research ([systematic reviews](#)), which looked at lots of smaller, individual studies. ^[122] ^[120] Both showed that family therapy helped to prevent a relapse.

Education about schizophrenia

Schizophrenia

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[Does it work?](#)

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[How good is the research on education about schizophrenia?](#)

This information is for people who have schizophrenia. It tells you about education about schizophrenia, a treatment used to help prevent a relapse of schizophrenia. It is based on the best and most up-to-date research.

Does it work?

Yes. If you have education to increase your knowledge about schizophrenia, you're less likely to have a relapse.^[123] But you'll probably need to carry on taking antipsychotics as well.

What is it?

When you have schizophrenia symptoms, after having a period of being well, this is called a relapse. Doctors prescribe antipsychotics to stop you from having a relapse. Having education as well as antipsychotics may help.

This type of treatment can be given different names, such as patient education, medicines management, and counselling. Generally, this is what happens:^[123]

- You have education about schizophrenia. This includes what causes it, what the symptoms are, and what treatments are available
- You have training on how to spot early signs of a relapse and what to do about it.

You usually have 10 or more sessions. These can be one-to-one sessions, usually with a nurse or other mental health professional, or they may be group sessions where a teacher works with a small group of other people with schizophrenia.

How can it help?

Having education about schizophrenia can make you less likely to have a relapse or to need to go into hospital because of schizophrenia symptoms.

One large study showed that for every 100 people who had a medium risk of a relapse, 11 relapses were avoided, in one year, by providing education about schizophrenia.^[123]

People who had education were also less likely to need to be admitted to hospital because of schizophrenia symptoms, and more likely to take their medicine. The study also found that people who had to be admitted to hospital because of their schizophrenia symptoms were in hospital for a shorter length of time than those who hadn't had education about schizophrenia.^[123]

How does it work?

Taking part in an education programme means you'll understand more about schizophrenia and the best way of treating it. This may help you understand the value of taking your drugs as recommended by your doctor. One of the reasons people stop taking antipsychotics is that they feel ashamed of their illness. Stopping drugs can be a way of trying to behave as if you're not ill.

Education can help people think more positively about their illness. This can help them continue with treatment.

Can it be harmful?

We don't know if being educated about schizophrenia can be harmful. The studies we found didn't tell us anything about side effects.

How good is the research on education about schizophrenia?

We found a summary of the research (a [systematic review](#)), which looked at 44 studies. The studies looked at a total of 5,142 people. ^[123] It showed that people were less likely to have a relapse after being educated about schizophrenia. But the studies in the summary were not all high-quality, so it's hard to be certain.

Cognitive behaviour therapy

In this section

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[How good is the research on cognitive behaviour therapy?](#)

This information is for people who have schizophrenia. It tells you about education about cognitive behaviour therapy, a treatment used to help prevent a relapse of schizophrenia. It is based on the best and most up-to-date research.

Does it work?

We don't know. There's not been much research into using cognitive behaviour therapy (CBT) to prevent a relapse of schizophrenia symptoms. But the studies we looked at showed it didn't seem to reduce the number of relapses people had over any time period, when compared with other talking therapies. ^[124]

What is it?

Cognitive behaviour therapy (CBT) is a talking treatment ([psychotherapy](#)). It's used to treat lots of conditions, including depression and anxiety. If you have this treatment, you'll work with a therapist to look at and change the way you feel, think, and behave.

CBT for people with schizophrenia concentrates on three things. ^[124]

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- **Questioning your beliefs about your life and your illness.** Everyone sometimes has unhelpful, negative beliefs about themselves that can make life more difficult than it needs to be. Thinking about whether these are really true may help you feel more positive about life.
- **Solving problems.** Life with schizophrenia is not easy. You may talk to your therapist about particular problems and how you approach them. Your therapist may be able to suggest new ways for you to approach problems.
- **Coping with schizophrenia.** Your therapist may be able to help you find ways of coping with your illness better: for example, ways to help you remember to take your medicine or ways of explaining to your family what's the matter when you are feeling unwell.

How can it help?

We don't know if it can help. The research on CBT for schizophrenia is mixed.

We found one summary of the research (a [systematic review](#)) that looked at several small studies. The studies compared people who had CBT with people who had other talking treatments, such as family therapy. Both groups also received their usual treatment (antipsychotic medicine).^[124] The studies showed both groups of people were just as likely to have a relapse of schizophrenia.^[124]

One study did find some benefits for CBT.^[125] In this study, some people had six individual CBT sessions with a mental health nurse. Everyone else had the usual care from their doctor. About 14 in 100 people having CBT had a relapse within a year. This compared with 23 in 100 people who didn't have CBT.

Overall, the research on CBT has mixed results, and some of the studies are small, which makes them less reliable. This makes it hard to know whether CBT helps people with schizophrenia or not.

How does it work?

CBT is often used to help people change unhelpful ways of thinking, so they can cope better with life. This might help you to cope better with your schizophrenia. But we don't really know whether it helps or not.

Can it be harmful?

We don't know. The studies we found didn't look at side effects. But there's no evidence that having CBT can make you more likely to have a relapse.^[124]

How good is the research on cognitive behaviour therapy?

There's not been much research into using cognitive behaviour therapy (CBT) to prevent a relapse of schizophrenia symptoms.

We found one summary of the research (a [systematic review](#)), which covered five studies ([randomised controlled trials](#)) that compared CBT to other talking therapies. None of the five trials showed that CBT was any better at preventing a relapse than other talking therapies. ^[124]

Overall, there's not enough evidence to know whether CBT can help prevent a relapse or not.

Social skills training

In this section

[Does it work?](#)

[What is it?](#)

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[How good is the research on social skills training?](#)

This information is for people who have schizophrenia. It tells you about social skills training, a treatment used to help prevent a relapse of schizophrenia. It is based on the best and most up-to-date research.

Does it work?

We're not certain. There hasn't been enough good-quality research into social skills training as a way of preventing schizophrenia symptoms coming back (doctors call that a relapse).

What is it?

Doctors usually prescribe antipsychotics to stop you from having a relapse. Some people think that having social skills training might help as well.

In social skills training, a psychologist gives you training in a series of sessions, one-to-one, or in groups. The training is designed to help you with the communication skills you need to use when meeting people and getting to know them. This includes working on the way you speak, and also how your behaviour and appearance affect other people. The idea is that you will find it easier to cope with any awkward social situations and be able to lead a fuller social life. ^[126]

How can it help?

We can't be certain it does. There haven't been enough good-quality studies. ^[126]

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One study found that social skills training was useful for people who'd been treated in hospital. ^[127] The training aimed to help them cope once they left hospital and started living more independently. People who'd taken part in a social skills programme were less likely to have a relapse.

How does it work?

The negative symptoms of schizophrenia include looking and feeling very depressed, not speaking very much, and having no energy. These symptoms can get in the way of a normal social life. So, people with schizophrenia are often very socially isolated, spending most of their time on their own.

Learning or relearning social skills can help you get back to living a normal life. You'll learn how to deal with meeting new people, going out, and having conversations. The idea is that this can make you less isolated. Feeling less isolated may help you to avoid relapses of schizophrenia symptoms.

Can it be harmful?

We don't know if social skills training can be harmful. The study we found didn't tell us anything about any possible side effects.

How good is the research on social skills training?

We found one summary of the research (a systematic review), which looked at the results from nine good-quality studies. ^[128] A total of 471 patients were involved in the studies. But the results were not clear enough to rely on. So, we can't say for certain if there was any real benefit.

One study found that people were less likely to have a relapse if they had social skills training as preparation for living more independently, after they'd finished having treatment in hospital. ^[127]

Further informations:

Psychotic symptoms

If you have schizophrenia, you will probably get psychosis at some point. This means that you lose touch with what's real and what's not. This can be frightening. But treatment with antipsychotics can stop your symptoms.

Seeing, hearing, or feeling things that aren't there

If you are seeing, hearing, or otherwise sensing things that aren't there, doctors say you are having hallucinations. ^[8] Hearing voices is the most common type of hallucination. You might hear just one voice, or different voices. It might seem like the voices are inside your head. Or you might experience something like hearing voices outside your bedroom,

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maybe talking about coming to harm you, when no one is really there. Some people say they hear a voice that is God or the Devil. ^[11]

The voices can be extremely upsetting. You might hear the voices say very critical or cruel things about you. You might hear two voices having a conversation about you, or a voice giving a running commentary on your thoughts or actions. ^[8]

Your other senses are sometimes involved: for example, your sense of touch. One quite common, and very unpleasant, hallucination is to feel that insects are crawling on your skin. Or you may see, smell, or taste things that are not actually there. ^[8]

Having beliefs that couldn't be true

Schizophrenia can make you have beliefs that you hold very firmly even when they don't stand up to reason. Doctors call these **delusions**. Delusions are often based on misinterpreting information or experiences. ^[8] With schizophrenia, the delusions are often about people trying to harm you in some way. This is called a **paranoid delusion**. ^[8] For instance, you may feel people are making fun of you behind your back. Or, you might feel that people are spying on you, following you, or trying to trick you.

Another common form of delusion is thinking that songs, stories in the newspapers, or TV programmes are about you personally, when they are not really anything to do with you. ^[8] Other forms of delusions include a belief that you have special powers, for example being able to control the thoughts of others. It's also quite common to have religious delusions: for example, believing that you are the son of God. ^[8]

These delusions can take over the way you see the world. For example, if you believe that secret agents have implanted a microchip in your brain, everything you do, like watching TV or surfing the Internet, might make you think your thoughts are being recorded. This is a **delusion belief system**. ^[8]

Sometimes the belief is not obviously false. If you believed that your neighbours were talking about you, that belief is not so far away from something that could be true. But other beliefs are more bizarre and impossible, like believing that surgeons have swapped all of your internal organs with organs belonging to someone else. ^[8]

Not being able to talk to other people normally

During a psychotic episode, your thoughts and speech may be very sped up or slowed down. You may also start talking about something that isn't really to do with what everyone else is thinking about or jump from topic to topic. Some people with severe schizophrenia symptoms speak in completely jumbled sentences. If this happens to you, it can be hard for other people to understand what you mean. You might find this very frustrating and upsetting.

The Mental Health Act

In England and Wales, Mental Health Act 2007 sets out strict rules about when you can be treated or taken to hospital against your wishes.

These are some of the cases when this might happen:

- To find out if you need treatment, if you have a mental health condition and you are putting yourself or other people in danger
- To give you treatment, if you have certain types of mental health conditions that can be treated in hospital, and if you are putting yourself or other people in danger
- To give you treatment, if you have certain types of mental health conditions and you can't take care of yourself.

Usually, two doctors and a social worker make the decision to take you to hospital against your wishes. This is sometimes called **sectioning** a person. That is because the doctors make the order using section two or section four of the Mental Health Act.

You can learn more about the Mental Health Act on the [government website](#) . Or you can ask your doctor about it and how it could affect you. The laws in Scotland about taking people to hospital when they don't want to go are slightly different. You can find out about the Mental Health (Care and Treatment) (Scotland) Act 2003 by clicking on [this link](#) .

What else might it be?

Before diagnosing you with schizophrenia, your doctor will want to be certain there isn't another reason for you having the symptoms you have. There are a number of things that can cause symptoms of psychosis, like the ones you can get in schizophrenia. ^[21]

Taking illegal drugs

Illegal drugs can cause symptoms of psychosis. Drugs that can cause psychosis include:

- Amphetamines (speed)
- Cocaine and crack cocaine
- LSD (acid)
- Psilocybin (magic mushrooms)

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- PCP (angel dust) and ketamine.

The symptoms usually go away when you stop taking the drug. However, if you use some drugs like PCP for a long time, the psychosis may not go away when you stop. Drugs are not always the whole problem. Some people have schizophrenia and take illegal drugs.

Having bipolar disorder

Bipolar disorder is a mental health condition where your mood swings from being a very high mood (**mania**) to a very low mood (**depression**). When people with bipolar disorder are having bouts of mania or depression, they can sometimes get symptoms like the psychosis you can get with schizophrenia. Their psychotic symptoms go away when their mood returns to normal. For more information, see our articles on [Bipolar disorder](#) .

Having other medical problems

Symptoms of psychosis can also be caused by the medical problems below.

- **The human immunodeficiency virus (HIV)**. If you have HIV, the virus can infect your brain and cause symptoms of psychosis. But if HIV is the cause, you'll probably have had other symptoms before you get psychosis.
- **A brain tumour**. This is a growth in your brain, which may or may not be cancer.
- **Dementia**. This is a long-term and permanent condition when your brain stops working properly. It usually happens to older people.
- Problems with the adrenal gland, called **Cushing's disease**. This means your body makes too much of a natural steroid hormone. There are lots of physical symptoms too, such as weight gain. So, doctors are usually clear if people have this and not schizophrenia.
- **Side effects of some medicines**. This is especially likely with high, long-term doses of medicines called corticosteroids (which are used to treat rheumatoid arthritis and other diseases).
- **Illnesses that make you have fits**. These include [epilepsy](#) and [meningococcal disease](#) .

What can I expect from treatment?

There are lots of antipsychotics that can be used to treat schizophrenia. You might need to try several drugs to find the one that works best for you. Your doctor can't tell in advance whether a drug will work for you or not.

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One of the main reasons that people with schizophrenia have relapses is that they often stop taking their medicines. ^[22] So, it's important that you and your doctor can reach an agreement on the best treatment for you.

You need to carry on with the medicine you have agreed to take. Don't stop taking your medicine without talking to your doctor first. If you are bothered by side effects, talk to your doctor to see if you can change to a different medicine or a lower dose.

Drugs are very important in treating schizophrenia. But other aspects of your care are important too. For example, it can be very helpful to:

- Have a good relationship with the medical team who look after you
- Have your views and wishes about treatments taken into account at every stage of your care ^[22]
- Agree to a treatment plan with your doctor, which you review together from time to time, based on how well you feel the drugs are working and any side effects you may be getting ^{[8] [23]}
- Know about treatments for schizophrenia and be involved in decisions about your care
- Involve your partner or other people in decisions made about your care
- Get support quickly when you think you might be having a relapse
- Get help with some of the things that affect your everyday life, like housing, training or education, employment, and leisure activities.

As well as your mental health, it's important to look after your physical health. If you have schizophrenia, it can be hard to remember to do things that are good for you, like eating a healthy diet, taking exercise, and giving up smoking.

But these things can often make you feel much better. And if you don't do them, it can put you at risk of other illnesses. Guidelines for doctors say you should have a physical health check-up once a year with your GP. That's to look out for any health problems you may have. You can also get advice from your GP about things like help in stopping smoking, eating healthily, and taking exercise. ^[17]

There is good evidence that a medicine called bupropion can help people with schizophrenia quit smoking. A review of several studies showed that people with schizophrenia who took bupropion were three times as likely to have quit smoking, after six months, than people who took a placebo (dummy pill). ^[24]

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The National Institute for Health and Care Excellence, which advises the government on healthcare, has issued guidelines for doctors treating people with schizophrenia. They outline what you can expect from your healthcare team. For more information, see <http://publications.nice.org.uk/schizophrenia-ifp82> .

Commonly used standard antipsychotics

These are the commonly used standard antipsychotics in the UK. You may hear them called **typical antipsychotics**.

- Chlorpromazine (brand name Largactil). Available as tablets, liquid, and injections.
- Flupentixol (brand name Depixol). Available as tablets, injections, and injections that last a long time (depot injections).
- Fluphenazine (brand name Modecate). Available as a long-lasting injection.
- Haloperidol (brand names Dozic, Haldol, Serenace). Available as tablets, liquids, injections, and depot injections.
- Levomepromazine (brand name Nozinan). Available as tablets and injection.
- Pericyazine (brand name Neulactil). Available as tablets and liquid.
- Perphenazine (brand name Fentazin). Available as tablets.
- Pimozide (brand name Orap). Available as tablets.
- Prochlorperazine (brand name Stemetil). Available as tablets, liquids, injections, and medicine that you put into your rectum or vagina (suppositories).
- Sulpiride (brand name Sulpor). Available as liquids.
- Trifluoperazine (brand name Stelazine) Available as tablets.
- Zuclopenthixol acetate (brand name Clopixol Acuphase) Available as injections.
- Zuclophenthixol dihydrochloride (brand name Clopixol) Available as tablets and injections.

Which type of antipsychotic should I take?

For some people, the **newer antipsychotics** seem to cause side effects that are less unpleasant than the **standard antipsychotics**.^{[25] [26] [27] [28] [29] [30]} And they work just as well.^{[26] [30] [31] [32]} But because the newer antipsychotics are more expensive, there has been a lot of debate about when people should be given one of the standard antipsychotics and when they should be given a newer antipsychotic.

Experts from the National Institute for Health and Care Excellence (NICE), the government body that advises the NHS about which treatments should be available, have written guidelines about which types of antipsychotics should be used to treat schizophrenia.

This is a summary of what they say.^[33]

- If you have schizophrenia symptoms and need antipsychotics for the first time, your doctor should discuss with you the benefits and side effects of individual antipsychotic drugs. You should make a choice together about which drug is likely to suit you best.
- You should be offered the newer antipsychotic clozapine if your symptoms have not been controlled by at least two other drugs, including one newer antipsychotic.

On the NICE website you can find the [full guidelines](#) .

Movement disorders

Antipsychotics work on the parts of your brain that control the way you think and feel. But they also affect the parts of your brain that control the way you move your body. So, taking these drugs can make you move in an unusual way (doctors call this a movement disorder). Standard antipsychotics are more likely to cause movement disorders than newer antipsychotics, although they can happen with any antipsychotic drug.

You may find your arms, legs, hands, feet, or the muscles of your face shake (doctors call this **tremor**). You may also find you can only move very slowly. These unusual movements can look a lot like Parkinson's disease. Because of this they are sometimes called **parkinsonian symptoms**.

You might also find the muscles of your neck twisting it around in a slow, squirming movement. Or you might get an arm or leg stuck in an outstretched posture. Doctors call this **dystonia**.

You may also get a sense of **inner restlessness**, making it hard to sit still or keep a relaxed position. It's an unpleasant feeling. This restless feeling is often why people stop taking their antipsychotic medication.^[34] Doctors call it **akathisia**.

Most side effects clear up soon after you stop taking the drug that caused them.

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However, one type of movement disorder, called **tardive dyskinesia**, may be permanent in some people. Tardive dyskinesia causes uncontrolled movements of your arms or legs, tongue, cheeks, face, and jaw. It can make you do things like smack your lips, make wriggling movements with your tongue, and pull faces. ^[35]

Tardive dyskinesia usually only happens after you've been taking an antipsychotic for many years. If you start to get symptoms of tardive dyskinesia, changing to a different drug straight away can stop the tardive dyskinesia becoming permanent. So, if you're taking a drug that's known to cause tardive dyskinesia, you should have a check-up at least once a year. ^[34]

Sticking with treatment

It's very common for people with schizophrenia to stop taking their drugs, or not to take their drugs in the way their doctors recommend. (The drugs used to treat schizophrenia are called antipsychotics. For more information, see [What treatments work for schizophrenia?](#))

Studies show that about half the people diagnosed with schizophrenia don't take their drugs as recommended. ^[36]

This doesn't just happen with schizophrenia. Lots of people with long-term medical conditions, like heart disease or asthma, don't take the drugs that their doctors have prescribed. Many people don't like the idea of taking drugs every day, forget to take them, or decide they don't need them any more.

But the problem for people with schizophrenia is that if you stop taking your antipsychotics, it is very likely that your symptoms will come back (doctors call this having a relapse).

There are lots of reasons why people with schizophrenia find it particularly hard to keep taking their antipsychotics.

- Treatment for schizophrenia is complicated. There are different tablets to be taken, several times a day. It's easy to forget or get confused about what you should be taking.
- Sometimes, people with schizophrenia don't fully understand that they are ill. If you don't think you're ill, you won't see why you should be taking drugs. ^[37]
- Antipsychotics all have side effects. These can sometimes be upsetting and hard to deal with.

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But stopping taking your antipsychotics doesn't just make you more likely to have a relapse of symptoms. It can make you need to take higher dose of schizophrenia drugs than you were taking before. ^[38]

That's because your symptoms may be kept under control on a certain dose of antipsychotics. If you stop taking your antipsychotics and have a relapse, you may need to take a higher dose to get your symptoms under control again.

For these reasons, it's important talk to your doctor about what drugs are best for you. All antipsychotics have side effects, but you may find some are easier for you to deal with than others.

Commonly used newer antipsychotics

These are some of the commonly used newer antipsychotics used in the UK. You may also hear newer antipsychotics called atypical antipsychotics.

- Amisulpride (brand name Solian). Available as tablets and as a liquid.
- Aripiprazole (brand name Abilify). Available as tablets.
- Clozapine (brand names Clozaril, Denzapine, Zaponex). Available as tablets.
- Olanzapine (brand name Zyprexa). Available as tablets and as injections.
- Quetiapine (brand name Seroquel). Available as tablets.
- Risperidone (brand name Risperdal). Available as tablets, liquid, and as an injections that last a long time (depot injections).
- Paliperidone (brand name Xeplion). Available as an injection.
- Sulpiride (brand names Dolmatil, Sulpor). Available as tablets.

Glossary:

neurotransmitters

Neurotransmitters are chemicals that help to carry messages between nerve cells. Serotonin, dopamine, and norepinephrine (noradrenaline) are all neurotransmitters.

dopamine

Dopamine is a neurotransmitter, which is a chemical that helps messages pass between brain cells and other cells. Dopamine plays a role in your mood, and your physical movements.

genes

Your genes are the parts of your cells that contain instructions for how your body works. Genes are found on chromosomes, structures that sit in the nucleus at the middle of each of your cells. You have 23 pairs of chromosomes in your normal cells, each of which has thousands of genes. You get one set of chromosomes, and all of the genes that are on them, from each of your parents.

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psychiatrist

A psychiatrist is a doctor who specialises in psychiatry. Psychiatry is the branch of medicine that covers mental, emotional or behavioural problems.

corticosteroids

Corticosteroids are substances that your body makes naturally. But they can also be made in a laboratory to treat certain conditions. Corticosteroids have many different effects, including helping the body to use sugar and to control the amount of fluid it retains. They also reduce inflammation in the body, which is why they are sometimes used to treat diseases like asthma. (Asthma is caused by inflammation in the tubes that carry air in the lungs.)

rheumatoid arthritis

If you have rheumatoid arthritis, your joints get painful, swollen, and stiff. Rheumatoid arthritis is caused by inflammation inside your joints. It happens when your immune system attacks the lining of your joints.

placebo

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

constipated

When you're constipated, you have difficulty passing stools (faeces). Your bowel movements may be dry and hard. You may have fewer bowel movements than usual, and it may be a strain when you try to go.

anaemia

Anaemia is when you have too few red blood cells. Anaemia can make you get tired and breathless easily. It can also make you look pale. Anaemia can be caused by a number of different things, including problems with your diet, blood loss and some diseases.

electrocardiogram

An electrocardiogram is a test that measures the electrical activity in your heart. The test doesn't hurt. It tells doctors how well your heart is working. It is called ECG for short.

malaria

Malaria is a dangerous but treatable disease caused by a parasite. This parasite lives in mosquitoes in parts of Asia, Africa and South America. You can catch it if you are bitten by an infected mosquito. Malaria can give you symptoms similar to flu (influenza). The most common symptom is a fever.

randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

systematic reviews

A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

serotonin

Serotonin is a neurotransmitter, which is a chemical that helps to send information from a nerve cell to other cells. It is thought to play a role in learning, sleep and control of mood.

white blood cells

White blood cells are the cells in your blood that help your body fight infections. They are part of your immune system. The other cells in your blood, red blood cells, carry oxygen around your body.

infection

You get an infection when bacteria, a fungus, or a virus get into a part of your body where it shouldn't be. For example, an infection in your nose and airways causes the common cold. An infection in your skin can cause rashes such as athlete's foot. The organisms that cause infections are so tiny that you can't see them without a microscope.

psychotherapy

Psychotherapy is a talking treatment. It is given by trained therapists (such as a psychiatrists, psychologists or social workers). Psychotherapy usually consists of regular sessions (often weekly) between the therapist and the patient. There are many types of psychotherapy, including cognitive behavioural therapy and interpersonal therapy.

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