EXECUTIVE SUMMARY: CLINICAL PRACTICE GUIDELINES FOR SCHIZOPHRENIA

The purpose of this document is to introduce and update PerformCare’s clinical practice guidelines (CPG) for the treatment of child, adolescent and adult schizophrenia. These CPG are meant to provide medical and psychological health providers with useful, quick reference tools for treating clients with schizophrenia disorder. They are intended to extend, not replace, sound clinical judgment. In particular, these adopted guidelines do not supersede the responsibility of the treating clinician to remain current on medications and alert to input from key regulatory and professional organizations when making important treatment decisions.

PerformCare has adopted the American Psychiatric Association’s Practice Guideline for the Treatment of Patients with Schizophrenia, Second Edition (2004); Treating Schizophrenia: A Quick Reference Guide (2004); and Guideline Watch (September, 2009) for the treatment of adult schizophrenia. For the treatment of children and adolescents with schizophrenic disorders, PerformCare has adopted the Practice Parameter for the Assessment and Treatment of Children and Adolescents With Schizophrenia (February, 2013). Both sets of documents supply a framework for decision-making in treating patients with schizophrenia and serve as very good sources of evidence-based information for the full range of psychiatric management, clinical features, epidemiology, treatment planning and treatment interventions (psychosocial and psychopharmacological) for schizophrenia. The following guide is designed to help providers, practitioners and interested readers become familiar with key features of the documents and find the sections that will be most useful to them.

THE DSM-5 AND SCHIZOPHRENIA

The clinical practice guidelines are based on the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). The new Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) makes three changes to the diagnosis section on schizophrenia and other psychotic disorders and identifies for future study an area that could be critical for early detection of schizophrenia.

- The first change made by the DSM-5 is the raising of the symptom threshold for a diagnosis of schizophrenia, requiring that an individual display at least two of the specified symptoms. In particular, the special attribution of bizarre delusions and Schneiderian first-rank auditory hallucinations has been eliminated. Therefore, in DSM-5 two Criterion A symptoms are needed to establish a schizophrenia diagnosis.
- The second change is the addition of a requirement in Criterion A that the individual must have at least one of three “positive symptoms” to make a reliable diagnosis of schizophrenia: delusions, hallucinations and disorganized speech.
- The third change is the elimination of the DSM-IV subtypes in the diagnostic criteria. Instead, a dimensional approach to rating severity for the core symptoms of schizophrenia is included in Section III to highlight the clinical heterogeneity in symptom type and severity exhibited across individuals with psychotic disorders.
- Attenuated psychosis syndrome is included in Section III of the DSM-5; conditions listed there require further research before their consideration as formal disorders.
potential category would identify a person who does not have a full-blown psychotic disorder but displays minor kinds of relevant symptoms. Though early detection and intervention for persons with increased risk of developing a psychotic disorder is desirable, more study is needed to ensure that attenuated psychotic syndrome can be reliably diagnosed.

APA CLINICAL PRACTICE GUIDELINE DOCUMENTS
TREATMENT OF ADULTS WITH SCHIZOPHRENIA

APA CPG. Approved in December 2003 and published in February 2004, the APA CPG is based on a literature review through 2002. The guideline provides information covering all areas of psychiatric management of patients with schizophrenia including discussion of the clinical features, epidemiology, treatment approaches and treatment planning. It consists of three parts and many sections, not all of which will be equally useful to all readers.

Part A, “Treatment Recommendations for Patients with Schizophrenia,” contains general and specific treatment recommendations. Section I, the executive summary, reviews the key recommendations of the guideline (treatment planning, therapeutic alliance, phases of treatment, treatment settings) and codes each recommendation according to the degree of clinical confidence with which the recommendation is make. Section II gives an overview of the formulation and implementation of a treatment plan for the individual patient, including psychiatric management, special issues for patients with treatment-resistant illness and other clinical features that may influence the treatment plan. Section III describes treatment settings and housing options and provides guidance on choice of setting.

Part B, “Background Information and Review of Available Evidence,” provides a definition of schizophrenia, including general information on its natural history, course and epidemiology. It provides a review and synthesis of the evidence that underlies the recommendations made in Part A, focusing on pharmacological treatments, somatic therapies and psychosocial interventions. Part C draws from the previous sections and summaries areas for which more research data are needed to guide clinical decisions.

Guideline Watch (GW). Published in September 2009, the GW reviews the clinical literature between 2002 – 2008. It incorporates rapidly evolving developments in the psychiatric management of schizophrenic disorder. With regard to pharmacotherapy, the GW reviews several important randomized trials of antipsychotics, reviews the comparative effectiveness of antipsychotics and provides guidance on managing the side effects of antipsychotic medications. Various psychosocial treatments are explored, with updates on the effectiveness of family psychoeducation, cognitive-behavioral therapy and peer support services among others. Finally, GW reviews newer literature available on the treatment of individuals with a dual diagnosis of schizophrenia and substance use disorders. This section updates research important to understanding the results of the combined pharmacological and psychosocial approaches in treating schizophrenia.
Quick Reference Guide (QRG). Based on the Practice Guideline for the Treatment of Patients with Schizophrenia, Second Edition (2004), the QRG is a synopsis of the full-text CPG and therefore is not designed to stand on its own. It should be used in conjunction with the full text of the CPG and should be consulted in order to clarify a recommendation or to review evidence supporting a particular strategy.

CLINICAL PRACTICE GUIDELINE
TREATMENT OF CHILDREN AND ADOLESCENTS WITH SCHIZOPHRENIA

While earlier versions were published in 1994 and 2001, the Practice Parameter for the Assessment and Treatment of Children and Adolescents With Schizophrenia (February, 2013) reviews the literature on the assessment and treatment of children and adolescents with schizophrenia covering a six-year period from January 2004 through August 2010. Important findings are reviewed, including diagnostic criteria for this population and clinical standards for effective treatment. A definition, brief history and epidemiology of early-onset schizophrenia are provided. The symptomology, cognitive functioning and premorbid functioning in the clinical presentation of early-onset schizophrenia are described. Because schizophrenia is a heterogeneous disorder with multiple etiologies, no single set of causes has been identified. This practice parameter examines current evidence suggesting that a “multifactorial neurodevelopmental model” best explains how schizophrenia develops. The document discusses how genetic, ecological, neurological, psychological and social factors interact to mediate the timing of onset, course and severity of the disorder. Recommendations for practice parameters are presented and coded based on the strength of the underlying empirical and clinical supports.

Finally, antipsychotic medications are reviewed and guidance is provided on the use of pharmacological interventions with psychoeducational, psychotherapeutic and educational approaches to treatment. Newer controlled trials of atypical antipsychotic agents for early-onset schizophrenia have been conducted and are reviewed. Special attention is given to clinical features in youth with early-onset schizophrenia that may impact patient response to available agents, such as metabolic side effects.