Condensed Clinical Practice Guideline
Treatment Of Patients With Schizophrenia

I. Key Points
   a. Schizophrenia is a chronic illness affecting all aspects of person’s life
      i. Treatment Planning Goals
         1. Reduce or eliminate symptoms
         2. Maximize quality of life and adaptive functioning
         3. Promote and maintain recovery from the debilitating effects of the illness to the extent possible
   b. Establishing a supportive therapeutic alliance is essential in obtaining necessary information to provide effective treatment
   c. People diagnosed with Schizophrenia should receive a variety of treatments, often from multiple clinicians
   d. It is important to thoroughly assess for the presence of suicidality and command hallucinations and take precautions whenever there is concern with the Patient’s suicidal intent.
   e. It is recommended that pharmacological treatment begin promptly if it does not interfere with diagnostic assessment

II. Formulation and Implementation of A Treatment Plan
   a. Assessing symptoms and establishing a diagnosis
      i. Effective and appropriate treatments are based on relevant, accurate, and clinical assessments
      ii. Treatments are directed at the specific symptoms that the Patient presents with
      iii. Using an objective rating scale to monitor symptoms is important
   b. Developing a therapeutic alliance and promoting treatment adherence
      i. Research supports that specific attention in the therapeutic relationship to identifying goals and relating them to treatment outcomes increases adherence to treatment
      ii. Clinicians should assess contributing factors when addressing treatment nonadherence
         a. Frequent causes of nonadherence
            i. Lack of insight
            ii. Breakdown of therapeutic alliance
            iii. Failure to understand the need to take daily medication
            iv. Unpleasant medication side effects
      iii. Clinical interventions can be implemented to address nonadherence once the reasons are understood
      iv. Identify practical barriers to adherence such as cognitive impairments or disorganization
   c. Providing patient and family education therapies
i. Educating families about the illness and coping strategies can reduce relapse and improve quality of life for patients
d. Treating comorbid conditions
   i. Psychiatric, social, and other medical conditions occur more frequently in persons diagnosed with schizophrenia than in the general population
   ii. Assessment of co-occurring conditions is important
   iii. Common co-occurring disorders
      1. Major Depression
      2. Substance Use Disorders
      3. Post-Traumatic Stress Disorder
e. Integrating treatments from multiple clinicians
   i. Integration of treatments can be accomplished through treatment teams led by a skilled mental health professional that meet to review treatment progress
f. Documenting treatment
   i. Accurate history of past and current treatments is important for treatment planning.

III. Acute Phase
a. Goals of treatment
   i. Prevent harm
   ii. Control disturbed behavior
   iii. Reduce severity of psychosis and associated symptoms
   iv. Address factors that led to acute episode
   v. Develop an alliance with the patient and family
   vi. Formulate short and long term treatment plans
   vii. Connect patient with appropriate aftercare in the community
b. Assessment in the acute phase
   i. A thorough initial assessment is paramount
   ii. Important that assessment of risk factors such as suicidal ideation, prior attempts, suicide plan occurs
   iii. Substance use should be routinely evaluated
c. Psychiatric management in the acute phase
   i. Patient should be provided information on the nature and management of the illness
   ii. Patient should be encouraged to collaborate with the psychiatrist in selecting and adjusting medication and other treatments
   iii. Acute phase is the best time for the psychiatrist to initiate a relationship with family members
d. Use of antipsychotic medications in the acute phase
   i. Antipsychotic medications are indicated for nearly all episodes of acute psychosis in patients diagnosed with schizophrenia
   ii. Pharmacological treatment should be initiated as soon as clinically possible
iii. Psychiatrist should discuss potential risks and benefits of the medication with the patient.
iv. Laboratory studies may be needed before treatment with antipsychotic medication can be initiated.
v. The selection of an antipsychotic medication is often guided by the patient’s previous experience with antipsychotic medications.
vi. Second generation antipsychotics should be considered as first-line medications for patients in the acute phase.
vii. If Patient is not improving consider cause of lack of response
   1. Medication nonadherence
   2. Rapid medication metabolism
   3. Poor absorption

e. Use of adjunctive medications in the acute phase
   i. Additional psychoactive medications are added to antipsychotic medications in the acute phase to treat comorbid conditions
      1. Agitation
      2. Aggression
      3. Affective symptoms
      4. Sleep disturbances
      5. Antipsychotic drug side effects

f. Use of Electroconvulsive Therapy (ECT) or other somatic therapies in the acute phase
   i. Greatest therapeutic benefits occur when ECT is administered concurrently with antipsychotic medications

IV. Stabilization Phase
a. Treatment aims
   i. Sustain symptom remission or control
   ii. Minimize stress
   iii. Provide support to minimize relapse
   iv. Enhance Patient’s adaptation to life in the community
   v. Promote process of recovery
b. Controlled trial provides little guidance for medication treatment during this phase
c. Educational programs have been effective in this phase in teaching skills of medication self-management and symptom management, and interacting with healthcare providers.
d. Gaps in service delivery should not occur as patients are vulnerable to relapse

V. Stable Phase
a. Assessment in the stable phase
   i. Ongoing monitoring is necessary to determine if the Patient’s treatment program needs altering
   ii. Monitoring for adverse side effects of medication should be done regularly
b. Psychosocial treatment in stable phase
   i. Psychosocial treatments that have demonstrated effectiveness
1. Family interventions
2. Supported employment
3. Assertive community treatment
4. Social skills training
5. Cognitive behaviorally oriented psychotherapy
   ii. Psychosocial treatments should be tailored to the individual patient
   iii. Family education and support, assertive community treatment, and cognitive therapy have been shown to be effective in relapse prevention

c. Use of antipsychotic medications in the stable phase
   i. Long term treatment plan that minimizes the risk of relapse should be developed by the physician
   ii. Antipsychotic medication has been shown to reduce the risk of relapse in this phase

d. Use of adjunctive medications in the stable phase
   i. Adjunctive medications are commonly prescribed for comorbid conditions
      1. Aggression
      2. Anxiety
      3. Mood symptoms

VI. Clinical Features Influencing the Treatment Plan
a. Patients with first-episode psychosis are more responsive to treatment than patients with multiple episodes of psychosis
b. Goals of treatment for patients diagnosed with schizophrenia who also have a substance use disorder are the same as those for treatment of the illness without comorbidity with the addition of goals to treat the substance use disorder
c. Antipsychotic medications remain the mainstay of pharmacological treatment for patients with comorbid substance use disorders
d. Depressive symptoms are common in all phases of schizophrenia
   i. Antidepressants are added as an adjunct to antipsychotic medications when the depressive symptoms meet the criteria for major depressive disorder, are causing significant distress, or are interfering with function
e. Suicide completion is the leading cause of premature death among persons diagnosed with schizophrenia
   i. Suicide must be considered at all stages of the schizophrenia and suicide risk must be assessed initially and ongoing during treatment.
f. Only a minority of patients diagnosed with schizophrenia are violent, evidence does note that schizophrenia is associated with an increase in the risk of aggressive behavior
   i. Risk for aggressive behavior increases with comorbid alcohol abuse, substance abuse, antisocial personality disorder, or neurological impairment

VII. Demographic and Psychosocial Variables
a. Schizophrenia is risk factor for homelessness
i. Clinical services
   1. Provision of appropriate housing
   2. Access to medical services
   3. Treatment of substance use disorders
   4. Income support
   5. Employment assistance

ii. Stages of clinical care
   1. Engagement
   2. Intensive care
   3. Ongoing rehabilitation

b. Cultural factors
   i. Pattern of evidence that race has effect on whether persons with similar symptoms receive a diagnosis of affective disorder or schizophrenia
      1. African Americans, compared with Caucasians, are less likely to receive a mood disorder diagnosis and more likely to receive schizophrenia diagnosis, especially men.
   ii. Clinicians should be mindful of the extent to which cultural factors have an impact on their diagnostic approach

c. Race
   i. Outcomes research noted that Patients from racial/ethnic minority groups were much more likely than Caucasian Patients to receive psychotropic medication doses above recommended levels
   ii. Clearly a need for more research to understand the differences in patterns of treatment by race and ethnicity

d. Gender
   i. Men diagnosed with schizophrenia have been noted to have a younger age of onset and a poorer overall course than women diagnosed with schizophrenia
   ii. Studies have shown that pregnant women diagnosed with schizophrenia receive poor prenatal care

e. Psychosocial Stressors
   i. Psychosocial stressors can precipitate development of reoccurrence of symptoms in a vulnerable person
      1. Stressful life events
      2. Sociocultural stress
      3. Distressing emotional climate

VIII. Treatment Settings and Housing Options
a. Common Treatment Settings
   i. Hospitals
   ii. Long-term hospitalization
   iii. Crisis residential programs
   iv. Day hospital or partial hospitalization
   v. Day treatment
   vi. Housing
vii. Correctional settings

IX. Definition, Natural History and Course, And Epidemiology
   a. Clinical Features
      i. Symptoms that have been present for a significant length of time during a 1 month period, with signs of the disorder persisting at least 6 months
      ii. Symptoms may involve:
          1. Perceptual disturbances
          2. Poor reality testing
          3. Disorganized thought process
          4. Inappropriate affect
          5. Behavioral disturbances
          6. Impaired judgment
          7. Lack of motivation
   b. Natural History and Course
      i. Psychotic phase progress through an acute phase, a stabilization phase, and a stable phase
   c. Epidemiology
      i. Incidence of schizophrenia appears to be stable across countries and cultures and over time
      ii. The risk of having schizophrenia is greater in persons whose parents have the disorder.

X. Review and Synthesis of Available Evidence
   a. Pharmacological Treatments
      i. Antipsychotic Medications
         1. First-generation agents
            a. Effective in diminishing most symptoms of schizophrenia
            b. Extrapyramidal side effects
         2. Second-generation agents
            a. Effective against psychopathology of schizophrenia
            b. Do not cause extrapyramidal side effects
         3. Shared side effects among multiple anti-psychotic medications
            a. Neurological
            b. Extrapyramidal
            c. Neuroleptic Malignant Syndrome
            d. Sedation
            e. Cardiovascular
            f. Weight gain and metabolic abnormalities
            g. Effects on sexual function
      ii. Adjunctive Medications
         1. Variety of medications have been added to antipsychotic medications to enhance their efficacy or to treat other symptoms associated with schizophrenia
            a. Anticonvulsants
            b. Antidepressants
c. Antipsychotics (combinations)
d. Benzodiazepines
e. Beta-Blockers
f. Cognitive Enhancers
g. Glutamatergic agents
h. Lithium
i. Monoaminergic agents
j. Polyunsaturated fatty acids

b. Other Somatic Therapies
   i. ECT
      1. ECT in combination with antipsychotic medications may be considered for patients with schizophrenia and schizoaffective disorder who have severe psychotic symptoms and have not responded to treatment with antipsychotic agents
   ii. Repetitive Transcranial Magnetic Stimulation (rTMS)
      1. has not been approved for use in patients with schizophrenia
      2. insufficient evidence to recommend its use in clinical practice

c. Specific Psychosocial Interventions
   i. Interventions with clinical evidence of efficacy
      1. Program for Assertive Community Treatment (PACT)
      2. Family Interventions
      3. Supported Employment
      4. Cognitive behavior therapy
      5. Social skills training
      6. Programs of early intervention to delay or prevent relapse
   ii. Interventions with very limited evidence bases
      1. Personal therapy
      2. Group therapies
      3. Programs of early detection and intervention to treat schizophrenia at or before onset
      4. Patient education
      5. Case management
      6. Cognitive remediation therapy
   iii. Self-help groups
      1. Seem to improve symptoms and increase participants’ social networks and quality of life
      2. Studies suggest that helping families educate and empower themselves results in better outcomes of the family member diagnosed with schizophrenia
References