

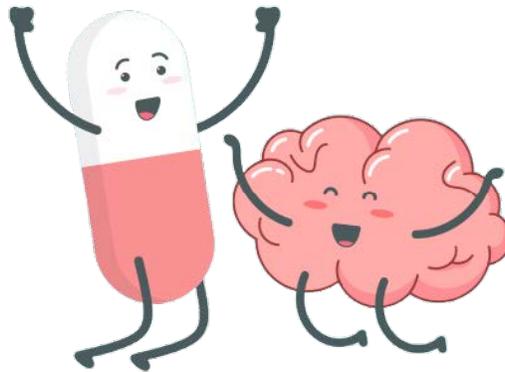
ANTIPSYCHOTIC MEDICATIONS

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What are they?

Antipsychotic medications are prescription medicines that help treat symptoms of psychosis (for example, hallucinations or delusions) and related conditions. They are commonly used for schizophrenia and bipolar disorder, and may be used for bipolar depression or depression that has not improved with antidepressants alone. [1][2]



KEY BASICS

How they work (plain language)

- They change signaling in brain circuits that use dopamine and/or serotonin. [2]
- This helps reduce psychotic symptoms and can stabilize mood in some conditions. [2]



Two broad groups

- First-generation ("typical") and second-generation ("atypical"). [1]
- Both can work, but side effect profiles differ. [1][2]

WHEN THEY ARE USED

Common clinical uses

- Schizophrenia and other psychotic disorders. [1][2]
- Bipolar disorder (including manic episodes; sometimes bipolar depression). [1][2]
- Adjunct for depression that has not responded to antidepressants alone (selected cases). [1]
- Other uses may include severe agitation or tics depending on the medication and situation. [2]

Why monitoring matters

Some side effects can be reduced by dose changes, switching medicines, or early treatment. [1][2]

Educational summary only. Do not stop or change medications without a clinician. Seek urgent care for severe or rapidly worsening symptoms.

[1] National Institute of Mental Health (NIMH). "Mental Health Medications" (Antipsychotics section). <https://www.nimh.nih.gov/health/topics/mental-health-medications> (accessed 2026-01-18).

[2] Cleveland Clinic. "Antipsychotic Medications: What They Are, Uses & Side Effects." <https://my.clevelandclinic.org/health/treatments/24692-antipsychotic-medications> (accessed 2026-01-18).

COMMON SIDE EFFECTS



Most common effects patients report (varies by medication & dose) [1][2][7]

Sleepiness / fatigue

- Drowsiness or feeling slowed down is common, especially when starting or increasing the dose. [2][7]
- If severe, discuss timing (night dosing) or alternatives with a clinician. [1][2]

Weight gain & appetite

- Increased appetite and weight gain can occur; some agents carry higher risk. [2][7]
- Weight changes can contribute to metabolic problems over time. [2]

Metabolic changes

- Possible increases in blood sugar and lipids (metabolic syndrome risk). [2]
- Clinicians may monitor weight, glucose, and lipids. [2]

Cardiac Effects

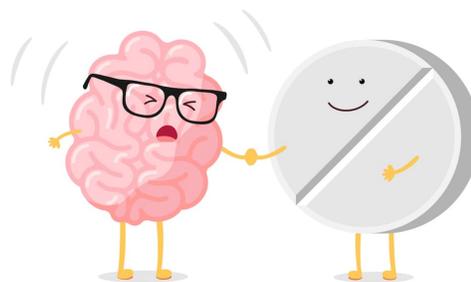
- Prolonged QT interval, myocarditis (clozapine). [4]
- Report new or bothersome chest discomfort early. [4]

Anticholinergic effects

- Dry mouth, constipation, blurred vision, and urinary retention may occur (varies by agent). [2][7]
- Hydration and bowel regimen guidance may help. [2]

Dizziness / low BP

- Dizziness or lightheadedness can occur, including with standing (orthostatic hypotension). [2]
- Rise slowly; tell your clinician if you faint or feel unsafe. [2]



Call your clinician promptly if you notice:

Severe sedation, fainting, new uncontrolled movements, severe constipation, or rapidly increasing thirst/urination (possible high blood sugar). [2][7]

Educational summary only. Do not stop or change medications without a clinician. Seek urgent care for severe or rapidly worsening symptoms.

[1] NIMH. Mental Health Medications. <https://www.nimh.nih.gov/health/topics/mental-health-medications> (accessed 2026-01-18).

[2] Cleveland Clinic. Antipsychotic Medications (uses & side effects). <https://my.clevelandclinic.org/health/treatments/24692-antipsychotic-medications> (accessed 2026-01-18).

[7] MedlinePlus (NIH). Olanzapine drug information (examples of common side effects such as constipation, dry mouth, increased appetite/weight gain). <https://medlineplus.gov/druginfo/meds/a601213.html> (updated 2025-11-15; accessed 2026-01-18).

Recognize these early and seek urgent evaluation when severe [3][4][5][6]

EPS

Extrapyramidal symptoms

- Dystonia: painful muscle spasms (face, neck, back). [3]
- Akathisia: inner restlessness; cannot sit still. [3]
- Parkinsonism: tremor, stiffness, slow movements. [3]
- Tardive dyskinesia: repetitive involuntary movements (often mouth/face), may persist. [3]



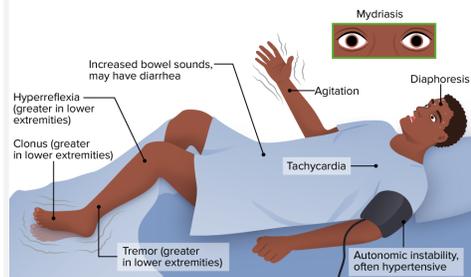
Key point

EPS are movement side effects linked to antipsychotics. Report new movements early, especially if they interfere with function. [3]

SEROTONIN SYNDROME

Excess serotonergic activity

- Cause: too much serotonin, usually from medication combinations. [4][6]
 - Findings: agitation/confusion, sweating, diarrhea, tremor, increased body temperature, hyperreflexia/clonus. [4][6]
- Can be life-threatening; prompt treatment is important. [4][6]



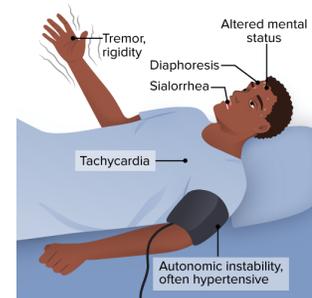
Key point

Classically features neuromuscular hyperactivity (e.g., clonus/hyperreflexia) plus autonomic and mental status changes. [4][6]

NMS

Neuroleptic malignant syndrome

- Trigger: dopamine-blocking drugs (including antipsychotics). [5]
- Features: high fever, severe rigidity, altered mental status, autonomic instability. [5]
- Medical emergency; requires supportive care and stopping the offending drug. [5]



Key point

Often develops with muscle rigidity and hyperthermia. If suspected, seek emergency evaluation immediately. [5]