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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Psychiatric drug, name and dose:** |  | | |
| **Date:** |  | | |
| **Please note below effect frequency and strength** | | | |
| **A. Emotional complaints** | **NEVER/AT TIMES/OFTEN** | **WEAK/STRONG** | |
| 1 emotional numbness |  |  | |
| 2. Loss of motivation/indifference |  |  | |
| 3. Nervousness/anxiety |  |  | |
| 4. Anguish/fear |  |  | |
| 5. Irritability |  |  | |
| 6. aggressiveness/angry outbursts |  |  | |
| 7. Thoughts of harming others/aggressive ideation |  |  | |
| 8. Elevated mood/"hyper" |  |  | |
| 9. Inner tension/agitation |  |  | |
| 10. Impulsiveness/disinhibition |  |  | |
| 11 Depression/feeling low |  |  | |
| 12. Inability to cry |  |  | |
| 13. Cries a lot |  |  | |
| 14. Mood swings |  |  | |
| 15. Suicidal ideation |  |  | |
| 16. Suicide attempts |  |  | |
| 17. Thoughts of self-harm |  |  | |
| 18. Acts of self-harm |  |  | |
| **B. Disturbances in thinking** | **NEVER/AT TIMES/OFTEN** | **WEAK/STRONG** | |
| 1. Confusion |  |  | |
| 2. Reduced ability to concentrate |  |  | |
| 3. Memory loss/forgetfulness |  |  | |
| 4. Feelings of unreality/detachment/depersonalisation |  |  | |
| 5. Visual and auditory hallucinations |  |  | |
| 6. Thoughts feel too slow |  |  | |
| 7. Thoughts feel too fast |  |  | |
| 8. Thoughts feel too aggressive |  |  | |
| 9. Thoughts feel too intrusive |  |  | |
| **C. Sleep disorder** | **NEVER/AT TIMES/OFTEN** | **WEAK/STRONG** | |
| 1. Somnolence |  |  | |
| 2. Difficulty sleeping |  |  | |
| 3. Awakening during the night |  |  | |
| 4. Sleep not refreshing |  |  | |
| 5. Nightmares |  |  | |
| 6. Nightmares experienced as real |  |  | |
| **D. Sensory experiences** | **NEVER/AT TIMES/OFTEN** | **WEAK/STRONG** | |
| 1.Restless legs syndrome/akathisia |  |  | |
| 2.Unusual visual phenomena, blurred vision/moving spots (eye floaters) |  |  | |
| 3. Altered sense of smell and taste |  |  | |
| 4. Loss of taste |  |  | |
| 5. Dizziness |  |  | |
| 6. Dry eyes/pain in the eyes. |  |  | |
| 7. Tingling sensations |  |  | |
| 8. Diminished sense of touch |  |  | |
| **E. Sexual problems** | **NEVER/AT TIMES/OFTEN** | **WEAK/STRONG** | |
| 1. Diminished desire |  |  | |
| 2. Poor vaginal lubrication/erectile dysfunction |  |  | |
| 3. Difficulty or failure to reach orgasm |  |  | |
| **F. Muscles, joints, movements and skeleton** | **NEVER/AT TIMES/OFTEN** | **WEAK/STRONG** | |
| 1. Shaking/tremor |  |  | |
| 2. Muscle aches/pains |  |  | |
| 3. Muscle tension/stiffness |  |  | |
| 4. Muscular weakness |  |  | |
| 5. Muscle cramps/spasms/twitching |  |  | |
| 6. Uncontrollable mouth/tongue movements |  |  | |
| 7. Painful joints |  |  | |
| 8. Weak bones/fractures |  |  | |
| 9. Unsteady gait/coordination difficulties |  |  | |
| **G. Alcohol problems** | **NEVER/AT TIMES/OFTEN** | **WEAK/STRONG** | |
| 1. Memory loss associated with intake of alcohol,even at low levels |  |  | |
| 2. Memory loss associated with destructive behaviour |  |  | |
| 3. Increased craving for alcohol |  |  | |
| **H. Other somatic symptoms** | **NEVER/AT TIMES/OFTEN** | **WEAK/STRONG** | |
| 1. Flu-like symptoms/chills |  |  | |
| 2. Fatigue/tiredness |  |  | |
| 3. Headaches |  |  | |
| 4. Sweating |  |  | |
| 5. Heart palpitations |  |  | |
| 6. Increased thirst/ frequent urination |  |  | |
| 7.Increased tendency to bleeding/bruising |  |  | |
| 8.Menstrual problems |  |  | |
| 9. Rashes/acne |  |  | |
| 10.Fits |  |  | |
| 11.Coughing/breathing problems |  |  | |
| **I. Gastrointestinal problems** | **NEVER/AT TIMES/OFTEN** | **WEAK/STRONG** | |
| 1. Nausea |  |  | |
| 2. Vomiting |  |  | |
| 3. Stomach ache |  |  | |
| 4. Constipation |  |  | |
| 5. Diarrhoea |  |  | |
| 6. Too much/too little appetite |  |  | |
| **J. Some phenomena sometimes associated with withdrawal** | **NEVER/AT TIMES/OFTEN** | **WEAK/STRONG** | |
| 1. Electrical shock sensations in the body or head |  |  | |
| 2. Ringing or other noises in the ears |  |  | |
| 3. Hypersensitivity to sensory impressions such as touch, sight, hearing |  |  | |
| 4. Hypersensitivity to thoughts |  |  | |
| 5. Hypersensitivity to feelings/sense of lacking skin, great vulnerability |  |  | |
| 6. Sexual/genital hypersensitivity |  |  | |
| 7.Premature ejaculation |  |  | |
| 8. Chronic sexual disability after withdrawal |  |  | |
| 9. Difficulties coming off medications |  |  | |
|  |  |  | |
| **K. Abnormal test results test results/medical examinations** | | **Yes** | **No** |
| 1. Low sodium level, can be a mild or a serious symptom | |  |  |
| 2. Weak bone structure ascertained by DEXA | |  |  |
| 3. Prolonged QT-interval on ECG | |  |  |
| 4. Weight gain | |  |  |
| 4. Increased blood pressure | |  |  |

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| **Other complaints and/or new positive change:** |
|  |
| **Please describe how you are doing in general:** |
|  |
| **How would you summarize the effects of your medication?** |
|  |
| **How would you describe the quality of your care with regard to medications?** |
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| **Notes:** |
| This checklist does not cover all known effects of psychotropic drugs, which is why a number of spaces have been left for the possible inclusion of others. The list is above all concerned with substances labelled as anti-depressants or anti-psychotics, but can be used for all psychotropic drug treatments since many effects are alike for different medications. The list is regularly updated as new knowledge is arrived at.  This checklist should be used at the different phases of a treatment programme: Before beginning medication in order to determine the point of departure, which will make it easier later on to see what side effects have developed. During ongoing treatment a doctor must also regularly register side effects, which may be expedited using the list above using the list above. The list also provides a basis for the reporting of side effects. Even at the end of treatment the list is useful for capturing withdrawal reactions, and to see whether there are side effects which remain after cessation of medication.   Compiled and developed by Göran Högberg. Version October 2020, building on “Biverkningsschema för SSRI, neuroleptika,” Läkemedelsverket, Uppsala 2016-05-25, a list of withdrawal symptoms by Rosenbaum and coworkers; “Selective serotonin reuptake inhibitor discontinuation syndrome: a randomized clinical trial,”Biological psychiatry 1998; 44:77-87 and “Antidepressant withdrawal: A survey of patients´ experience by the all-party parliamentary group for prescribed dependence,” http://prescribeddrug.org/wp-content/uploads/2018/10/APPG-PDD-Survey-of-antidepressant-withdrawal-experiences.pdf. |