

MEDICAL MEMO

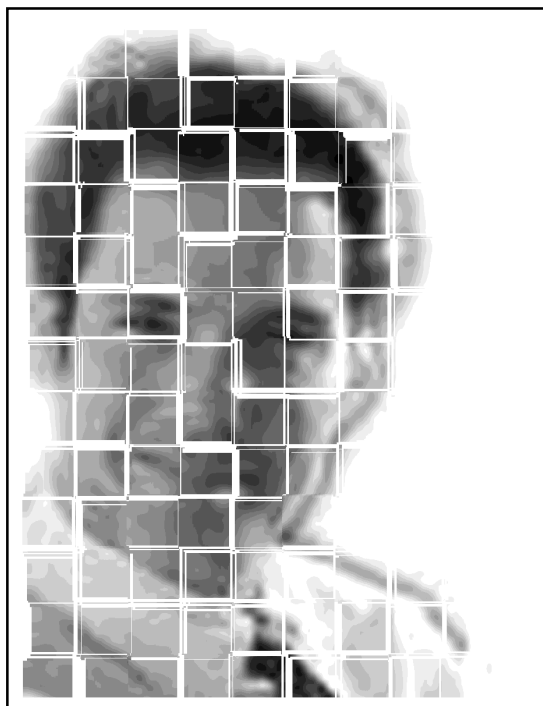
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What is an Antipsychotic?

What are They Used For? What is Geodon?

Antipsychotic medications were invented to treat psychosis. Psychosis means "out of touch with reality" and typically includes hallucinations, delusions, and severe often bizarre or very paranoid thinking disorders. Generally people experiencing psychosis have schizophrenia, psychotic depression, or bipolar disorder (manic depression), but may have drug or medicine toxicity or withdrawal, may be reacting to a catastrophe (brief reactive psychosis) or may have a brain injury or disorder like dementia or delirium, or have certain other severe health conditions. Antipsychotics were discovered in the 1950's and were first used to treat forms of schizophrenia, psychotic depression, and bipolar disorder. They are often very helpful.

Over the last 40 to 50 years we have learned antipsychotics, like other medicines, may help some other conditions as well. Used alone or in combination with other treatments, antipsychotics are effective for nausea and vomiting (e.g., Compazine), are good seda-



tives, help sleep, calm agitation and irritability, help impulsive aggression, anger, rage, and temper, treat Tourette's syndrome, suppress tics, help the behavioral problems associated with head injuries, and may help autism and related conditions, etc. Antipsychotics are sometimes used as boosters to make other medicines more effective in obsessive compulsive disorder, some depressions, and other conditions where thinking, compulsive behavior, or impulsive behaviors are problems. There is even evidence that the newer "atypical" antipsychotics work as mood stabilizers and may treat or help treat some cases of non psychotic Major Depressions.

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Good New Generic Options

Generic medications are cheaper versions of the original brand medication which become available when the brand's patent runs out. Generic versions are known by the chemical name rather than the brand name of the medication. Generics are tested by the Food and Drug Administration and must be essentially equivalent. They are generally, but not always, just as effective as the original brand. Many insurances require generic substitution for brands because they are cheaper. Usually this is not a problem. Three good psychiatric medicines have recently become available in generic versions: **Luvox**, **Buspar**, and **Prozac**. I have not yet seen any problems with the changeover to those generics for my patients. I have put the generic name in parenthesis and not capitalized it below.

Luvox (fluvoxamine) and **Prozac (fluoxetine)** are both serotonin reuptake inhibitor (SRI) antidepressant, anti-anxiety, anti-obsessive compulsive, and panic attack preventing medicines. **Buspar (buspirone)** is a more limited serotonin increaser, and milder



medicine for anxiety that is also sometimes useful adding to another medication to boost effectiveness. See my medicine charts for more information.

Prilosec (omeprazole) has also recently become available as a generic. I mention it here, even though it is not a psychiatric medication, because it is the first generic in an especially helpful group of medications (proton pump

inhibitors = PPI) for ulcers and reflux (GERD). Going generic makes it available to many more people whose insurance didn't cover it or highly restricted it before. More non generic PPI's are also available. PPI's often help people who don't respond to histamine blocker ulcer and reflux meds like Zantac, Tagamet, Axid, Pepcid, etc.

Anti- psychotics

(from page one)

There are two main groups of antipsychotics - typical and atypical. Atypical means not typical. All antipsychotics decrease action of the neurotransmitter dopamine in the brain. Atypical antipsychotics (called "atypicals" for short) also partly decrease the action of serotonin. This double, or dual, action gives atypicals their broader benefit and changes their side effect patterns, generally for the better.

My new medicine chart on Antipsychotics (available on the internet at <http://www.leeheyemd.com/charts/atyps1.html>) gives useful information about the typical antipsychotic group including names, doses, common side effects, pros, and cautions. Some common and useful typicals include Haldol, Thorazine, Molar (the least likely to increase weight), Orap (the generic name is pimozide and is often the best for tics and Tourette's) and several others.

The new medicine chart Antipsychotics, (online at <http://www.leeheyemd.com/charts/atyps1.html>) provides the same categories of important information about the atypical antipsychotic group. Atypicals are newer, still under patent,

and are much more expensive than the typicals, but are usually preferred due to their broader benefits, as stated above, and substantially reduced rate of short and long term "extrapyramidal" side effects. Another advantage of the atypicals, unlike typicals, is they help not only the obvious schizophrenia symptoms of hallucinations, delusions, and severe thought disorder but also better reduce symptoms of apathy, poor motivation, and alienation from society and life. Unfortunately, most atypicals may excessively increase appetite and may over sedate patients.

The main side effect advantage of the atypicals, in my opinion, over the typicals is their greatly reduced, though not zero, risk of causing



extrapyramidal symptom (EPS, for short) side effects.

Short term reversible EPS include parkinsonian symptoms (looks like but isn't Parkinson's disease), akathisia (internal restlessness), acute dystonic reactions (scary intense muscle tightness but easily treated), and related effects. A possibly irreversible movement disorder long term side effect called Tardive Dyskinesia (TD) is detailed in my Spring '99 Medical Memo article "What is Tardive Dyskinesia?" (The article is available online at <http://www.leeheyemd.com/charts/atyps1.html>.) Although it is not yet certain, it appears the chances of the allergic like uncommon neuroleptic malignant syndrome (NMS) is rare with atypicals. The greatly reduced risk of all EPS, especially TD and NMS, is my favorite advantage of the atypicals and makes the often impressive benefits and advantages of this family of medicines more available for more situations and more patients with far less risks than before.

So, what is **Geodon**?

It's the newest, fifth, member of the atypical family. **Clozaril**, which came first has certain advantages but because of its many side effects and hassles it is usually a last resort. Next came Risperdal, Zyprexa, Seroquel, and in 2001 Geodon.

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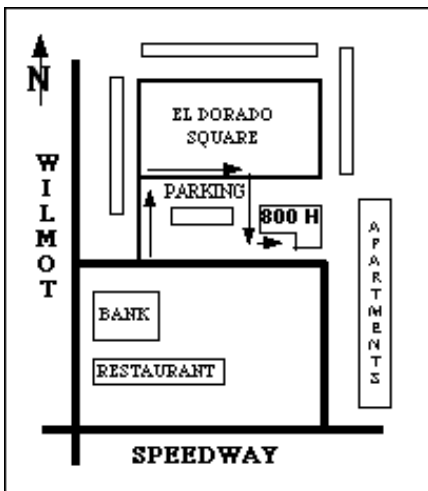
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All are effective, though **Seroquel** needs a high dose to approach the clear excellent effectiveness of **Risperdal** and **Zyprexa**. **Seroquel**'s advantages are very very low EPS chances (like **Zyprexa**) and less sedation and weight gain chances than either **Zyprexa** or **Risperdal**. **Risperdal** and **Zyprexa** are currently usually my top antipsychotic choices,

especially with kids, due to their longer records, more research, greater clinical experience, effectiveness, safety, and ease of use. **Risperdal** causes less weight gain and sedation than **Zyprexa** but it also has a higher chance of EPS effects and prolactin increase than **Zyprexa**. **Geodon** looks promising, but is still very new, may negatively affect heart rhythm (probably rare), is twice a day (like **Seroquel**) and

simply needs more time to develop a track record, especially with kids. Two seeming advantages of **Geodon** are less sedation and weight gain than with any of the other atypicals available so far.

The antipsychotics are one of several families of medications where there is lots of positive growth and promise for the future.



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