WHAT IS PSYCHOSIS?
WHAT IS A PSYCHOTIC DISORDER?

I: Making Sense of Schizophrenia And Other Psychoses

Produced by Ballarat Health Services, Psychiatric Services

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What is Psychosis?

"Psychosis" and "Schizophrenia" are words that almost everyone has heard. Most people are not sure exactly what they are, what causes them, and what can be done to help people who are diagnosed with these disorders. In this session we will try to understand more about what these disorders and their treatments.

Have any of us been diagnosed as having a schizophrenic or other psychotic disorder?

What do we know about psychotic or schizophrenic disorders?

First let us clear up some of the confusing ideas that many people have about psychotic disorders. We may have heard people say that schizophrenia is having more than one personality. There is a very rare mental disorder called a "dissociative disorder" where people seem to have many quite different personalities at times, a little like an actor playing different parts in different films. This is not a schizophrenic disorder.

The name "psychosis" comes from the Greek language. It is best translated as meaning a disorganisation of our thinking so that at times it is difficult to decide what is real and what is not real. Some people say it is a little like having dreams (or nightmares) when we are wide awake. Everything that is going on seems quite real at the time, often strange and frightening, but quite real. It is only when the episode of psychosis is over that we can realise that many of the things we thought were happening were probably not -- in the same way we realise that our dreams were not real after we have woken up.

Psychosis is like dreaming when we are wide awake.

Have we had difficulties deciding what is really going on at times?

Another source of confusion is that many people say that schizophrenia or other psychotic disorders are the same as "madness", "insanity" or being "crazy". These words are not used in mental health, but are often used to describe strange or outrageous behaviour. At times people suffering from a psychotic disorder may act in an unusual manner, but more often they behave just like anybody else. Even though their behaviour may seem a little unusual to other people, it makes good sense once we understand the difficulties that the person is coping with at that time.

Often people who have mental disorders are considered to be violent and dangerous. Occasional people suffering from psychotic disorders may have angry outbursts, but more often they are quiet, timid and fearful. Recent research shows that violent outbursts are more
likely when we think that other people are planning to harm us and when we are not receiving effective treatment for our disorders. They are also more likely if we become intoxicated with alcohol or drugs.

**PEOPLE SUFFERING FROM SCHIZOPHRENIC AND OTHER PSYCHOTIC DISORDERS ARE NOT USUALLY VIOLENT WHEN THEY ARE HAVING GOOD TREATMENT AND DO NOT ABUSE ALCOHOL OR DRUGS**

**WHAT IS A SCHIZOPHRENIC DISORDER?**

Schizophrenia is the most common type of psychotic disorder that affects approximately one person in every two hundred in all countries throughout the world. In most countries there are more people in hospital with schizophrenia than from any other illness, making schizophrenia one of the biggest public health problems. There are several other psychotic disorders that are very similar to schizophrenia in most aspects, but have slightly different patterns of symptoms and different courses of their major episodes. But the treatment programmes are similar, so we will consider them all as variations of schizophrenic disorders. People who suffer from severe mood and anxiety disorders, as well as toxic states induced by drugs, alcohol or severe physical illnesses may all experience psychotic episodes similar to schizophrenia. These are discussed in detail in other parts of our Guidebooks.

**ONE PERSON IN EVERY TWO HUNDRED DEVELOPS PSYCHOSIS**

For most of us a psychosis is a major disorder because it affects many parts of our lives. Everything that is important in our lives may be affected.

**Psychotic Disorders Make Everyday Living, Working and Studying Very Difficult**

The difficulties of psychosis are not the same for every person, but they nearly always produce problems in some aspects of our every day life. We may have difficulty handling problems because our thinking is confused. We may not be able to work or study as well as before because we cannot concentrate. We may have similar difficulties with leisure activities. Friendships may be hampered by difficulties in making conversations, or by not having our usual feelings towards others. At times we may be so bothered by our thoughts and feelings that we are unable to take care of our most basic needs such as sleep, food and personal appearance. In recent years these deficits in every day functioning have been called "negative symptoms".

**WHAT AREAS OF OUR LIFE HAVE BEEN AFFECTED BY PSYCHOSIS?**

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How Do We Know When A Person Has A Schizophrenic Disorder?

Psychosis is diagnosed by recognising certain characteristic features. These features include changes in our thoughts and feelings, and to a lesser extent, in our behaviour. At the present time there are no special blood tests or X-rays to help make a diagnosis. The diagnosis is made from the things we tell the mental health workers about the difficulties we have been experiencing. It is important to try to say exactly what we have experienced as happening in our lives, even if it is frightening and does not make sense. Contrary to popular belief, psychiatrists and other mental health specialists cannot read people’s minds! They can only make a diagnosis from what we tell them.

The characteristic features that help psychiatrists to decide that we are having an episode of a schizophrenic disorder are:

Interference With Our Thinking
When we have episodes of schizophrenic disorders our thought processes may be disrupted in some typical ways. These are:

Thoughts coming into our mind that are not our own thoughts. They may seem to be put into our mind by other people by telepathy or radio waves, or laser beams.

Thoughts disappearing from our head, as if they are being taken out by somebody. Our mind goes quite blank and we are unable to think about anything for a moment. This is not the same as when we forget something, or when we are very nervous and seem to lose track of our thoughts.

Thoughts seem to be spoken out loud as if somebody close by could hear them. Sometimes experiencing our thoughts being broadcast from our head, so that everybody knows what we are thinking and none of our thoughts are private. This interference with our thinking can be very unpleasant.

HAVE ANY OF US EXPERIENCED ANY OF THESE DIFFICULTIES IN OUR THINKING?
WHAT WAS IT LIKE?

Delusions or False Ideas
Another disturbance of thinking is called a "delusion". This is a false idea that seems quite real to us at the time we are suffering from an episode of psychosis, but even our closest friends and family members cannot make any sense of this idea. Some examples of these ideas that are characteristic of psychosis are:

A belief that some other person or force is controlling our thoughts or actions. That we are a zombie with no free will and something has taken over our brain or body.

A belief that somebody is trying to harm us, perhaps actually trying to kill us, for no good reason. We are sure that we are being unjustly persecuted.
A belief that things that everyday things that we see or read about have a special message for us. For example, when we see a car flash its light we become immediately convinced that the world is about to end.

A belief that we are a very special person or have special abilities. For example, that we are a king or queen, or that we can cause earthquakes, floods or other natural disasters.

| A DELUSION IS A TOTALLY FALSE BELIEF THAT EVEN OUR CLOSEST FRIENDS CANNOT UNDERSTAND AT ALL |
|                                                                                           |

These ideas often come on suddenly and are quite different from our usual ideas, so friends and family soon realise that they are unlikely to be true. When we have recovered we may be surprised by what we believed when our thinking was disordered. It is a little like waking up from a strange dream.

HAVE WE EXPERIENCED ANY OF THESE UNUSUAL IDEAS?
WHAT DID WE THINK WAS GOING ON?

Hallucinations or False Sensations

Hearing things, seeing things, or smelling things that are not seen, heard or smelt by other people usually means that we are experiencing "hallucinations" or false sensations. Once again this is a little like having a dream when we are wide awake. Hearing people speaking clearly that nobody else is able to hear is a very characteristic feature of schizophrenic psychosis. The voices seem quite real and may appear to come from the next room or outside. Occasionally they may seem to come from inside our head or rarely from another part of our body.

| AN HALLUCINATION IS HEARING, SEEING SMELLING SOMETHING THAT OTHERS DO NOT HEAR, SEE, OR SMELL |
|                                                                                           |

HAVE ANY OF US HEARD VOICES WHEN THERE IS NOBODY ABOUT?
WHAT WERE THEY LIKE? WHAT DID THEY SAY?

Let us make a summary of the characteristic features of a schizophrenic disorder that we have had at times:

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It is these features that our doctors and mental health team have considered when they decided that we have probably have had a schizophrenic or similar disorder. Like all medical diagnoses we can never be absolutely sure that it is correct. But with the modern methods of assessment, psychiatrists can be just about as accurate as doctors in any other branches of medicine. However, having one of these disorders only means that we have special difficulties in our thinking, feeling and the way we behave on occasions, and that the rest of the time our thinking, feeling and actions are the same as anybody else. It is important that we consider ourselves as normal people, who have some difficulty with our thinking, feeling or actions at times. The other types of schizophrenic disorders, such as brief psychotic disorders, schizophreniform disorders, delusional or schizo-affective disorders all have many of these difficulties.

**Deficit or Negative Symptoms**

It is important to understand that these symptoms that are most helpful when we make a diagnosis of a psychotic disorder are not the only problems people may experience. Nor are they always the most disabling problems. Perhaps the most disturbing features of the more severe forms of psychotic disorders, such as schizophrenia, are the changes in a person’s behaviour. The often come on before the delusions and hallucinations and remain long after the acute episodes have been resolved. These symptoms may include:

**Slowed Actions:** Some people find that it is incredibly difficult to get started with activities, even those things that they are keen to do. One person said that it was a little like driving a car when it becomes stuck on ice or in the mud. The engine is going at full power, but the car does not move, nothing useful seems to be happening. In the same way if we are looking at a person who is experiencing these so-called "negative symptoms" it seems as if they are doing nothing, not interested in anything, or even just downright lazy. But that is not usually the case. Of course people who develop mental disorders are sometimes lazy, like everyone else! But like everybody else they have the same sort of goals in their lives, and are pleased and satisfied with their achievements with every day work, hobbies and other constructive activities. After a while if our efforts to try to get back into the swing of things keep going nowhere, it is human nature to give up eventually, just as the car that is stuck will eventually run out of benzine and stop.

**Slowed Thoughts:** As well as experiencing our thoughts disappearing or our train of thought being interrupted we may find that our thoughts are slowed. Our ability to concentrate on any subject and to solve even quite simple problems may be lost. Sometimes this will be caused by continued interruptions by voices or delusional ideas.

**Changed Feelings:** The experience that our feelings have disappeared or are much less intense is a frequent feature of schizophrenia. Both happy feelings and sad feelings may be affected. At other times when we have psychosis we may find that we cannot control our feelings so that we may laugh or cry when we are not feeling especially happy or sad.

**Speech Difficulties:** At times people experiencing psychosis will talk in a way that is difficult to follow. Occasionally they will make up unusual words or use unusual expressions. Sometimes they may speak very little and be almost impossible to communicate with.
Odd Posture or Movements: Some people develop unusual ways of standing or make peculiar movements. They may stand, sit or lie without moving for hours.

Depression and Demoralisation: It is often hard to tell the difference between these "negative" symptoms and those of "depression", and of course both occur together. People who are depressed feel a loss of interest in doing things, and a lack of enjoyment when they do things that usually give them a lot of pleasure. Being demoralised and giving up our efforts to do things also leads to feeling depressed and sometimes suicidal.

WHICH OF THESE DIFFICULTIES HAVE WE EXPERIENCED?
HOW HAVE THEY MADE IT DIFFICULT FOR US TO GET BACK TO OUR OLD ACTIVITIES?

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When we have any serious illness it is usual for us to take some time to get back doing all the activities we did before we became ill. The longer that we are away from work or our hobbies, the harder it is to start again, particularly if we find we have lost a lot of our skills as a result of not practising every day as before. Even after a holiday we may find it very difficult to get back to our work or studies.

People who have had a mental disorder are no different from those who have had other serious health problems. It is very difficult to pick up our work and recreation again.

Some of these problems are made worse by the medicines that help us control the hallucinations and delusions. But as we will learn later, these unwanted effects of medicines can be avoided by reducing the dose of the medicine or choosing one that has less tranquillising effects.

There are no simple solutions to the problem of deficit or negative symptoms. If these are a major problem for us we may find that the module on Increasing Rewarding Activities may be helpful.

What is the Usual Outcome of Psychotic Disorder?

Psychotic disorders usually begin in early adult life. However, it may occur at any time, even in the elderly. When it starts at a very early age the outlook is often poorer than psychosis that begins in middle or old age. Many people have only one episode of the disorder and never have a further attack. If this is brief it may be called a brief psychosis or schizophreniform disorder. Delusional psychosis is characterised by continuing false beliefs, usually about ideas that we
What is Psychosis?

Modern treatment methods have improved the outcome by damping down the more distressing symptoms and increasing the periods without any symptoms. The results seem best when optimal treatment is begun as soon as the disorder starts. But even when we recover fully there is always the risk of future episodes throughout our lives. Unfortunately for a few people even the best treatment does not seem to help very much and they may continue to have symptoms without relief.

Psychosis affects many of us in the prime of our lives. It is a major setback in our plans and hopes for the future. As a result it is not uncommon for us to become unhappy, feel overwhelmed and desperate. Such depression sometimes resembles that of a major depressive disorder and can confuse our doctors, particularly those who have not seen us when we have had the characteristic symptoms of psychosis. We may sometimes be diagnosed as having a schizo-affective disorder or major depression with psychotic features. Suicide is not uncommon during these periods of depression, so it is important that this problem is recognised and treated without delay.

As well as having a risk of developing periods of depression, people who have had psychosis may also experience other mental health problems, such as anxiety disorders, or general health problems. It is important that we have regular medical check ups so that we get the best treatment at all times.

What Causes Psychotic Disorders?

Psychotic disorders are stress-related, biological disorders. That is to say, they are usually caused by a combination of a disturbance of brain and body malfunction and life stress.

The brain works through exchanges of special chemicals called neurotransmitters. Although it is not exactly clear exactly what goes wrong when we develop a psychosis, it seems that these chemicals in the brain are affected. A chemical imbalance results and produces the symptoms of hallucinations, delusions and thinking difficulties. When people take some drugs, such as LSD
or crack cocaine, they can produce the same sort of chemical imbalance, and as a result sometimes have symptoms that are almost the same as a psychotic disorder. Episodes that are clearly triggered by drug use and disappear when the person stops taking that drug are called drug-induced psychoses.

It is also noted that taking certain types of medication, which are of course forms of chemicals, appear to correct the chemical imbalance and improve the symptoms of psychosis.

Many scientists have worked on the problem of finding the exact nature and cause of the brain chemistry problems that result in psychotic disorders without reaching any general agreement. New theories appear every few months, and it is easy to become confused. Some theories we may have heard about have not yet been proven. For example, there is no scientific proof that vitamin deficiency causes schizophrenia, or that vitamin therapy helps schizophrenia, except of course where a person has a vitamin deficiency as a result of poor nutrition. That does not mean that in the future research may find that some people may have something wrong with their nutrition or the way vitamins are used by their bodies and that might be one factor that causes the chemical imbalance that leads to their psychotic episodes.

Like so many medical problems we still do not know the exact causes of most psychoses, nor do we have a complete cure. We do, however, have excellent treatment that can minimise the problems that these disorders cause in our lives.

Do Psychoses run in Families?

Psychotic disorders runs in some families. That does not mean that if somebody in our family has psychosis everybody else will get it, or that a person suffering from psychosis should not marry and have children. We mentioned before that people in the general population had about a 1 in 200 chance of getting a schizophrenic psychosis. Well, if a close relative like a mother or father, or brother or sister suffers from schizophrenia then our chances are about 1 in 10 that we may be at risk to get the disorder. If we have an identical twin with schizophrenia or both our parents have had the disorder then the chances are much greater. The risks for other psychotic disorders are less well understood, but appear similar. We need to make sure those people with a high risk of developing these disorders because they run in their families understand clearly the earliest signs of the onset of psychotic disorders. Then we can make sure they get the best treatment at the earliest possible opportunity.
It seems as if psychotic disorders are not inherited directly, merely the tendency to develop them. People who are at risk of getting psychotic episodes possibly lack some chemical in the brain that may be responsible for the development of the chemical imbalance associated with these symptoms. This imbalance may only develop into a psychotic disorder when the person who has this vulnerability experiences certain stressful situations or has a continuing high stress life.

**THE RISK OF DEVELOPING PSYCHOSIS IS GREATER IF WE HAVE A PARENT OR A BROTHER OR SISTER WHO HAS HAD THE DISORDER**

**DO WE KNOW ANYBODY IN OUR FAMILY WHO HAS HAD A MENTAL DISORDER? DID THAT DISORDER SEEM LIKE PSYCHOSIS?**

*Environmental Stress and Psychosis*

It has been noted that psychosis begins most often when we are under stress. One of the greater periods of stress especially for young people is in early adult life. At this time they are striving to get a good job, develop close friendships and to live away from their families. This is the most common time for schizophrenic disorders to begin in men. In women the period of major life stress may be delayed until they begin to have children, and so we find that schizophrenia usually starts later in women.

Several studies show that psychosis may become worse soon after very stressful events, such as a death in the family, loss of a job or break up of a close relationship. Not only unpleasant events such as these seem to make psychosis worse. Positive events, such as getting married, having a baby, moving house and starting a new job may all make schizophrenic disorders worse, when those events are very stressful.

High stress may result from social problems, such as poor housing conditions, being homeless, or not having any work or money. An important part of any treatment program must be the provision of basic social support to deal with these problems.

Other studies show that once we have had an episode of psychosis the personal environment in which we live - our family, friends and work -- can help considerably if those people in daily contact can provide support by encouraging us as we gradually try to regain our skills and interests. If people tend to push or nag and criticise us this pressure may make things worse. On the other hand, if they do too much for us so that all we can do is lie around all day doing nothing, this too will tend to make psychosis worse. It is impossible to totally avoid stress, but our friends and family can be most helpful when they assist us to cope with difficulties in our lives and to attain our realistic personal goals step-by-step.
In addition to treatment with medicines, the Integrated Mental Health Care programme will teach us how to use more efficient ways to discuss problems and goals that may help us to cope with all types of stresses that occur in our lives. This combination of medication and stress management may help us to recover from episodes of schizophrenic disorders and reduce our chances of having serious recurrences.

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<th>RECOVERENCES MAY BE TRIGGERED BY:</th>
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<tr>
<td>STRESSFUL EVENTS</td>
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<td>STRESSES IN EVERYDAY LIVING</td>
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WHAT KIND OF STRESS MAY HAVE MADE OUR PSYCHOSIS WORSE?

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WHAT THINGS HAVE PEOPLE DONE THAT HAVE HELPED US WITH THE DIFFICULTIES WE HAVE HAD WITH SCHIZOPHRENIA?

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It is clear that friends and family can be very helpful to us. Of course, occasionally they can make things more stressful. However, there is no evidence that families can actually cause us to get psychosis.

A few years ago, it was thought that psychosis and other mental disorders might be caused by the way the parents communicated their thoughts and feelings to their children. While we all know how important this is, there is no scientific evidence that poor child-rearing, poor communication, or an unhappy childhood causes schizophrenia or other psychotic disorders. Of course problems like these may not help us develop effective ways of coping with stress in our lives, and if we have the bad luck to get a schizophrenic disorder we may be more disabled than those of us who have been fortunate to learn better ways to manage our stresses.

Research on recovery from mental disorders shows that when close family members and/or good friends are included in the treatment team people have many less recurrent episodes and manage to achieve their work and social goals more successfully. At the same time the stress of caring for that person is greatly reduced enabling carers to get on with their own lives again.
FAMILIES AND FRIENDS DO NOT
CAUSE PSYCHOSIS
BUT THEY CAN HELP US TO
RECOVER AND TO STAY WELL

MAKE A LIST OF THOSE FRIENDS OR FAMILY MEMBERS WHO MIGHT BE ABLE TO
HELP US RECOVER FROM OUR DISORDERS AND STAY WELL?

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**SUMMARY**

* SCHIZOPHRENIA AND OTHER PSYCHOSES ARE MAJOR DISORDERS THAT AFFECTS 1 IN 200 PEOPLE.

* KEY FEATURES INCLUDE:
  - delusions or false ideas
  - hallucinations of false sensations – usually hearing voices
  - difficulties of thinking, feeling and behaving

* BRIEF PSYCHOSES, SCHIZOPHRENIFORM, DELUSIONAL, DRUG-INDUCED AND SCHIZOAFFECTIVE DISORDERS ARE OTHER FORMS OF PSYCHOTIC DISORDERS THAT HAVE SIMILAR SYMPTOMS TO SCHIZOPHRENIA AND BENEFIT FROM SIMILAR TREATMENT STRATEGIES

* THE EXACT CAUSES OF MOST PSYCHOTIC DISORDERS ARE NOT KNOWN. AN IMBALANCE OF THE BRAIN CHEMISTRY IS OFTEN FOUND.

* STRESS AND TENSION MAKE THE SYMPTOMS WORSE AND POSSIBLY TRIGGER EPISODES OF THE DISORDER.

* THOSE WHO DEVELOP PSYCHOSES PROBABLY HAVE A BIOLOGICAL VULNERABILITY THAT MAKES IT MORE LIKELY THAT THEY WILL DEVELOP THIS TYPE OF DISORDER THAN OTHER PEOPLE. THIS HIGHER RISK MAY RUN IN FAMILIES.

* WITH INTEGRATED BIOMEDICAL AND PSYCHOSOCIAL TREATMENTS AN EVER INCREASING NUMBER OF PEOPLE RECOVER COMPLETELY, BUT MANY CONTINUE TO HAVE SOME DIFFICULTIES AND MAY SUFFER RECURRENCES.

* FAMILY MEMBERS AND FRIENDS CAN BE MOST HELPFUL BY ENCOURAGING THE PERSON SUFFERING FROM THESE DISORDERS TO GRADUALLY REGAIN THEIR FORMER SKILLS AND TO COPE WITH STRESS MORE EFFECTIVELY.
MEDICINE FOR PSYCHOTIC DISORDERS

II: How to Maximise the Benefits and Minimise the Unwanted Effects

Produced by Ballarat Health Services, Psychiatric Services

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INTRODUCTION: CORRECTING THE CHEMICAL IMBALANCE WITH MEDICINES

In the previous session we discussed the nature of schizophrenia and other psychotic disorders. We discussed the difficulties they cause, and some things that make them better or worse. We concluded that they are probably caused by a disturbance of the brain that is made worse by stress.

A commonsense treatment plan involves correcting the chemical imbalance as well as learning to cope better with stress. In this session we will discuss treatment of the brain chemistry with medicine. Life stress is a more difficult problem to treat. In later sessions we will learn how to manage stresses in our everyday lives as well as cope with major personal crises by becoming more expert at solving our problems.

CHEMICAL NAME | BRAND NAME
--- | ---
CHLORPROMAZINE | LARGACTIL
THIORIDAZINE | MELLARIL
TRIFLUOPERAZINE | STELAZINE
CLOzapine | CLOZARIL
PIMOZIDE | ORAP
OLANZAPINE | ZYPREXA*
RISPERIDONE | RISPERIDAL*
SEROQUEL | QUETIAPINE
FLUPHENAZINE | MODECATE*
HALOPERIDOL | HALDOL*
FLUPENTHIXOL | DEPIXOL*
AMISULPIRIDE | SOLIAN
ZUCLOPENTHIXOL | CLOPIXOL*

* also available as long acting injections
The strengths of the medicines differ considerably. For example, 100 mg of chlorpromazine is about the same strength as 2 mg of fluphenazine. We will notice that the same medicine often has more than one name e.g., olanzapine = zyprexa. The longer, usually more complicated, name is the chemical name while the shorter name is the brand name that is given by the company that makes it.

WHICH MEDICINES HAVE WE TAKEN?

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How do these medicines make my disorder better?

1. Reducing symptoms during a major episode:
There are two ways in which medicine helps in the treatment of psychotic disorders. The first is to reduce the severity of the symptoms of the major episode of the disorder. However, once the symptoms of delusions, hallucinations and thinking difficulties have been relieved the same medicine is used to prevent further recurrences of the illness.

Antipsychotic medicines produce a large improvement in about 75% of major psychotic episodes.

The symptoms most likely to improve are:

DELUSIONS
HALLUCINATIONS
THINKING PROBLEMS
SOCIAL WITHDRAWAL
LAUGHING OR CRYING FOR NO REASON
AGITATION

The symptoms less likely to improve with medicine are:

BOREDOM
LACK OF ENERGY
DEPRESSION
ANXIETY
BODILY COMPLAINTS

IN OUR EXPERIENCE WHICH SYMPTOMS HAVE MEDICINES IMPROVED MOST?

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**How much medicine do I need?**

It is a general rule never to give people more medicine than is clearly helpful. The best dose of medicine is worked out by thoroughly checking the symptoms we have on each meeting with our doctor. Sometimes it is helpful to measure the levels of medicine in our blood to be sure that the dose is optimal. Our doctor is the best judge of the best dose, but we can help greatly by telling him or her exactly what symptoms we have experienced recently (even if they are not bothering us too much at this point).

Even more important, we can help ourselves by taking our tablets *every day* even if we are completely free of symptoms. Our doctor will tell us when it is safe to reduce or stop our medicine. We should *not* miss tablets without talking with our doctor first. The schedule on the next page may help us keep a record of our medicines -- the benefits we notice as well as the problems.
**MEDICINE RECORD**

Name: ___________________________

My Doctor's Name, Address, Tel______________________________

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<th>Date</th>
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Remember! If I am not happy with the treatment it is important that I talk with my doctor before I change the dose.
The benefits of continuing to take medicines every day to prevent further episodes

The reason why doctors recommend that we continue to take medicine every day are quite clear.

risk of having at least one recurrent major episode

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This diagram shows that in the year after recovering from a major episode of a psychotic disorder our chances of having another major episode are about 70%. That means that 7 out of 10 people will have a recurrence of psychotic episodes if they do not continue to take medicine regularly. This risk can be halved if we take low doses of our medicine every day. In other words, if we stop taking our medicine, or only take it occasionally we double our chances of having a further major episode.

Furthermore, if we are not taking medicine every day when an episode occurs the symptoms are likely to be more severe. They are more likely to lead to loss of a job, break up of friendships or other major life problems, and we may need to be treated in hospital. If an episode occurs in spite of taking medicine every day it usually follows some major life stress and is likely to be less severe. A recurrence when we have been taking medicine can usually be treated simply by increasing the dose of our medicine a little or dealing with any life stress that may have triggered it.

EPISODES WE HAVE WHEN TAKING MEDICINE
ARE LESS SEVERE
HAVE WE HAD A RECURRENCE OF OUR ILLNESS?
WERE WE TAKING OUR MEDICINE EVERY DAY WHEN IT OCCURRED?
HOW MUCH DID IT DISRUPT OUR LIFE?

Most major episodes come on over at least a few days. In our next meeting we will teach us how to recognise the warning signals of a recurrence, so that we may be able to prevent them developing into a major episode.

**Will taking medicine every day help me achieve my personal goals?**
While medicine helps most of us with our psychotic disorders by reducing the severity and frequency of major episodes it does not solve all our problems. Merely taking medicine will not teach us any new skills, or get us a job or help us make new friends. Other teaching programmes are necessary in addition to the medicine to help us to have the kind of life that we want to live. Job training, education and living skills training programmes may be important to help us achieve our personal goals and enjoy our life.

Unfortunately, as we have mentioned earlier, not everybody has good results from the medicine. A few people continue to experience psychotic symptoms even when they are taking optimal amounts of medicine. Others lose most of their delusions and hallucinations, but still have interference with their thinking that make it difficult to carry out everyday things, such as work activities, learning new skills, or even making conversations and looking after themselves. Fortunately new medicines as well as new psychological treatments are being developed that seem to help with these persisting symptoms.

**WHAT OTHER FORMS OF TREATMENT DO WE THINK MIGHT HELP US ACHIEVE OUR PERSONAL GOALS?**

---

**Side effects and how to minimise them**
The antipsychotics are a remarkable group of very powerful medicines. Chlorpromazine was one of the earliest developed. In many countries it is known by the brand name "Largactil", so called because it has such a large range of actions. It acts on nearly every part of the body, from the brain to the heart, stomach, muscles, and glands. The other medicines have rather similar effects. But when we are treating psychotic symptoms we are only interested in the effects on the brain chemistry and these other actions are only a nuisance. These unwanted effects may include:

**COMMON UNWANTED**
EFFECTS

• drowsiness
• sensitivity to sunburn
• shakiness
• muscle stiffness
• increased appetite & weight
• dizziness
• clumsiness

Unwanted effects that are less common are:

LESS COMMON UNWANTED EFFECTS

• muscle spasms
• mouth & body movements
• sexual difficulties
• blood disorders

WHAT PROBLEMS HAVE WE HAD THAT WE THOUGHT MAY HAVE BEEN UNWANTED EFFECTS OF OUR MEDICINES?

________________________________________________________________
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How can we minimise the unwanted effects of medicines?
Most of these unwanted effects are unpleasant. Our goal is to get rid of all side effects. This is often possible. But even when it is not possible to completely eliminate unpleasant effects of our medicine, there it is always possible to find ways of coping with these difficulties so that we can get the very best results from our treatment. Some strategies for minimising the unwanted effects of medicines are:

1. **Wait a few days**
   Most of the unwanted effects are worse when we first begin to take the medicine. After a few days or at most a week or two, many of these effects will have worn off. There is no reduction in the beneficial effects. So the first and often best way to cope with any bothersome side effects is to just wait a while.

2. **Reduce dose on doctor’s advice**
It is very difficult for our doctor to calculate the exact dose that is best for us when he or she first prescribes our medicine. Sometimes he or she will prescribe a little too much. If particularly troublesome side effects occur we can make a note on our Medicine Record and then contact our doctor if they do not show any signs of improving. He or she may recommend reducing the dose. The optimal dose of our medicine to prevent an episode is often one where side effects are not present or only very slightly evident. The blood tests our doctor takes will be a helpful guide to the dose he or she will recommend.

REMEMBER!

NEVER REDUCE OUR DOSE OF MEDICINE UNTIL WE HAVE TALKED IT OVER WITH OUR DOCTOR

3. **Change to another type of medicine on our doctor’s advice**
   Some people are extra sensitive to the effects of one medicine and less troubled by another. If after waiting a week or so, and reducing our dose, troublesome side effects remain, our doctor may recommend a change to another medicine that is less likely to have the specific side effects that bother us. For example, chlorpromazine tends to cause more drowsiness, while fluphenazine is less likely to cause this problem but is more likely to cause shakiness, and olanzapine may cause us to put on weight.

4. **Take medicine to control the side effects**
   When the methods outlined above have not helped us to cope with the side effects our doctor might recommend taking an extra medicine to reduce some side effects. The medicines commonly used include trihexyphenidyl (Artane), benztrapine (Congentin) and diphenhydramine (Benadryl). These medicines are sometimes helpful in reducing problems such as shakiness, stiffness and muscle spasms. However, they have side effects themselves such as dry mouth, blurred vision, and difficulty urinating, so are best used only for brief periods.

5. **Coping with specific side effects**
   **Drowsiness**: This can be overcome by taking our main daily dose of medicine before we go to bed. The drowsiness may help us sleep and may have worn off by morning.

   **Sensitivity to Sunburn**: Some antipsychotic medicines may increase our tendency to burn in the sunshine, especially if we are fair-skinned. We can cope with this by avoiding exposure to the hot sun and using a strong sunscreen cream or lotion when we are in the sun. Several excellent brands are sold in all drug stores. Ask the pharmacist which one is best.

   **Restless Legs**: Two methods of coping with this very unpleasant side effect are:
   1. physical exercise such as walking or jogging; or,
   2) muscle stretching exercises. Tense our leg muscles as tightly as we can, count to five, then slowly let them relax. Our Instructor may be able to help us to learn this method if it seems helpful (see Coping With Anxiety).
**Dizziness:** The dizziness occasionally produced by some medicines usually occurs when we get up suddenly, especially from a warm bath. This can be avoided if we get up more slowly.

**Increased Appetite:** This is no problem in itself, but may lead to weight gain. If we take care to eat good healthy food and avoid a lot of fattening foods such as cakes, sweets, butter, rice and potatoes. If we gain 10 lbs or more we may need a reducing diet. Once again, our Instructor may be able to advise us on the details of this. (see Eating Problems)

**Persistent side effects**
Nearly all side effects can be eliminated or at least reduced to levels that can be tolerated. Unfortunately on occasions people will develop side effects that persist no matter what is tried. These are more frequent when a high dose of the medicine is given over a long period. One type of side effect that may occur is that of mouth, lip and tongue movements. This is called tardive dyskinesia. If it does occur and becomes severe our doctor may recommend taking a medicine that has a lower risk of this unwanted effect. But if this does not work he or she may even recommend stopping our medicines, particularly if we have been quite free of any serious symptoms for some time.

Other medicines have serious side effects, such as changes in our blood cells that make us less able to recover from infections, or yellow jaundice. Regular blood tests may be needed to detect these problems early, when they can be easily solved. It is very important to let our doctor know about any unusual changes we notice when we are taking medicines. It is also very important to make sure that we take care of our general health and have regular checkups from our family doctor.

**The Side Effects Checklist**
On each monthly appointment to review of our medicine our doctor will examine us carefully for any side effects so that we can cope with them before they become a big problem. This may include testing for coordination and movement, as well as regular blood checks. Every three months we will be asked about a long list of possible side effects. (Buckingham Side Effects Checklist) This list includes problems such as sexual difficulties that we may be a little hesitant to discuss with our doctor. We hope we will overcome any shyness as these problems usually can be solved quite easily.
SUMMARY

Here is a summary of the ways we can cope with the unwanted effects of our medicines:

<table>
<thead>
<tr>
<th>COPING WITH UNWANTED EFFECTS</th>
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</thead>
<tbody>
<tr>
<td>1. WAIT A WHILE</td>
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<tr>
<td>2. REDUCE DOSE ON DOCTOR’S ADVICE</td>
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<tr>
<td>3. CHANGE MEDICINES ON DOCTOR’S ADVICE</td>
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<tr>
<td>4. TAKE EXTRA SIDE EFFECTS MEDICINES</td>
</tr>
<tr>
<td>5. SPECIFIC COPING STRATEGIES</td>
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<tr>
<td>6. REGULAR CHECKS FOR SIDE EFFECTS</td>
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</tbody>
</table>

WHAT WAYS HAVE WE TRIED TO COPE WITH UNWANTED EFFECTS WE HAVE HAD?

______________________________________________________________________
______________________________________________________________________

What makes our side effects worse?

Unwanted effects are made worse by not taking our tablets every day or by varying the amount we take. For minimal unwanted effects we should try to take our medicine every day. We may find it helpful to put our daily dose of tablets in a prominent place so that we can clearly see whether we have taken our prescribed dose. Other people we live with might remind us if we find this helpful, but excessive nagging is not very helpful and may discourage us.

If we forget the occasional dose, it is NOT a good idea to take an extra dose the next time it is due.

Another cause of increased unwanted effects is taking more than one anti-psychotic medicine at the same time. Combining medicines does not always improve their beneficial effects, and may increase the unwanted effects. So it is always best if we can work together with our doctor to find one medicine that suits us and to stick with that.

<table>
<thead>
<tr>
<th>TRY TO AVOID</th>
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<tbody>
<tr>
<td>• IRREGULAR TABLET TAKING</td>
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<tr>
<td>• TAKING MORE THAN ONE ANTI-PSYCHOTIC MEDICINE AT ONE TIME</td>
</tr>
<tr>
<td>• NOT TELLING OUR DOCTORS ABOUT ALL THE MEDICINES WE ARE TAKING</td>
</tr>
</tbody>
</table>
We have emphasised the unwanted effects of these medicines, which might seem a little scary. But, these medicines are among the very safest drugs used in any branch of medicine. Most of their side effects are relatively minor.

**Can I get addicted or dependent on these medicines?**

These medicines do not lead to addiction. Rather than requiring more medicine as the months go by, our doctor will often recommend that we reduce our medicine if we have not had any recurrence of symptoms for a long time.

**Is it safe to take these medicines during pregnancy?**

Most of the medicines used for psychotic disorders can usually be taken throughout pregnancy without having any bad effects on our baby. However, it is important to speak with our doctor before we plan to get pregnant so that we can get the latest advice on the risks of any particular medicine that we are taking at that time. He or she may advise we change to another medicine at this time.

**ANTIPSYCHOTIC MEDICINES ARE:**

- very safe
- not addictive

**Why do people stop taking medicine?**

In spite of the benefits of medicine some people decide to stop taking even when their doctors recommend that they continue. Some of the reasons they give for stopping prematurely are:

**Unwanted effects:**
Sometimes people stop taking their medicine for a day or two and as a result feel better when the unwanted effects go away. The beneficial effects of the medicine take much longer to disappear so that a major episode may not occur for weeks or months after stopping. This may persuade us that the medicine was doing more harm than good. But remember that we will have a 70% chance of having an episode if we stop taking medicine, but only a 30% chance if we stick with it.

**EPISODES MAY NOT OCCUR FOR SOME MONTHS AFTER STOPPING THE MEDICINE**

**Reminder of illness**
Taking tablets every day remind us that we have a risk of developing episodes of psychotic disorders. This may be rather unpleasant, particularly if we feel quite well and are free of any symptoms. However, taking the tablets will ensure that we remain well in the same way that taking vitamins in the winter may prevent colds or flu. It is like an insurance policy that is worth investing a little effort in every day. When a major stress occurs in our life we will be
much less likely to suffer a major episode if we have been taking our medicine regularly. Each episode can be very costly for us in terms of the loss of progress towards the personal goals in our lives.

**TAKING MEDICINE INSURES AGAINST "COSTLY" EPISODES**

*Searching for other cures*
Some people continue to suffer from some symptoms of psychotic disorders (hearing voices, having unusual ideas, thinking difficulties) even though they take the medicine exactly as their doctor prescribes. The medicine may be helping but some symptoms persist. This can be most frustrating and cause us to lose faith in our treatment and stop taking their medicine. If we do have persistent troublesome symptoms it is very important to take our medicine exactly as prescribed so that our doctor can measure the effect of different dosage schedules on our symptoms. Progress may seem slow but stopping medicine will usually lead to a worsening of our symptoms. There are several psychological treatments that can help us cope with any continuing symptoms when medicines are not very helpful.

**HAVE WE STOPPED TAKING OUR MEDICINE AT ANY TIME?**
**WHAT WERE OUR REASONS FOR STOPPING?**

________________________________________________________________
________________________________________________________________

*Do street drugs cause psychotic disorders?*
There is no clear evidence that any street drugs actually cause schizophrenic disorders. But, there is no doubt that they frequently make that illness worse, and can trigger off recurrences. The worst offenders are PCP ("Angel Dust", "Shermans", "Cools, "Lovely"): amphetamines ("uppers", "speed"); ecstasy; cocaine (coke, crack) and LSD ("acid"). Marijuana ("pot, "grass") used to be thought less harmful, but triggers off episodes in many people. When a person has episodes of psychosis where the only major cause seems to be taking a drug they are usually diagnosed as having a drug-induced psychotic disorder. Whatever our diagnosis it is always best to avoid taking any drugs, apart from those medicines that our doctors prescribe.

**AVOID ALL STREET DRUGS**

- pcp (angel dust)
- ecstasy
- amphetamines (speed)
- lsd (acid)
- cocaine (crack)
- marijuana

**WHICH STREET DRUGS HAVE MADE OUR SYMPTOMS WORSE?**

________________________________________________________________
Can I drink alcohol with my medicines?

The effects of small amounts of alcohol on psychotic disorders are not usually harmful. However, we may find that we will become intoxicated much quicker. As a rule of thumb alcohol will have double its effect when we are taking anti-psychotic medicines. If we are planning to drink occasionally at a party or special dinner we should limit ourselves to one or two drinks only and drink them slowly. Do not cut back on our medicine or miss a dose.

| ALCOHOL HAS DOUBLE THE EFFECT WHEN WE TAKE ANTIPSYCHOTIC MEDICINES |

What about cigarettes?

Research shows that smoking tobacco interferes with the levels of medicine in our blood. This may reduce the benefits so that our symptoms may not get better. If we plan to stop or cut back our smoking we may find we need less medicine than before and our side effects become worse. If we notice this we should contact our doctor before cutting down our tablets.

| TOBACCO SMOKING MAY REDUCE THE BENEFITS OF ANTIPSYCHOTIC MEDICINES |

Can I take other medicines for other mental and general health problems?

Almost all medicines can be safely taken in combination with anti-psychotic medicines. These include antibiotics, heart and blood pressure tablets, hormones, cold and headache cures, etc. If we have any concerns we should check with our doctor.

At times our doctor may recommend that we take an additional medicine for symptoms of depression or anxiety, or other mental health problems. We will then need to talk about ways to get the best results from these medicines as well. (see What is Depression?)

| REMEMBER our doctors and mental health team are always ready to listen to our problems with our medicine and to work with us to minimise the unwanted effects and maximise the benefits. Do not hesitate to contact them for advice at any time |

|  |  |
### SUMMARY

1. **REGULAR TABLET TAKING IS THE CORNERSTONE OF TREATMENT OF PSYCHOTIC DISORDERS.**

2. **ANTI-PSYCHOTIC MEDICINES ARE VERY EFFECTIVE FOR THE TREATMENT OF MAJOR EPISODES OF SCHIZOPHRENIC AND OTHER PSYCHOTIC DISORDERS.**

3. **IN LOW DOSES THEY ALSO PROTECT FROM RECURRENCES.**

4. **SIDE EFFECTS ARE OFTEN MILD AND CAN BE MINIMISED.**

5. **ALL STREET DRUGS MAKE PSYCHOTIC DISORDERS WORSE.**
III: How To Recognise The Earliest Signs Of A Major Psychotic Episode And Prevent Severe Crises

Produced by Ballarat Health Services, Psychiatric Services

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The Early Signs of Psychotic Episodes

Almost all health problems are best treated in the earliest stages. At this stage a little intensive treatment may prevent major difficulties. If we are able to recognise the earliest signals that something is not quite right we may be able to get help at that stage and not have to wait until the unpleasant symptoms of our disorder disturb our lives in a major way.

The early signs of many peoples' disorders are similar. The first signs may be the response of that person to excessive stress, such as changes in our sleep pattern or appetite, feeling tense and irritable, having headaches and backaches or feeling exhausted. Each person will have their own particular signals that indicate that they are under too much stress and may need to take things a little easier for a day or two.

**WHAT SIGNALS DO EACH OF US HAVE THAT TELL US THAT WE ARE UNDER TOO MUCH STRESS?**

My usual signs of stress are:

_____________________________________________________________________

_____________________________________________________________________

These signs may happen quite often, depending on how stressful our lives are. They are very helpful reminders for us to do something to solve our problems. If we are experiencing these signs of stress we may find it helpful to discuss this at our next Resource Group Meeting and find ways of dealing with the problems that we think may have triggered our stress reaction. It is important to realise that these signs are warnings that our body is under strain, and that even if we have no serious health worries at present that continued strain on our body may lead to major health problems eventually. Psychotic disorders are only one of many mental and physical health problems that are made worse by continued high stress. Heart disease, asthma, stomach ulcers, diabetes, epilepsy and even cancer can be made worse by stress.

For a person who is prone to having episodes of a psychotic disorder it is particularly important to deal with any problems that may seem to have caused a stress reaction. If we become expert at that we may be able to avoid many major episodes of psychosis, at least those that have been triggered by stress in our lives. Not all major episodes are caused by stress alone. Many may be caused by changes in our brain and body chemistry that we cannot always clearly understand. In our last meeting we discussed some other possible reasons for major episodes. Let us take a minute to review those:

**Early Warning Signals of a Major Episode**

We have discussed the importance of solving any problems that may seem to have caused a stress reaction. If we become expert at that we may be able to avoid many major episodes of psychosis, at least those that have been triggered by stress in our lives. Not all major episodes are caused by stress alone. Many may be caused by changes in our brain and body chemistry that we cannot always clearly understand. In our last meeting we discussed some other possible reasons for major episodes. Let us take a minute to review those:

**WHAT ARE SOME OF THE THINGS THAT MAKE OUR PSYCHOTIC DISORDERS WORSE?**
Taking street drugs
Not taking antipsychotic medicines
Smoking a lot
Physical health problems

Of course physical health problems may affect brain and body functioning in many ways. But they can also add considerably to overall life stress. So it is important to do our best to keep healthy and too go to our general health doctors whenever we need their advice about health problems.

We may begin to develop the signs of a major psychotic episode when our brain chemistry is disturbed, either by continuous high levels of stress, or changes due to taking street drugs, or by reducing our anti-psychotic medicine, or for any other reason. The early signs of a major episode may be very similar to the signs of stress, but they may have some features that we can recognise as rather different, and can help us decide whether this is an everyday stress reaction or the beginning of a major episode. Some early signs that we may notice are:

**EARLY SIGNS OF MAJOR PSYCHOTIC EPISODES**
- loss of interest in work, hobbies or friends
- not caring for children or partner in usual way
- wearing particular clothes, hair styles, etc.
  - forgetfulness
  - not able to concentrate
  - having special unusual ideas
  - not being able to relax
  - particular problems with sleep
  - becoming more or less talkative
  - things looking different
  - our feelings seem to have changed
- feeling tense and irritable much of the time
- continued headaches or pains

Once again most of us have two or three special signs just before we have a major episode. Sometimes our friends, family members, instructors, workmates, or even our family doctors will notice that something is not quite right even before we notice these earliest signs.

**WHAT SPECIAL SIGNS HAVE WE NOTICED BEFORE A MAJOR EPISODE?**

If we can all learn to recognise these special early warning signs, we can then take urgent action to prevent them becoming worse and leading to a major psychotic episode.
For example, before major episodes Joy had problems with her sleep, concentration and did not want to talk with people. She and her Resource Group were able to agree clearly that the signs were:

1. \text{reduction in my sleep of 2 hours for 3 nights in a row}
2. \text{not being able to read for more than 5 minutes at a time}
3. \text{being more than 4 hours alone in my room for three days in a row}

\text{LET US TRY TO DECIDE WHICH OF OUR SIGNS MIGHT BE THE CLEAREST, AND WRITE DOWN EXACTLY WHAT THEY ARE?}

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Once we have decided how to make these signs as clear as possible for everyone to recognise we can write them down on our Early Warning Signs sheet in the front of our Guidebooks.

\text{What can we do when warning signs occur?}

It is important to have a simple plan of action clearly worked out before warning signs appear. The exact details may depend on our life situation at that time. For example, if a very stressful event has just occurred, such as a death in our family, the treatment is likely to focus on helping us to cope with that. Alternatively, if the warning signals appear shortly after our doctor has recommended a lower dosage of medicine, the response may be to increase the dosage to the earlier level. High levels of everyday stress are often present when we are out of work, have little money, or where there are continued problems in our Resource Group. In such cases a small increase in stress may overwhelm our ability to cope and lead to a high risk of a major episode.

Often the solution will be a combination of changes in the dose of medicine as well as problem solving ways to manage any major stresses. But the first thing to do is to contact the mental health team without delay. \text{Any early warning sign is an emergency and we must arrange a meeting without delay.}

Now we can make an action plan on our Early Warning Signs sheet.

\begin{center}
\text{WHENEVER I NOTICE ONE OF MY EARLY WARNING SIGNS I WILL:}
\begin{itemize}
  \item contact my key worker/instructor or doctor immediately
  \item make sure I am taking my medicine as recommended
  \item avoid taking any street drugs or other medicines that have not been recommended by our doctor
  \item check on any stressful things that have happened
  \item check on any continuous high stresses in my life
\end{itemize}
\end{center}
Where do we put the Early Warning Signs Sheets?

We may be able to remember the early signs and plans that we have made today, and even tomorrow. But we may need to remember all these things many months from now. So it is important that we think about ways that we can be sure to remember our plans in the future. One suggestion is for us to make several copies of the Early Warning Signs sheet and to put these in many places that will help us and those other people who we have decided to involve in the plan to remember exactly what we would like them to do.

WHO ARE ALL THE PEOPLE IN OUR RESOURCE GROUP WHO MIGHT NEED TO REMEMBER THIS PLAN?:
HOW CAN WE BE SURE THAT THEY WILL REMEMBER THE PLAN?

<table>
<thead>
<tr>
<th>Person involved in plan</th>
<th>Plan to help them remember</th>
<th>Check that they know what to do</th>
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Some people who might need to know about the Early Warning Signs plan are the people we live with, close friends and family, neighbours, workmates or fellow students, teachers, our family doctor, in addition to our mental health instructor and doctor, and most important of all, ourselves!

Plans to help them remember may include, making copies of the Early Warning Signs sheets and putting them in places where they cannot be missed. Maybe on a notice board at home, behind the toilet door or on the refrigerator. Doctors and the mental health team will put the sheet on the front of our medical file. We may want other people to put the sheet somewhere special as well. Write down what we will do to make sure each person will remember the plan next to their name on the list above.

Our instructor and our mental health doctor will check on our Early Warning Signs each time they meet with us.

When we are sure that the arrangements to help each person on our list to remember the plan have been put in place we can put a tick in the box. We will discuss this at the beginning of our next meeting.

MAKE SURE THAT EVERYBODY WHO MIGHT NEED TO HELP RECOGNISE OUR EARLY WARNING SIGNS KNOWS ABOUT THE PLAN AND WILL BE ABLE TO REMEMBER IT IN THE FUTURE
EARLY WARNING SIGNS PRACTICE: FIRE DRILL

Let’s now practice how we will put our plan into action. We will imagine that we have noticed one of our early warning signs. Let’s see how well the plan works. We may find some weak points or hitches that need clearer planning. Then we can change our plan to ensure that it will work without difficulty even when we are all under a lot of stress.
MEDICINE FOR PSYCHOTIC DISORDERS

IV: Developing The Habit Of Taking Medicine Every Day

Produced by Ballarat Health Services, Psychiatric Services

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In our previous meetings we have discussed the benefits and side effects of medicine for psychotic disorders. Let us take a moment to remind ourselves of these.

**WHAT BENEFITS HAVE WE NOTICED FROM TAKING MEDICINE?**

The symptoms *most likely to improve* are:

**SYMPTOMS MOST LIKELY TO IMPROVE WITH MEDICINE**
- delusions
- hallucinations
- thinking problems
- social withdrawal
- laughing or crying for no reason
- agitation

The symptoms *less likely to improve with medicine* are:

**SYMPTOMS LESS LIKELY TO IMPROVE WITH MEDICINE**
- boredom
- lack of energy
- feeling unhappy
- feeling anxious
- aches and pains
- loss of interest

Continuing to take medicine helps us stay well

As well as helping reduce the symptoms of psychotic disorders these medicines also help prevent major episodes occurring after we have recovered. Continuing to take medicine regularly halves the risk of having another major episode during the year after recovery. This graph shows the clear benefits of taking medicine regularly.
WHAT ARE THE DISADVANTAGES OF TAKING MEDICINE?

As well as the problems of side effects, there are other disadvantages to taking medicine such as, having to remember to take the medicine, being reminded of our disorder, finding that symptoms do not always go away and occasionally return even when we are taking the medicine regularly, needing to find time to make clinic appointments, and being seen going to a mental health clinic. For some people the disadvantages of taking medicine in this way may seem greater than the risk of occasional major episodes of their disorder.

Successful use of medicine is achieved only when the medicine is taken regularly in the dose that suits each person. This sounds very simple, but requires very close cooperation among patients, doctors and carers. Surveys show that optimal medicine is achieved in less than half the people who are receiving treatment from medical and psychiatric outpatient clinics. There are many reasons for this, most of which can be overcome without much difficulty.

The Problems of Taking Medicine Regularly

Most people will find it difficult to take medicine regularly, even medicine that they know has great benefits for them, and few side effects. Taking medicine is not a natural thing for people to do. It is something that needs a special effort, until we get into the habit of taking it. Even then we may need help to make sure that this habit continues throughout all the ups and downs of our lives. There is not only one way to get the best out of taking medicine. Each person needs to discover the way that is best for them.

<table>
<thead>
<tr>
<th>DIFFICULTIES TAKING MEDICINES</th>
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<tbody>
<tr>
<td>• making clinic appointments</td>
</tr>
<tr>
<td>• forgetting</td>
</tr>
<tr>
<td>• unpleasant effects</td>
</tr>
<tr>
<td>• unhelpful attitudes</td>
</tr>
<tr>
<td>• lack of rewards</td>
</tr>
<tr>
<td>• persistent symptoms</td>
</tr>
<tr>
<td>• recurrence of symptoms</td>
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</table>

Making clinic appointments

Many people do not keep their appointments at mental health clinics. There are many reasons for this, from obvious practical matters, such as lack of instructions on how to get to the clinic, loss of appointment cards, concern about taking time off work, to more complex issues, such as a lack of understanding of the need to continue medicine after recovering from a major episode, or anxiety about attending a mental health clinic and waiting in crowded clinic rooms.

Improvements in the organisation of clinics that makes them more welcoming and minimises waiting may help. Some people can get their medicine from family doctors, which is particularly helpful when appointments can be made outside working hours. If we have a fear
of sitting in a crowded waiting room, we may benefit from treatment to overcome this anxiety problem, which probably causes us difficulties in other social situations. Some services provide medicines for people in their own homes. This may help those who continue to have serious symptoms that make it very difficult for them to organise clinic visits.

**Forgetfulness**
Perhaps the most common cause of not taking medicine regularly is forgetfulness. Once again this problem is greatest when our thoughts and actions are disturbed by the symptoms of psychotic disorders. Teaching us and our carers to find ways to remember to take our medicine in a regular way may help.

Most medicines can be taken only once a day. Simplifying the dose in this way makes the task of remembering easier. Some people have found that they can link their tablet taking to a regular habit, such as mealtimes, taking a bath or shower, or brushing their teeth. For example, Joe always remembered to brush his teeth before going to bed. He decided to put his daily dose of tablets next to his toothpaste. When he brushed his teeth at night he took his tablets with a glass of water. His mother used the same bathroom and was able to notice if the tablets had been taken. On the rare occasions that he forgot to take them she was able to remind him.

Some people find that keeping a week’s supply of tablets in a plastic container with sections for each day helps them remember the tablets they need to take.

Wherever possible, we suggest that it is best for people to take responsibility for their own tablet taking. Nagging by our concerned carers often discourages us. Our carers may be able to learn more constructive ways of prompting us, as well as ways to praise us for taking our medicine regularly.

**Unpleasant Side Effects**
We have already discussed the unpleasant side effects that most medicines for psychotic disorders have. With the wide choice of different medicines that are available and modern ways to decide the best dose of medicine for each person, it is now possible to eliminate almost all the unwanted effects of medicines. However, this may take some time, and needs excellent collaboration between doctor and patient. Doctors often talk about serious and minor side effects. Of course, some side effects can be life-threatening and must be dealt with as an emergency. But all side effects are very serious for us if they interfere with our lifestyle and our ability to achieve our personal goals. If our unwanted effects are not eliminated, most of us will consider stopping our medicines so that we can feel better.

WHAT UNPLEASANT EFFECTS HAVE WE EXPERIENCED FROM THE MEDICINE WE ARE TAKING NOW?

____________________________________________________________________________
____________________________________________________________________________
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___
In an earlier session we discussed some strategies for coping with side effects. These were:

**Do Nothing:** Most unpleasant effects get better after a week or two.

**Dose reduction:** If we have side effects, this usually means that the dose of our medicine is a little higher than it needs to be. So the best strategy may be to lower the dose a little until those side effects go away. But we must always do this with the help of our doctor.

**Self-Regulation:** Many side effects are made worse by changing the dose of our medicines too rapidly. A few of us may be able to learn to adjust our doses slightly to get optimal benefits on a day-by-day basis. This must be done only after careful planning with our doctor.

**Change Medicine:** Our doctor may be able to help us find the medicine that has the fewest unpleasant effects for us.

**Medicine to Counter Side Effects:** Some medicines can be helpful to counter the unpleasant effects of other medicines.

**Other Strategies:** There are many strategies for coping with the unwanted effects of medicines. In some cases muscle tension and spasms may be relieved by muscle relaxation, dry mouth by sipping drinks regularly, dizziness by avoiding getting up quickly, restless legs by stretching exercises or physical exercise, increased appetite by taking care of what kinds of food we eat.

WHAT THINGS HAVE WE FOUND HAVE HELPED REDUCE THE UNPLEASANT EFFECTS WE HAVE HAD?

____________________________________________________________________________

____________________________________________________________________________

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The thoughts and feelings we have about taking medicines

When patients and carers have positive thoughts and feelings about taking medicines they are more likely to take them regularly. Unfortunately many people have negative thoughts and feelings about these medicines. These include:

‘No drug should be taken for a long time. This leads to addiction, or at least to psychological dependence on the drug.’

‘Drugs are only for sick people. But I’m not sick.’

‘People who need drugs to stay well are weak characters. It is better to stay healthy through diet and exercise than through drugs.’
'My daughter takes the medicine regularly, but she is still not well. She continues to have symptoms and cannot concentrate like she used to. She cannot live a normal life if she continues to take these medicines.'

'I don't care what you say. I took these tablets once before and had a terrifying experience. They are poisonous for me.'

It is important to recognize that all these ideas are at least partly correct. We hope that our educational program will help us understand the benefits of the medicines more clearly over the next few months. At times anxiety about drug taking may have resulted both from our own experiences of severe side effects as well as seeing other people having severe side effects. A special program may be needed to help us overcome these very understandable fears. Attempts to force us to take medicines may only increase our reluctance to cooperate. Medicines that are given by intra-muscular injection are sometimes a problem if we are fearful of injections. Similarly, the need for blood tests may put us off taking the medicine that is best for us, and adjusting the dose we take to the optimal level. If we are very frightened by injections, it is important that we tell our doctor or instructor. There are ways to learn to cope better with these fears that often stop people getting the best treatment, not only for their mental disorders but for many other health problems where injections are necessary.

WHAT THOUGHTS AND FEELINGS DO WE HAVE WHEN WE TAKE OUR MEDICINE?

First, the positive ideas and feelings:

________________________________________________________________________

________________________________________________________________________

hen, the negative ones:

________________________________________________________________________

________________________________________________________________________

How to Continue our Habit of Taking Medicine Regularly

Once we have got into the habit of taking our medicine regularly, it is important that this habit continues. If we do not have any symptoms for several months we may feel that there is little benefit from continuing to take medicine. We may be tempted to cut down, and to miss doses. A recurrence does not usually occur immediately, so we may feel that our actions make sense, and the doctors are wrong.

Rewards for regular drug taking.

Rewarding us for taking our medicines regularly will help us keep up our good habits, even when we cannot see many benefits. When our carers give us praise and compliments this may be enough to encourage us to continue. Additional rewards, such as a special meal, recreational outing, or small gift to express appreciation at less frequent intervals may help
us even more. One clinic organised a party every three months for all those people who had taken their medicine at least 75% of the time. Another family gave their son extra money that he could spend on a treat of his choice.

Many people have said how pleased they are when their doctor compliments them on taking their medicine regularly. Some find it very helpful to discuss the levels of medicine in their blood. Others are greatly encouraged by the concern their doctors show by routinely using the checklist of side effects to find out any problems they might be having, and then working together to find ways of solving these problems.

**WHAT REWARDS WOULD ENCOURAGE US TO CONTINUE TO TAKE OUR MEDICINE REGULARLY?**

____________________________________________________________________________
____________________________________________________________________________

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**Early Warning Signs and Regular Medicine**

It used to be thought that almost all recurrences of psychotic disorders occurred because patients were not taking their medicine regularly, or in the correct dose. Although this is one of the common causes of a major recurrence, it is not the only one. Even when we are taking medicine in the optimal way, we may still have recurrences. Some of these may happen as a result of high stress, or from taking stimulant drugs. But still others will occur for reasons that are not at all clear. Most of these recurrences begin after early warning signs have been present for at least a few days. One early warning sign for many people is to have difficulty taking medicine regularly. This is a very important sign, because it occurs at the time when it is most important to have the maximum benefits from our medicine. Any reduction in our medicine taking should always be considered an emergency, and immediate efforts made to solve this problem.

**MAKING A PLAN TO GET THE BEST RESULTS FROM MY MEDICINE AND CONTINUE TO TAKE IT REGULARLY**

Now that we have considered all the possible difficulties that we might stop us getting the best results from our medicine we can make a plan to help us cope with these problems and avoid any major crises on the worksheet on the next page. These plans may need to be updated from time to time as we learn more from our experiences and are able to find even better ways to get even more benefits from this very important part of our treatment programme.
Summary

<table>
<thead>
<tr>
<th><strong>GETTING INTO THE HABIT OF TAKING MEDICINE REGULARLY THEN CONTINUING THIS AS LONG AS RECOMMENDED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• expect that it will be difficult</td>
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<tr>
<td>• ask another person to help us</td>
</tr>
<tr>
<td>• be clear about the benefits</td>
</tr>
<tr>
<td>• be clear about the unwanted effects</td>
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<tr>
<td>• keep our own records of the benefits and unwanted effects</td>
</tr>
<tr>
<td>• train ourselves to develop the habit of taking medicine</td>
</tr>
<tr>
<td>• get our doctor to help us find the best dose</td>
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<tr>
<td>• plan strategies to cope with unwanted effects</td>
</tr>
<tr>
<td>• get rewards for our good habit of taking medicine regularly</td>
</tr>
<tr>
<td>• notice early warning signs of a major episode</td>
</tr>
<tr>
<td>• as soon as we start to miss doses find what the problem is and sort it out without delay</td>
</tr>
</tbody>
</table>
PLAN TO GET THE BEST RESULTS FROM MY MEDICINE

________________________________________

Date and Time for Review of Plan

PLAN TO HELP ME CONTINUE TO TAKE MY MEDICINE REGULARLY

________________________________________

Date and Time for Review of Plan
### MEDICATION RECORD

Name: ___________________________

My Doctor’s Name, Address, Tel: ____________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Medicine</th>
<th>Dose prescribed</th>
<th>Amount that I take?</th>
<th>What effects does it have? Helpful and Unhelpful.</th>
</tr>
</thead>
<tbody>
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</table>

Remember! If I am not happy with my treatment it is important that I talk with my doctor before I change the dose.
BUCKINGHAM SIDE EFFECTS CHECKLIST

Name____________________________      Date  ____/____/____

Medicine taken in the past week

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>A</td>
<td>dose</td>
<td>B</td>
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<tr>
<td>C</td>
<td>dose</td>
<td>D</td>
</tr>
</tbody>
</table>

If any of the following experiences have occurred in the past week place an "X" in the box that corresponds with the severity. Then note which medicines the patient suspects have contributed to these symptoms (A, B, C or D.)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Medicine(s) thought to have contributed to effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>headache</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>dizziness or feeling faint</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>disturbed vision (blurring)</td>
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<td>4.</td>
<td>tinnitus - ringing in your ears</td>
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<td>5.</td>
<td>dry mouth</td>
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<td>6.</td>
<td>dribbling or excessive saliva</td>
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<td>7.</td>
<td>nasal stuffiness, blocked nose</td>
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<td>8.</td>
<td>breathing difficulties</td>
<td></td>
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<td>9.</td>
<td>rapid or irregular heart beat</td>
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<tr>
<td>10.</td>
<td>nausea or vomiting</td>
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<tr>
<td>11.</td>
<td>diarrhoea</td>
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<td>12.</td>
<td>constipation</td>
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<td>13.</td>
<td>increased appetite</td>
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<td>14.</td>
<td>reduced appetite</td>
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<td>15.</td>
<td>weight gain</td>
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<tr>
<td>16.</td>
<td>increased thirst</td>
<td></td>
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<td>17.</td>
<td>disturbed taste</td>
<td></td>
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<tr>
<td>18.</td>
<td>difficulty urinating</td>
<td></td>
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<tr>
<td>19.</td>
<td>menstrual problems</td>
<td></td>
<td></td>
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<tr>
<td>20.</td>
<td>sexual dysfunction</td>
<td>(impotence, lack of orgasm, reduced sex drive)</td>
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<tr>
<td>21.</td>
<td>muscle pains</td>
<td></td>
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<tr>
<td>22.</td>
<td>muscle stiffness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>slowed movements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>muscle spasms (include oculogyric crises)</td>
<td></td>
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<tr>
<td>25.</td>
<td>unusual movements (include any uncoordinated or unusual movements of mouth, tongue, limbs or trunk )</td>
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<tr>
<td>26.</td>
<td>tremors (regular rapidly repeated movements)</td>
<td></td>
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<tr>
<td>27.</td>
<td>skin rashes or irritation</td>
<td></td>
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<tr>
<td>28.</td>
<td>tiredness or sleepiness</td>
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<tr>
<td>29.</td>
<td>hyperactivity or elation</td>
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<tr>
<td>30.</td>
<td>disturbances of sleep</td>
<td></td>
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<tr>
<td>31.</td>
<td>memory or concentration problems</td>
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<tr>
<td>32.</td>
<td>confusion, disorientation</td>
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<tr>
<td>33.</td>
<td>irritability</td>
<td></td>
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<tr>
<td>34.</td>
<td>depressed mood</td>
<td></td>
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<tr>
<td>35.</td>
<td>anxious mood</td>
<td></td>
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<tr>
<td>36.</td>
<td>inner restlessness (akathisia)</td>
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</table>

PHYSICAL EXAMINATION

<p>| | | | |</p>
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<thead>
<tr>
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<tbody>
<tr>
<td>Weight</td>
<td>kg</td>
<td>Pulse</td>
<td>Blood Pressure</td>
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<td>X Rays</td>
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<td></td>
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<tr>
<td>Haematology</td>
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<tr>
<td>Biochemistry</td>
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</tbody>
</table>
Liver Function_____________________ Renal Function_____________________ Thyroid___________________
Plasma levels of medicines A: ______________ B:______________ C:________________  D:_______________

**EARLY WARNING SIGNS**

Name ___________________________ Date ____________________

*My early warning signs are:*

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

*When I notice *any* of these signs I must:*

a) __________________________________________________________

b) __________________________________________________________

c)     __________________________________________________________

d)   __________________________________________________________

*My key worker/instructor is: _____________________________
Tel:__________________

*My doctor is: _____________________________
Tel:__________________

*My home contact person is: _____________________________
Tel:__________________

*If I have any concerns about my disorder or its treatment I will contact IMMEDIATELY: _____________________________
Tel:__________________
RECOVERY FROM PSYCHOTIC DISORDERS:

V: PSYCHOLOGICAL STRATEGIES

Produced by Ballarat Health Services, Psychiatric Services

© Optimal Treatment Project 2004
Recent research has shown that psychological strategies can help people recover from psychotic disorders and to stay well. In almost all cases these strategies are beneficial only when they are used in combination with optimal doses of antipsychotic medication.

Psychoeducation
More than 50 studies with patients and carers have shown the benefits of education about psychotic disorders and their treatment. This education has enabled people to make sense of their unusual experiences and the treatments that have been recommended. This has been a vital starting point for all medical and psychological treatments and has helped develop the teamwork necessary for the long-term efforts needed to recovery from the problems these disorders may have caused in peoples' lives. When education programmes have been continued for at least six months and have taught patients and carers methods to cope with symptoms that may persist even when they have been taking optimal medication, there have been fewer major episodes and admissions to hospital.

Carer-Based Stress Management
High levels of stress have been shown to trigger recurrences if major episodes of psychosis. These stresses may be of three different types:

1) very stressful events, such as the death of a close friend or relative, loss of a job, or break-up of an important relationship.
2) continued high stress in our everyday lives, such as relationships where people constantly criticise us and seldom give us any praise for our efforts, poor housing, lack of enough money to buy the basic things we need, unemployment, etc.
3) chaotic life situations where we must constantly cope with many hassles in our everyday lives, even when there are no big issues.

An approach that helps us learn to become more professional at coping with all these types of stress is called Stress Management. This method teaches us to use professional methods of solving problems of all kinds with the help of our close friends and family. (It is also called Cognitive Behavioural Family or Marital Therapy - see A Problem Shared Is A Problem Spared: How Talking About The Things We Find Stressful May Help Us Solve Our Problems And Achieve Our Goals.)

Research studies have shown that the number of major episodes can be at least halved by such methods, even when we have been taking our anti-psychotic medicine regularly (see below). In addition, this training in stress management helps us to achieve our Personal Goals and reduces the stress on those who are caring for us.

Percentage of people who have major recurrences in the year after recovery from a schizophrenic disorder. (from Mueser et al 2001)
Because the benefits of Carer-Based Stress Management are so great, it is recommended that all people who have had a psychotic episode and their closest carers complete this training course. The training can be completed in as few as 10 lessons, but for many a longer program is needed before lasting benefits can be seen.

Social and Work Skills Training
Minimising the number of psychotic episodes by combinations of medicine and stress management training helps patients and their carers get on with their lives. But further expert help in overcoming the stresses of making friends, having close relationships and getting satisfying work or hobbies can be provided. When this training is combined with carer-based stress management and focuses on our Personal Goals the benefits are greatest. An important component of this training is to improve our skills in real life situations, not merely in classroom type lessons. (see Making Friends, and Increasing Rewarding Daily Activities).

Specific Strategies for Persistent Psychotic Symptoms
When all the above methods are used, only a small percentage of us will continue to have delusions and hallucinations every day. But for those who do psychological treatments have been developed that help them to cope better with these problems, and sometimes to learn ways to control them so that they go away for longer periods. (see Learning To Cope Better With Unpleasant Thoughts And Voices)

Specific Strategies for Negative Symptoms
Anti-psychotic medicines are most beneficial in controlling psychotic symptoms, like hallucinations and delusions. But for many of us the biggest problems are those that have been called negative symptoms. These may include difficulties making everyday decisions, getting ourselves into gear to do things we want to do and a loss of our usual feelings. A variety of psychosocial treatment methods may help us to overcome some of these problems. Setting clear achievable goals, carefully planning our daily activities, and receiving extra encouragement from our friends and families for all our efforts are among some of the simple, but helpful things that we can do. ( see Increasing Rewarding Daily Activities, How To Encourage People To Do More Things That Please Us)

Specific Strategies for Residual Symptoms
As well as hallucinations, delusions and negative symptoms, many people who have psychotic disorders also suffer from anxiety, depression, anger and frustration, dependence on drugs or alcohol, and sleep and eating problems. The Integrated treatment programme provides special treatments for all these problems when they are needed. (see What Is Depression? What is Anxiety? How To Find Better Alternatives To Using Drugs And Alcohol To Solve Our Problems, Eating Problems, & Getting A Good Night’s Sleep.)

WHICH PSYCHOLOGICAL STRATEGIES DO WE THINK MIGHT BE MOST HELPFUL FOR US?

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____________________________________________________________________________
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____________________________________________________________________________
PLAN TO GET THE BEST RESULTS FROM MY MEDICINE

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Date and Time for Review of Plan______________________________

PLAN TO HELP ME CONTINUE TO TAKE MY MEDICINE
REGULARLY

____________________________________________________________________________
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____________________________________________________________________________

Date and Time for Review of Plan______________________________
EARLY WARNING SIGNS

Name ______________________________ Date _______________

My early warning signs are:
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

When I notice any of these signs I must:

a) _____________________________________________________________
b) _____________________________________________________________
c) _____________________________________________________________
d) _____________________________________________________________

My key worker/instructor is: _________________________________
Tel: __________________

My doctor is: _________________________________
Tel: __________________

My home contact person is: ________________________________
Tel: __________________

If I have any concerns about my disorder or its treatment I will immediately
contact: _________________________________
Tel: __________________
MEDICATION RECORD

Name: _______________________
My Doctor: ___________________  Doctor’s Address: ___________________
Tel: _________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Medicine</th>
<th>Dose prescribed</th>
<th>Amount that I take?</th>
<th>What effects does it have? Helpful and Unhelpful.</th>
</tr>
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Remember! If I am not happy with the treatment it is important that I talk with my doctor before I change the dose.
**BUCKINGHAM SIDE EFFECTS CHECKLIST**

**Name______________________      Date  ____/____/_____**

**Medication taken in the past week**

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>A</td>
<td>dose</td>
<td>B</td>
</tr>
<tr>
<td>C</td>
<td>dose</td>
<td>D</td>
</tr>
</tbody>
</table>

**If any of the following experiences have happened in the past week put an “X” in the box that corresponds with the severity. Then note which medications seem to have caused these symptoms (A, B, C or D.)**

<table>
<thead>
<tr>
<th>Experience</th>
<th>SEVERITY</th>
<th>Medication(s) that seem to have caused these symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. headache</td>
<td>slight</td>
<td></td>
</tr>
<tr>
<td>2. dizziness or feeling faint</td>
<td>moderate</td>
<td></td>
</tr>
<tr>
<td>3. disturbed vision (blurring)</td>
<td>severe</td>
<td></td>
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<tr>
<td>4. tinnitus - ringing in your ears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. dry mouth</td>
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<td>8. breathing difficulties</td>
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<td></td>
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<tr>
<td>9. rapid or irregular heart beat</td>
<td></td>
<td></td>
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<tr>
<td>10. feeling sick or vomiting</td>
<td></td>
<td></td>
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<tr>
<td>11. diarrhoea</td>
<td></td>
<td></td>
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<tr>
<td>12. constipation</td>
<td></td>
<td></td>
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<tr>
<td>13. increased appetite</td>
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<tr>
<td>14. reduced appetite</td>
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<tr>
<td>15. weight gain</td>
<td></td>
<td></td>
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<tr>
<td>16. increased thirst</td>
<td></td>
<td></td>
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<tr>
<td>17. disturbed taste</td>
<td></td>
<td></td>
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<tr>
<td>18. difficulty urinating</td>
<td></td>
<td></td>
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<tr>
<td>19. menstrual period problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. sexual problems (impotence, lack of orgasm, reduced sex drive)</td>
<td>slight</td>
<td>Medication(s) that seem to have caused these symptoms</td>
</tr>
<tr>
<td>21. muscle pains</td>
<td>moderate</td>
<td></td>
</tr>
<tr>
<td>22. muscle stiffness</td>
<td>severe</td>
<td></td>
</tr>
<tr>
<td>23. slowed movements</td>
<td></td>
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<tr>
<td>24. muscle spasms (include eye muscle spasms)</td>
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<tr>
<td>25. unusual movements (any uncoordinated or unusual movements of mouth, tongue, limbs or trunk)</td>
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<tr>
<td>26. tremors (regular repeated movements)</td>
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<tr>
<td>27. skin rashes or irritation</td>
<td></td>
<td></td>
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<tr>
<td>28. tiredness or sleepiness</td>
<td></td>
<td></td>
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<tr>
<td>29. overactivity or elation</td>
<td></td>
<td></td>
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<tr>
<td>30. disturbances of sleep (including nightmares)</td>
<td></td>
<td></td>
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<tr>
<td>31. memory or concentration problems</td>
<td></td>
<td></td>
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<tr>
<td>32. confusion, disorientation</td>
<td></td>
<td></td>
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<tr>
<td>33. irritability</td>
<td></td>
<td></td>
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<tr>
<td>34. depressed mood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. anxious mood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. inner restlessness (akathisia)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICAL EXAMINATION (every 6-12 months)**

<table>
<thead>
<tr>
<th>Examination</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>kg</td>
</tr>
<tr>
<td>Pulse</td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>ECG</td>
<td></td>
</tr>
<tr>
<td>XRays</td>
<td></td>
</tr>
<tr>
<td>Haematology</td>
<td></td>
</tr>
<tr>
<td>Biochem</td>
<td></td>
</tr>
<tr>
<td>Liver Function</td>
<td></td>
</tr>
<tr>
<td>Kidney Function</td>
<td></td>
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<tr>
<td>Thyroid</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Plasma levels of medications A: ____________ B: ____________ C: ____________ D: ____________