



Treatment Options in Schizophrenia

A guide to the main treatment approaches

Introduction

Schizophrenia is serious and lifelong mental illness, but with timely diagnosis and evaluation, with the right treatment, and with the skills and dedication of close family members and a multi-disciplinary team, symptoms can improve and patients can go on to live productive lives.

This series of booklets has been developed to outline the many different aspects of schizophrenia and its treatment. Their aim is to act as an accessible resource to help the HCPs, caregivers and family of people living with schizophrenia provide the best support possible.

This is the second in a series of booklets and matching videos available to all health care providers working in mental health in Rwanda. In this booklet, and in the accompanying video of the same name, we will discuss some of the main treatment approaches to this chronic and debilitating condition.



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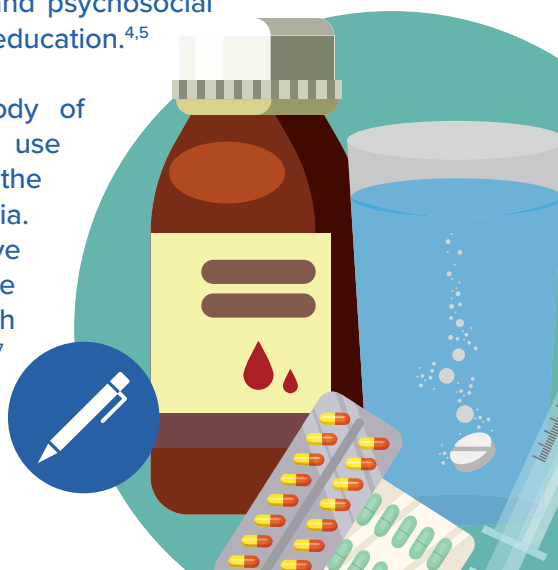
Creating a Comprehensive Treatment Regimen

While the exact cause of schizophrenia is unknown, research suggests that a combination of genetic, physical, and environmental factors can increase a person's risk of developing the disorder.² People suffering from schizophrenia experience a variety of psychotic symptoms and cognitive impairment.^{1,3}

There is no 'one size fits all' treatment for this complex illness, but there are many effective treatment options, and with careful assessment of the patient's condition and needs, you can be optimistic about creating a comprehensive treatment regimen.

The current standard of care for schizophrenia involves pharmacological treatments and psychosocial interventions, such as psychoeducation.^{4,5}

There is a considerable body of evidence to support the use of psychoeducation for the treatment of schizophrenia. Studies have shown it to have moderate efficacy for positive and negative symptoms, with sustained benefits over time.^{6,7}



THE FIRST- & SECOND-GENERATION ANTIPSYCHOTICS

The biggest breakthrough in the treatment of schizophrenia has been the introduction of antipsychotic treatments, which are now considered standard of care for people living with schizophrenia.

These can be divided into two classes:⁸

- **First-generation, or typical, antipsychotics (FGAs)**
- **Second-generation, or atypical, antipsychotics (SGAs)**

COMMON FIRST-GENERATION ANTIPSYCHOTICS
Chlorpromazine
Levomepromazine
Haloperidol
Zuclopenthixol
Flupentixol
Pimozide

COMMON SECOND-GENERATION ANTIPSYCHOTICS
Risperidone
Olanzapine
Quetiapine
Clozapine
Paliperidone
Lurasidone

The complete list of available FGAs and SGAs can be found on the Essential Medicines List for Rwanda, which is accessible to Healthcare Professionals with prescribing authority.⁹

FGAs have been instrumental in creating a paradigm shift in schizophrenia treatment. These ‘typical’ agents remain a valuable option in the treatment of psychotic disorders. The need for an effective treatment with a more favourable safety profile than the FGAs led to the development of the SGAs.^{4,8,10-12}



Safety Profiles of FGAs & SGAs

As with most medications, FGAs and SGAs can cause adverse events.

The side effect profile of an antipsychotic agent is a significant factor in the choice of a specific medication. Often a patient will express concerns about a particular side effect. A specific side effect (e.g., akathisia, weight gain, sedation, orthostatic hypotension, sexual dysfunction) may also have limited a patient's treatment adherence or ability to function in the past.¹³

If a patient has a concomitant physical condition (e.g., diabetes, heart disease or a seizure disorder), you may consider a medication that is less likely to exacerbate the existing health condition.¹³

Older individuals may be more sensitive to some medication side effects such as tardive dyskinesia, orthostatic hypotension, or anticholinergic effects. For older adults a medication with a lower likelihood of these side effects might be preferred.¹³

In contrast, there may be circumstances in which a medication side effect may be helpful. For example, in a patient who is not sleeping well, a more sedating antipsychotic might be chosen and administered at bedtime.¹³

Regardless of the initial side effect-related considerations in the choice of an antipsychotic medication, it is important to continue to monitor for side effects as treatment proceeds and to have additional discussions with the patient about side effects as they relate to treatment preferences.¹³

In general, FGAs carry a higher risk of extrapyramidal side effects (EPS), including, but not limited to: ¹³

- Akathisia
- Dystonia
- tardive dyskinesia

SGAs carry a higher risk of:¹³

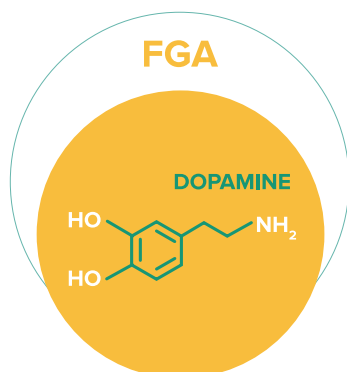
- metabolic side effects, such as weight gain
- glucose abnormalities
- hyperlipidemia

FGA	SGA
Older	Newer
Dopamine effects	Dopamine and serotonin effects
Increased incidence of EPS	Increased incidence of metabolic side effects

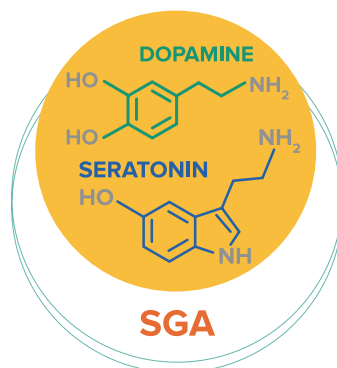
Other side effects such as sedation and hyperprolactinemia differ by agent. ¹³

Modes of Action

Postsynaptic dopamine receptor antagonism is a common feature of all antipsychotics, but in addition to blocking dopamine, SGAs also affect the transmission of serotonin, giving them a different mode of action from FGAs.¹³



Affects dopamine



SGA

Affects dopamine & serotonin

Most commonly, first- and second-generation antipsychotics are available in oral formulations, but some are also available as depot injections.



Choosing the Most Appropriate Treatment

In the treatment of schizophrenia, antipsychotic medication is one important component.¹³

The choice of an antipsychotic agent depends on many factors that are specific to each individual patient. Before initiating treatment with antipsychotic medication, it is recommended that you gather information on any treatment-related preferences and prior treatment responses, if relevant, and then discuss the potential benefits and risks of medication as compared to other management options with patients. Many patients will wish family members or other support persons to be involved in this discussion.¹³

The depth of this discussion will, of course, be determined by the patient's condition. Even with agitated patients and patients with thought disorder, however, treatment outcomes may be enhanced if you and the person living with schizophrenia can identify target symptoms (e.g. anxiety, poor sleep, and, for patients with insight, hallucinations and delusions) that are subjectively distressing and that antipsychotics can ameliorate.¹³

Both FGAs and SGAs are suitable for use in acute and long-term treatment of schizophrenia, and studies show similar efficacy in psychosis symptoms between typical and atypical agents.¹³

When deciding on which class of antipsychotic best fits your patient's needs, it is useful to consider:¹⁴

- the patient's prior experience with antipsychotics, if any
- the patient's comorbid conditions
- any contraindications



Mitigating the risk of relapse is the most important treatment goal in schizophrenia. In this regard, the new second-generation antipsychotics have been shown to be superior to the first-generation therapies.¹⁵

As with any medication there is the possibility of unwanted side-effects with both first- and second-generation antipsychotics. You should be familiar with these before pursuing a treatment plan as side effects are a factor in medication nonadherence.

More information on side effect management can be found in booklet 4, 'Preparing People Living with Schizophrenia for a Better Future'. Regular communication with all members of the treatment team will help you and your colleagues prepare for and alleviate any potential complications.

Antipsychotics don't cure psychosis, but they are effective in reducing and controlling many positive symptoms, and in doing so, improving the quality of life for people suffering from this condition.⁸

The third booklet in this series, 'Collaborating with People Living with Schizophrenia and their Caregivers' details the ways in which you can collaborate with patients and families to help improve outcomes in schizophrenia.







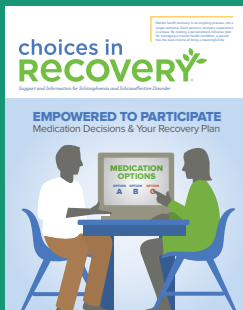


Further Information

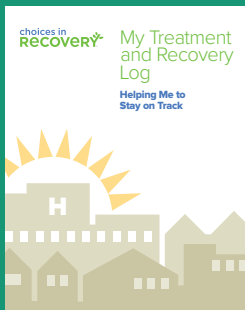
American Psychological Association or APA schizophrenia treatment guidelines: <https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines>

National Alliance on Mental Illness: <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Schizophrenia>

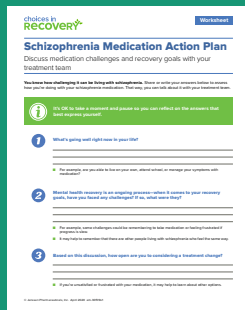
You may find the following booklets useful in providing further information about the topics covered in this booklet:



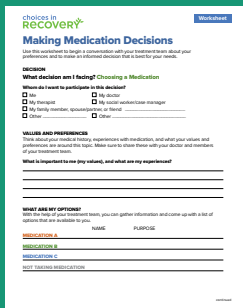
Helps your patient to partner with you around medication and treatment decisions



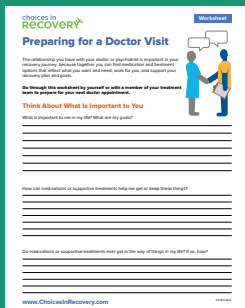
Helps your patient to record their treatment and medication preferences and recovery history



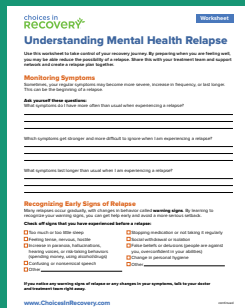
Helps your patient to talk about medication options and consider if a change might be appropriate



Helps patients to begin conversations with their treatment team



Helps patient to prepare for their next appointment



Helps patients to take control of their recovery journey

These can be found on: www.choicesinrecovery.com/treatment-team-center/resources-for-recovery-toolkit.html

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