

Stopping My Antipsychotic Medicine

This leaflet will help you understand why and how to stop taking your antipsychotic medicine.

Patient name: _____

Date: _____

My antipsychotic medicine: _____

What decision has been made in hospital about the use of my medicine?

My medicine has been (please tick box below):

- Reduced (with the aim of stopping)
- Stopped
- Referred to the general practitioner (GP) to review and stop

What are these medicines used for?

Antipsychotics are a group of medicines that affect chemicals in the brain. They are mainly used to manage conditions such as schizophrenia and bipolar disorder.

Antipsychotics can also be used to manage severe mood and behavioural symptoms in people with dementia. They are usually only recommended for short-term use (up to 12 weeks).

What side effects can you get WHILE TAKING this medicine?

- Dizziness, poor balance and increased risk of falls.
- Confusion, poor concentration, memory problems.
- Movement problems – tremor, jerky movements.
- Tiredness, blurred vision, dry mouth.
- Weight gain, diabetes.
- Small increased risk of stroke and early death in older people with dementia.

Why is my medicine being stopped?

Your medicine is being stopped because the **risks of harmful side effects outweigh the benefits** of taking it.

As you age you are at **increased risk of side effects** while taking medicines. This is because changes take place in your body which alter the way you process medicines.

These medicines may manage symptoms of dementia but do not treat the cause. Using these medicines long-term puts you at increased risk of side effects.

How do I stop taking my medicine?

- Your medicine is **usually slowly reduced** and it may **take several weeks to stop** your medicine completely. Your doctor will advise you on your personal plan to stop your medicine.
- **Stopping your medicine too quickly** may cause **withdrawal symptoms**.
- You must see your GP regularly to update the plan for stopping your medicine.

What should I watch out for when COMING OFF my medicine?

If withdrawal symptoms occur, they are usually mild and begin within 4 days of reducing or stopping your medicine. They should go away within 7 to 14 days.

The table below lists possible withdrawal symptoms and what to do if you experience them.

Serious withdrawal symptoms	What should I do?
<ul style="list-style-type: none">• Psychosis e.g. hallucinations• Uncontrollable jerky movements• Nervous system disorder (called neuroleptic malignant syndrome) that causes fever, rigid muscles, confusion, fast heart rate and breathing	<ul style="list-style-type: none">• Call 000 or go to the emergency department
Other withdrawal symptoms	What should I do?
<ul style="list-style-type: none">• Diarrhoea• Nausea and vomiting• Sweating and shaking• Headaches and dizziness• Agitation and irritability• Sleeping problems• Tingling skin• Muscle pains	<ul style="list-style-type: none">• Speak to your GP or pharmacist if these symptoms do not go away or worry you• If symptoms are severe or you are concerned, call 000 or go to the emergency department

What can I do to manage my mood and behaviour?

- Keep a daily routine that suits you, for example have regular meal times and sleep times.
- Do daily physical activities that you enjoy and are not too demanding.
- Listen to your favourite music.
- Remain social – see family and friends.
- Balance activities with rest.

What should I do if I continue to feel worse?

If you continue to feel worse, experience ongoing withdrawal symptoms, or wish to re-start your medicine, please contact your GP.

What is the plan for my medicine after discharge from hospital?

Please see the table on the back of this information sheet if you are being discharged from hospital on a reducing dose of your medicine.

Stopping My Antipsychotic Medicine

This leaflet will help you understand why and how to stop taking your antipsychotic medicine.

To be completed by your hospital doctor or hospital pharmacist.

Completed by: _____

Name

Patient name: _____ Date: _____

My antipsychotic medicine: _____

WEEK 1

Day and date:							
Dose:							
Time:							
Tick when taken <input checked="" type="checkbox"/>							

WEEK 2

Day and date:							
Dose:							
Time:							
Tick when taken <input checked="" type="checkbox"/>							

Please see your GP for review in _____ to continue your plan to reduce your medicine.

Additional comments:

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