A BIT ABOUT ATYPICAL ANTIPSYCHOTICS

Atypical antipsychotics are the most common type of antipsychotics used in Australia and are mainly prescribed for schizophrenia, psychosis and bipolar disorder. They can also sometimes be used for anxiety, sleep problems and drug withdrawal.

It is generally believed that the neurotransmitter dopamine plays an important role in some of these conditions. People with schizophrenia or psychosis may have difficulty regulating dopamine levels and the atypical antipsychotic may work to treat psychosis by decreasing the level of dopamine and dampening down activity in the dopamine system.

Atypical antipsychotics also affect serotonin, another neurotransmitter in the brain which regulates mood, sleep and appetite. It is thought atypical antipsychotics may help with the treatment of negative symptoms associated with schizophrenia, like difficulty thinking and lack of motivation.

SOME OF THE SIDE EFFECTS

Drowsiness is one of the most common side effects of atypical antipsychotics. Some atypical antipsychotics (such as clozapine, olanzapine, risperidone and quetiapine) can increase your appetite and lead to weight gain. Other side effects can include anxiety, agitation, a feeling of being unable to sit still, drowsiness, hormonal changes and an increased heart rate.

Sometimes people get something called ‘extrapyramidal side effects’ – these are symptoms which can look a bit like Parkinson’s disease. This includes trouble moving, shuffling walk, muscle stiffness, spasms and tremor. Let your GP know straight away if this happens to you.

Of particular note, people taking clozapine require regular blood tests to check their white blood cell levels. Clozapine can occasionally cause a loss of these blood cells and this can be very dangerous.

FOR EXAMPLE:

- Amisulpride (e.g. Solian)
- Aripiprazole (e.g. Abilify)
- Asenapine (e.g. Saphris)
- Clozapine (e.g. Clozaril)
- Lurasidone (e.g. Latuda)
- Olanzapine (e.g. Zyprexa)
- Paliperidone (e.g. Invega)
- Quetiapine (e.g. Seroquel)
- Risperidone (e.g. Risperdal)
- Ziprasidone (e.g. Zeldox)
STIMULANTS & ATYPICAL ANTIPSYCHOTICS

HOW STIMULANTS WORK

Stimulants include drugs like cocaine, amphetamines and ecstasy (MDMA). These drugs make you feel more alert and confident, give feelings of wellbeing and heighten concentration. However, as the high subsides you can start to feel tired, mildly depressed, nauseous and grumpy.

These drugs act on your central nervous system (CNS). Cocaine and amphetamines flood your brain with dopamine, while ecstasy (MDMA) acts on dopamine, serotonin and noradrenaline.

The specific ingredients in the drugs are often unknown, which presents the greatest risk – it depends on who manufactured them and where. It is often the case that you don’t know what you are getting and this obviously makes it difficult to predict the types of interactions a stimulant may have with other drugs or medications.

SOME FUN FACTS ABOUT STIMULANTS

<table>
<thead>
<tr>
<th>THE GOOD</th>
<th>THE BAD</th>
<th>THE REALLY BAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings of wellbeing and heightened concentration</td>
<td>Anxiety or panic can be exacerbated</td>
<td>Heart problems, particularly related to increased blood pressure &amp; heart rate</td>
</tr>
<tr>
<td>Increased energy and confidence</td>
<td>Can trigger feelings of depression, particularly during come down which can last for several days</td>
<td>Increases the likelihood of stroke and can lead to issues like psychosis and other prolonged mental health problems</td>
</tr>
<tr>
<td>Feelings of alertness, strength, love and intimacy</td>
<td>Dehydration, increased body temperatures, difficulty eating and malnutrition</td>
<td>Can lead to tolerance and dependence and an increase in anxiety or disrupted sleep patterns</td>
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WHAT HAPPENS WHEN YOU TAKE STIMULANTS AND ATYPICAL ANTIPSYCHOTICS TOGETHER?

This resource provides general advice regarding some of the potential side effects of using stimulants and atypical antipsychotics together. It is important to note there may be additional or different interactions depending on genetic factors, the amount, type and purity of the stimulants you are consuming or if you are taking other types of drugs. As these resources provide general advice only, please speak with your GP, prescriber or health professional for more information about potential interactions and impacts.

Stimulants such as amphetamines, ecstasy (MDMA) and cocaine increase the amount of dopamine in your brain, while antipsychotics do the opposite. This means that stimulants, especially amphetamines, may prevent your antipsychotic from working properly and your antipsychotic may reduce the effect you get from stimulant drugs. However, this doesn’t mean it is safe to take more stimulants than you normally would. For example, clozapine can actually increase the levels of cocaine in your blood, even if you feel like they are reduced.

You may also be more prone to extrapyramidal side effects (e.g. problems with movement) if using ecstasy (MDMA) or cocaine with an antipsychotic. If you have ever experienced psychotic symptoms, drugs such as amphetamines can worsen your symptoms and increase the risk of another episode.

It isn’t recommended to take stimulants and atypical antipsychotics together, so make sure you speak with your GP about your options to see if an atypical antipsychotic is the right drug for you.