

Clinical Neuropsychology: Open Access

Open Access

A Brief Overview of Antipsychotics

Vaidutis Kucinskas*

Department of Human and Medical Genetics, Vilnius University, Lithuania

Introduction

Antipsychotics, a class of medications primarily used to manage psychotic disorders such as schizophrenia and bipolar disorder, play a crucial role in stabilizing individuals' mental health and improving their overall quality of life. These drugs exert their effects by modulating neurotransmitter activity in the brain, particularly dopamine and serotonin.

First-generation antipsychotics, also known as typical antipsychotics, paved the way for psychiatric treatment but often brought about severe side effects like extrapyramidal symptoms and tardive dyskinesia. While effective in managing positive symptoms like hallucinations and delusions, their limitations prompted the development of second-generation antipsychotics, or atypical antipsychotics. Atypical antipsychotics offer a more favourable side effect profile, reduced risk of movement disorders, and broader efficacy across positive and negative symptoms. Clozapine, for instance, stands out for its effectiveness in treatment-resistant schizophrenia, despite its association with potential hematological side effects. Other atypical antipsychotics like risperidone, olanzapine, and aripiprazole have gained popularity for their diverse mechanisms of action and improved tolerability [1].

However, it's important to note that antipsychotic use isn't without challenges. Weight gain, metabolic disturbances, and cardiovascular risks are concerns associated with certain atypical antipsychotics. Additionally, long-term use may raise questions about cognitive effects and potential impacts on brain structure. The overview of antipsychotics provides a comprehensive understanding of their role in treating psychotic disorders. The evolution from first-generation (typical) to second-generation (atypical) antipsychotics is evident, showcasing advancements in efficacy and tolerability [2].

First-generation antipsychotics, despite their efficacy in managing positive symptoms, are associated with notable side effects, including extrapyramidal symptoms and tardive dyskinesia. The introduction of second-generation antipsychotics has mitigated these concerns, offering a more favourable side effect profile and addressing a broader range of symptoms. Clozapine, a second-generation antipsychotic, stands out as an effective option for treatment-resistant schizophrenia, although its potential hematological side effects warrant careful monitoring. Other atypical antipsychotics like risperidone, olanzapine, and aripiprazole demonstrate diverse mechanisms of action, catering to individual patient needs [3].

The shift from typical to atypical antipsychotics reflects a paradigmatic change in psychiatric treatment. The improved tolerability of atypical antipsychotics has contributed to better medication adherence and enhanced quality of life for patients. This is particularly crucial considering the chronic nature of many psychotic disorders. However, concerns remain regarding the metabolic and cardiovascular risks associated with certain atypical antipsychotics. The well-documented weight gain and metabolic disturbances emphasize the importance of monitoring and managing these effects to prevent long-term health complications [4].

Furthermore, the long-term cognitive effects of antipsychotic use

raise questions about the balance between symptom management and potential impacts on cognitive function. As research in this area continues, it's essential to consider the holistic well-being of patients, weighing the benefits of symptom control against potential cognitive trade-offs. The overview underscores the necessity of a personalized treatment approach, recognizing that each patient's response to antipsychotics may differ. A comprehensive strategy that integrates medication with psychotherapy, social support, and regular medical assessment is essential for optimizing outcomes and minimizing potential drawbacks [5].

Advantages of antipsychotics in our daily life

Symptom management: Antipsychotics are highly effective in managing the symptoms of psychotic disorders such as schizophrenia and bipolar disorder. They can help reduce hallucinations, delusions, and mood swings, enabling individuals to lead more stable and functional lives.

Improved quality of life: By alleviating distressing symptoms, antipsychotics contribute to an improved overall quality of life for individuals and their families. They can help individuals engage in daily activities, maintain relationships, and pursue personal goals.

Prevention of relapse: Antipsychotics play a crucial role in preventing relapses and episodes of acute psychosis. Continuous use of these medications can help individuals maintain stability and avoid hospitalizations [6].

Enhanced cognitive function: Second-generation antipsychotics, in particular, may have cognitive-enhancing effects, improving cognitive function and helping individuals think more clearly, make decisions, and manage their daily tasks.

Reduced risk of harm: Antipsychotics can mitigate the risk of selfharm or harm to others by addressing the underlying symptoms that might lead to dangerous behaviours.

Complementary to therapy: Antipsychotics can work in conjunction with psychotherapy, providing a comprehensive approach to treatment. They can facilitate better engagement in therapy and improve the effectiveness of psychological interventions [7].

Disadvantages of antipsychotics in our daily life

Side effects: Antipsychotics can cause a range of side effects, including weight gain, metabolic changes, sedation, and movement

Received: 03-Aug-2023; Manuscript No. CNOA-23-109862; Editor assigned: 05-Aug-2023; PreQC No. CNOA-23-109862(PQ); Reviewed: 19-Aug-2023; QC No. CNOA-23-109862; Revised: 24-Aug-2023; Manuscript No. CNOA-23-109862(R); Published: 31-Aug-2023, DOI: 10.4172/cnoa.1000193

Citation: Kucinskas V (2023) A Brief Overview of Antipsychotics. Clin Neuropsycho, 6: 193.

Copyright: © 2023 Kucinskas V. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

^{*}Corresponding author: Vaidutis Kucinskas, Department of Human and Medical Genetics, Vilnius University, Lithuania, E-mail: Vaidutis.Kucinskas_vk@gmail.com

Cognitive impairment: While some antipsychotics have cognitiveenhancing effects, others may lead to cognitive dulling or impairment, affecting memory, attention, and decision-making.

Tardive dyskinesia: Prolonged use of antipsychotics, especially first-generation ones, can lead to tardive dyskinesia, a condition characterized by involuntary movements, often affecting the face and limbs.

Cardiovascular and metabolic risks: Certain antipsychotics are associated with an increased risk of cardiovascular issues, diabetes, and metabolic syndrome. Regular monitoring and lifestyle management are essential to mitigate these risks [8].

Withdrawal and dependence: Abrupt discontinuation of antipsychotics can lead to withdrawal symptoms and potential relapse. Long-term use might also result in a dependence on the medication.

Individual variability: Antipsychotic response varies among individuals. Finding the right medication and dosage can be a trial-and-error process, which can be frustrating and time-consuming.

Stigma and discrimination: Despite advancements in understanding mental health, there can still be stigma associated with taking antipsychotic medication, leading to social isolation and discrimination [9].

In sum, antipsychotics offer significant benefits by alleviating symptoms and improving the lives of individuals with psychotic disorders. However, their use comes with potential drawbacks, including side effects and challenges that must be carefully managed to ensure the best possible outcomes for patients in their daily lives.

Antipsychotics have revolutionized the field of psychiatry by providing effective treatment options for individuals grappling with psychotic disorders. From the pioneering first-generation antipsychotics to the more advanced second-generation atypical antipsychotics, these medications have addressed both positive and negative symptoms, offering relief from hallucinations, delusions, and mood fluctuations.

While the advent of atypical antipsychotics has brought about improved tolerability and a broader spectrum of action, they are not without their challenges. The management of side effects such as metabolic disturbances, weight gain, and potential long-term cognitive effects requires careful consideration and monitoring [10,11].

The journey of antipsychotic development underscores the ongoing pursuit of balancing therapeutic benefits with potential risks. It highlights the importance of a holistic approach to mental health treatment, integrating medication with psychotherapy, social support, and individualized care plans. As our understanding of brain function deepens and new research emerges, the landscape of antipsychotics continues to evolve, promising even more effective and tailored interventions for individuals on their path to recovery.

References

- Ngwogu K, Mba I, Ngwogu A (2012) Glycaemic control amongst diabetic mellitus patients in Umuahia Metroppolis, Abia State, Nigeria. IJBAIR 1: 98-104.
- Emeka PM, AI Mukalaf A, AI Helal H, Khan TM, Almukalf MA (2017) Prevalence of poor glycemic and blood pressure control and pattern of drug use among primary health-care outpatients in AI Ahsa Saudi Arabia. Int J Health Sci 11: 38.
- Bonsembiante L, Targher G, Maffeis C (2021) Type 2 Diabetes and Dietary Carbohydrate Intake of Adolescents and Young Adults: What Is the Impact of Different Choices? Nutrients 13: 3344.
- Petersen KF, Befroy D, Dufour S, Dziura J, Ariyan C, et al. (2003) Mitochondrial dysfunction in the elderly: possible role in insulin resistance. Science 300: 1140-1142.
- Kahn SE, Hull RL, Utzschneider KM (2006) Mechanisms linking obesity to insulin resistance and type 2 diabetes. Nature 444: 840-6.
- Kamuhabwa AR, Charles E (2014) Predictors of poor glycemic control in type 2 diabetic patients attending public hospitals in Dar es Salaam. Drug Healthc Patient Saf 6: 155.
- Onodugo OD, Ezeala-Adikaibe BA, Anyim OB, Onodugo P, Anyim IN, et al. (2019) Glycemic control among medical outpatients in Enugu: a cross sectional survey. J Diab Mellitus 9: 50.
- 8. Blair M (2016) Diabetes Mellitus Review. Urologic nursing.36: 27-36.
- Tino S, Wekesa C, Kamacooko O, Makhoba A, Mwebaze R, et al. (2019) Predictors of loss to follow up among patients with type 2 diabetes mellitus attending a private not for profit urban diabetes clinic in Uganda - a descriptive retrospective study. BMC Health Serv Res 19: 598.
- 10. Kibirige D, Atuhe D, Sebunya R, Mwebaze R (2014) Suboptimal glycaemic and blood pressure control and screening for diabetic complications in adult ambulatory diabetic patients in Uganda: a retrospective study from a developing country. J Diabetes Metab Disord 13: 1-7.
- 11. Gunda DW, Bandali HA, Malindisa EK, Kidenya BR (2020) Use of HBA1c and potentiality of gender, missed medication and fasting glucose in the prediction of poor glycemic control in resource-limited setting; a clinic-based case-control study. PAMJ-One Health 2.