A CHOICE THAT IS YOURS TO MAKE

Medicines for unusual experiences: what to weigh

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There is no single right answer

IN SHORT

If you, or someone you care for, has been through a spell of unusual experiences, like hearing or seeing things others do not, or believing things that later feel out of step, then starting or staying on this kind of medicine is a real and reasonable choice. So is asking hard questions first. Both are valid, and the decision is yours to make together with a doctor.

Maybe a doctor has suggested this kind of medicine, or maybe you are wondering whether to continue one you already take. Either way, the choice can sit heavy. In many of our homes there is quiet worry on both sides: a fear that medicine means something is badly wrong, and an equal fear of a hard spell coming back if it stops. Neither fear has to decide this for you.

This short guide does not push you one way or the other. It lays the choice out plainly so you can weigh it, then take your own questions to a doctor. A doctor is the person who can look at the full picture with you and walk the rest of the way alongside you. Nothing here is a diagnosis, and nothing here has to be settled today.

WHAT IT DOES, AND DOES NOT, DO

What this medicine is for

IN SHORT

This kind of medicine has one main job: to make a return of the unusual experiences less likely once you are feeling steadier. It is not a cure, and it does not fix every part of life. Knowing what it is for, and what it is not, is the first step in weighing it.

The clearest thing research shows is about staying on the medicine after a hard spell has settled. In a large pooling of trials, about 1 in 4 people who kept taking it had the symptoms come back over a year, compared with about 2 in 3 people who stopped. Lowering that chance of a return is the main thing this medicine is meant to help with.

It is honest to also say what it does not do. In the same trials it mainly lowered the chance of symptoms coming back. Even so, some people still had a return while taking it, and the medicine did less for other parts of life, such as work. It is one part of care, not the whole of it. Support at home, follow-up with a doctor, and time all matter too.

1 in 4 vs 2 in 3

chance of symptoms returning over a year

About 1 in 4 while taking this kind of medicine, against about 2 in 3 after stopping it.

THE HONEST TRADE-OFFS

What you are weighing

IN SHORT

Here are the two sides laid out plainly. Read across each row. Most people do not settle this once and for all; they start somewhere and adjust with their doctor over time.

	IF YOU START OR CONTINUE MEDICINE	IF YOU PAUSE OR HOLD OFF FOR NOW
How it can help	It clearly lowers the chance of the unusual experiences coming back, from about 2 in 3 to about 1 in 4 over a year.	You avoid the day-to-day effects of the medicine, and some people do stay well; a doctor can watch closely for early signs.
What it does not do	It is not a cure and does not fix everything; some people still have a return while taking it, and it does less for parts of life like work.	It does not lower the chance of a return; in the trials, stopping was linked to a much higher chance of symptoms coming back.
What it can cost	Compared with a dummy pill, more people put on weight, felt sleepy or slowed down, or had stiffness or restlessness in the body.	The main cost is the raised chance of another hard spell, which can be hard on work, study, and family life.
How the choice is made	There is no single best medicine for everyone; the right one depends on which trade-offs you can live with, chosen with a doctor.	Holding off is also a decision to make with a doctor, not alone, with a clear plan for what to watch and when to revisit.

A word on side effects, since they weigh on people most. Compared with a dummy pill, more people taking this kind of medicine put on weight, felt sleepy or slowed down, or had stiffness or restlessness in the body. These are common reasons people weigh up whether to start or continue, and they are worth naming plainly to your doctor. There is no single best medicine that suits everyone: because medicines in this group differ more in their side effects than in how well they work, the right choice depends on what matters to you, which trade-offs you can live with and which you cannot. That is why the choice is made with a doctor who weighs the options with you, not handed down as one answer for all.

If at any point the experiences feel frightening, or thoughts of harm come, this is not a decision to sit with alone: reach a doctor or a helpline the same day.

TAKE THESE WITH YOU

Questions to take to your doctor

IN SHORT

You do not have to decide alone or all at once. Bring a few of these questions to your next visit. Good questions turn the appointment into a shared decision instead of a verdict handed down to you.

1. Given what you have seen, how much do you think this medicine lowers the chance of another hard spell in my situation?
2. What does this medicine not do for me, and what other supports should sit alongside it?
3. Which side effects should we watch for, like weight, sleepiness, or stiffness, and what would you check at each visit?
4. Since medicines in this group differ more in side effects than in how well they work, how do we pick one that fits what I can live with?
5. How long would we try this before we know it is helping, and how will we decide together?
6. If we start, how easy is it to change, lower, or stop later, and what would make you suggest revisiting the choice?

There is no wrong answer here, only the one that fits your life. When people are actively involved in choosing their own mental-health care, they tend to feel more in charge of their treatment, work better with their care team, and feel clearer and less torn about the decision. Starting, continuing, or stopping this medicine is always a shared decision you make with your doctor, who weighs your own response, what matters to you, and your circumstances.

TRY THIS

Before your next appointment, write down the one thing you would most want this decision to protect, whether that is staying well, feeling like yourself, or getting back to work or study. Then pick the two questions above that matter most to you and keep them on your phone. Walking in with that small list makes the conversation calmer, and keeps the decision firmly in your hands.

WHERE THIS COMES FROM

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Huhn M. Comparative efficacy and tolerability of 32 oral antipsychotics for the acute treatment of adults with multi-episode schizophrenia: a systematic review and network meta-analysis. Lancet, 2019. doi.org/10.1016/S0140-6736(19)31135-3

Vitger T. Digital Shared Decision-Making Interventions in Mental Healthcare: A Systematic Review and Meta-Analysis. Front Psychiatry, 2021. doi.org/10.3389/fpsyt.2021.691251

FURTHER READING

- NHS: Antipsychotics
- Royal College of Psychiatrists: Antipsychotic medication

This aid helps you think and ask. It does not recommend a choice and is not a prescription. Decide with a doctor who knows your history.

Feeling like it is all too much? **Read the crisis card.** Help is one page away.