

Combination of drugs for psychosis / schizophrenia

(for psychosis and schizophrenia, but also for a schizoaffective disorder.)

This combination of active ingredients has very few side effects and works equally well on positive and negative symptoms.

Combination of active ingredients and intake:

Bupropion approx. 300-600mg (spread over the day: e.g. 300mg in the morning, 150mg at noon)

With high doses there is a low risk of seizures, 300mg (European Union) and 450mg (Switzerland / USA) are in the approved Framework.

Interactions and precise information on the seizure threshold, etc.

Benefit:

Works very well against negative symptoms and improves the course of the disease.

Effect:

It is more likely to lead to alertness and increase concentration. Has similarities to ADHD medication, but is an antidepressant and nicotine cessation agent, which is also used in diet medication, among other things.

Citalopram approx. 20-40mg (morning)

Positive interaction:

dampens the libido somewhat, promotes sleep, helps against constipation or bladder weakness, which are side effects of bupropion or aripiprazole.

Aripiprazole (Abilify) 5mg daily / later interval

intake At the beginning of the transition:

Regular daily intake of 5mg aripiprazole in the morning.

Subsequent intervals:

7-10 days of continuous intake of aripiprazole 5mg.

4-6 weeks break between aripiprazole intervals.

The antidepressants are taken continuously and daily without intervals.

On the first 2 days of interval intake, aripiprazole can also be increased to 10mg, as it has a long half-life and the active level of this active ingredient builds up slowly.

Benefits and interactions:

Works very well on positive symptoms, acute depression and sleep disorders.

Post-psychotic depression often occurs with prolonged discontinuation of antipsychotics. Sleep disturbances occur after prolonged discontinuation of the aripiprazole and can be exacerbated by the bupropion.

Negative symptoms occur mainly while taking the aripiprazole, by taking the aripiprazole at intervals and stopping it, the negative symptoms are greatly reduced. You are much more motivated and concentration and thinking disorders also subside. Stopping the aripiprazole may increase forgetfulness somewhat.

Trimipramine 10mg in drop form (in the evening as an additional option)

Benefit:

Helps with sleep and sleep disorders (you feel more motivated and well rested the next day). Reduces inner restlessness.

By taking the aripiprazole at intervals, the trimipramine becomes necessary, where it can function well while taking the aripiprazole even without it.

Valerian (required in case of inner restlessness)

Benefit:

Against inner restlessness during the withdrawal intervals, slightly sleep-promoting effect.

Further additional options (link to further articles in the forum) : Vitamin

supplements: Vitamin deficiency or mineral deficiency in schizophrenia?

Weight reduction: Lose weight with naltrexone - Mysimba

When sneaking in, first aripiprazole (1), then bupropion (2) and only then citalopram (3), because otherwise it makes you restless / nervous. Trimipramine and valerian added later.

Overview and supplements:

The medication combination consists of **3 antidepressants per day:**

Bupropion (nicotine cessation drug and SNDRI antidepressant)

Citalopram (standard SSRI antidepressant)

Trimipramine drops for sleeping (tricyclic antidepressant)

Antidepressants usually take two weeks to fully work. During this time, depression can

also increase, as the effect can be the opposite at the beginning.

Are also necessary if there are no depressive symptoms and are effective against both positive and negative symptoms. As part of the interval taking of the neuroleptic (aripiprazole), a therapeutic window is created where these antidepressants can work particularly effectively.

A neuroleptic / antipsychotic:

aripiprazole (Abilify) (antipsychotic)

Aripiprazole is effective against psychosis but also effective in post-psychotic depression, which can occur in the withdrawal intervals.

While taking aripiprazole, negative symptoms such as lack of drive can appear in a mild form; these negative symptoms can only be effectively reduced through interval intake and the additional antidepressants.

Small doses of the neuroleptic are preferred to higher doses (as much as necessary); in most cases, aripiprazole is already very effective from 5 mg. Reduced doses of aripiprazole avoid unnecessary negative symptoms and improve the effectiveness of the antidepressants.

General caution and safety information:

Be careful when driving and using machines, especially when you are taking aripiprazole, the concentration may be reduced and the negative symptoms aggravated. Longer stretches should be avoided because of fatigue. Bupropion has a calming effect on symptoms of restlessness, which can occur with monotherapy with aripiprazole, which can make driving significantly safer.

The antidepressant bupropion improves concentration, alertness and helps against inner restlessness, which has a very positive effect on concentration and driving.

As part of the recommendation, driving should be reasonably safe. But be careful with the monotherapy of aripiprazole or if you leave it out for too long and restless symptoms occur despite the antidepressants, then you should counteract with aripiprazole again, as the antidepressants are only effective in this window of action against restlessness, depression and negative symptoms.

This recommendation is based on personal experience. Everyone reacts a little differently to the medication, the recommendation is intended to indicate certain guidelines that can be used as a rough guide. Ideally, only slight individual dose adjustments should be necessary.

The drug combination can only be prescribed by a trained doctor or psychiatrist.

According to the current guidelines of the DDGPN, bupropion may also be used in psychoses with nicotine addiction, which is the case in about 80% of patients based on studies. Since the drug is also so very useful for negative symptoms and can also improve positive symptoms with accompanying therapy with antipsychotics, better access of the sick to this drug combination would be fundamentally necessary.

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