



Trifluoperazine

(Pronounced tri-flu-perra-zine)

Why has trifluoperazine been prescribed?

Trifluoperazine is an antipsychotic used to treat schizophrenia and a number of other conditions.

What are the benefits of taking trifluoperazine?

Antipsychotics are effective in reducing the symptoms of psychosis. They also shorten the time to recovery and help prevent relapses. Trifluoperazine has been in clinical use for more than 50 years.

Are there any precautions with trifluoperazine?

Trifluoperazine is suitable for most people. As with all medicines, however, there are precautions. Your prescriber will usually check that it is safe to prescribe trifluoperazine, but let your prescriber know if any of the following apply to you, as extra care may be needed.

- a) If you suffer from heart or liver trouble.
- b) If you are taking any other medication, especially medicines used for an irregular heart beat, lithium or medicines used for Parkinson's disease. Also, tell your prescriber if you buy any medicine 'over the counter' from a pharmacy or supermarket. Please also tell your prescriber if you take any alternative or complementary medicine such as Chinese herbal medicines.
- c) If you are pregnant, breast feeding, or wish to become pregnant.

What is the usual dose of trifluoperazine?

The starting dose is usually 10mg a day. This is sometimes increased slowly over a few weeks. The usual dose of trifluoperazine may be between 5mg and 30mg a day. It may take a few weeks to get to the dose that is most suitable.

How should trifluoperazine be taken?

Trifluoperazine is usually taken once a day, in the evening. Sometimes, it is taken twice or three times a day.

What form does trifluoperazine come in?

Trifluoperazine is available as tablets and liquid. The tablets are available as 1mg and 5mg. The liquid is available as 1mg per 5ml or 5mg per 5ml.

What should be done if a dose is missed?

If you forget a dose, take it as soon as you remember, as long as it is within a few hours of the usual time. If you miss a whole day's dose – just carry on as normal with the next day's dose. If you miss more than a day's dose, speak to your prescriber.

What will happen when trifluoperazine is first taken?

Trifluoperazine, like many medicines, does not work straight away. For example, it may take several days or even weeks for some symptoms to improve. To begin with, some people find that trifluoperazine may help them feel more calm and less anxious. Later, (usually in two or three weeks) other symptoms should begin to improve. Many people do not experience any side effects. However some people may experience some side effects. We have listed potential side effects in the table below, whether or not they are likely to be short or long-term and what measures can be taken is also described. There are other possible side effects – we have listed only the most important ones. Ask your doctor, pharmacist, or nurse if you are

worried about anything else that you think might be a side effect. Further information on side effects is available in the official manufacturer's leaflet.

Reporting side effects

The 'Yellow Card' scheme encourages patients to report any side effects that they feel may be caused by their medication. Ask your doctor, pharmacist, or nurse for the forms if you wish to report any side effects. Alternatively, telephone 0808 100 3352 or go to www.mhra.gov.uk.

Is trifluoperazine addictive?

No, trifluoperazine is not addictive. However, if you stop taking the medicine suddenly, you may experience unpleasant physical feelings.

What about alcohol?

It is recommended that people taking trifluoperazine should not drink alcohol. This is because both antipsychotics and alcohol can cause drowsiness. If the two are taken together, severe drowsiness can result. This can lead to falls and accidents. As well as this, drinking alcohol may make psychosis worse. However, once people are used to taking medication, then *very small amounts* of alcohol may not be harmful. It pays to be very careful, because alcohol affects people in different ways, especially when they are taking medication. Never drink alcohol and drive. Discuss any concerns you may have with your doctor, pharmacist or nurse.

Is it OK to stop taking trifluoperazine when symptoms go away?

No. If you stop taking trifluoperazine your original symptoms are very likely to return. Most people need to be on trifluoperazine for quite a long time, sometimes years. You should always discuss any plans you have to reduce or stop any of your prescribed medicines with your prescriber.

Are there any alternatives to trifluoperazine?

Yes, there are alternatives available. Overall, antipsychotics have broadly similar therapeutic effects, except for clozapine which is effective when other antipsychotics have failed. Antipsychotics differ in their side effects. With the range of medicines now available, a suitable and acceptable antipsychotic can usually be found for everyone.

Summary of side effects



Drowsiness - Very common

What can be done about it?

Drowsiness tends to wear off over time. Speak to your prescriber about changing the dose or dose timings.



Agitation – Common (also known as akathisia)

What can be done about it?

Another medicine may be prescribed to treat this. Treatment may be switched to another medicine which does not cause this side effect.



Loss of interest in sex – Common (men and women)

What can be done about it?

This may wear off within a few days. Discuss with your prescriber if this persists.



Menstrual changes (women) – Commons (periods may stop)

What can be done about it?

Any changes should be reported to your prescriber. Treatment may be switched to another medicine which does not cause this side effect.

Other (less common) side effects	How common is it and what can be done about it?
Impotence (men) – difficulty in getting an erection	Uncommon Any changes should be reported to your prescriber. Treatment may be switched to another medicine which does not cause this side effect.
Breast growth and milk production (men and women)	Uncommon Any changes should be reported to your prescriber. Treatment may be switched to another medicine which does not cause this side effect.
Drowsiness	Uncommon This tends to wear off over time. If this persists tell your prescriber.
Abnormal movements (also known as tardive dyskinesia)	Uncommon This occurs only after long term treatment. It usually begins with unusual movements of the mouth and tongue. Treatment may be switched to another medicine which is less likely to cause this side effect. Symptoms may go away when switched to another medicine.

Very common = almost everyone affected
 Common = many people affected
 Uncommon = some people affected

Rare = few people affected
 Very rare = very few or no one affected

Disclaimer

This leaflet does not replace the official manufacturer’s Patient Information Leaflet.

For more information, visit www.slam.nhs.uk/meds or speak to a health care professional.

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