

Schizophrenia Treatment Guidelines

Schizophrenia is a mental health disorder that impacts a person's thoughts, emotions, and behavior. Individuals with schizophrenia may seem disconnected from reality, which can be challenging for both them and their loved ones. While the symptoms can make everyday activities difficult, there are effective treatments that can help manage the condition (National Institute of Mental Health, 2021).

Below is a statement summary from the American Psychological Association for treatment options for individuals living with schizophrenia:

Assessment and determination of treatment plan

1. APA *recommends* (1C) that the initial assessment of a patient with a possible psychotic disorder include the reason the individual is presenting for evaluation; the patient's goals and preferences for treatment; a review of psychiatric symptoms and trauma history; an assessment of tobacco use and other substance use; a psychiatric treatment history; an assessment of physical health; an assessment of psychosocial and cultural factors; a mental status examination, including cognitive assessment; and an assessment of risk of suicide and aggressive behaviors, as outlined in APA's *Practice Guidelines for the Psychiatric Evaluation of Adults* (3rd edition).
2. APA *recommends* (1C) that the initial psychiatric evaluation of a patient with a possible psychotic disorder include a quantitative measure to identify and determine the severity of symptoms and impairments of functioning that may be a focus of treatment.
3. APA *recommends* (1C) that patients with schizophrenia have a documented, comprehensive, and person-centered treatment plan that includes evidence-based nonpharmacological and pharmacological treatments.

Pharmacotherapy

4. APA *recommends* (1A) that patients with schizophrenia be treated with an antipsychotic medication and monitored for effectiveness and side effects.*
5. APA *recommends* (1A) that patients with schizophrenia whose symptoms have improved with an antipsychotic medication continue to be treated with an antipsychotic medication.*
6. APA *suggests* (2B) that patients with schizophrenia whose symptoms have improved with an antipsychotic medication continue to be treated with the same antipsychotic medication.
7. APA *recommends* (1B) that patients with treatment-resistant schizophrenia be treated with clozapine.*
8. APA *recommends* (1B) that patients with schizophrenia be treated with clozapine if the risk for suicide attempts or suicide remains substantial despite other treatments.*

9. APA *suggests* (2C) that patients with schizophrenia be treated with clozapine if the risk for aggressive behavior remains substantial despite other treatments.*

10. APA *suggests* (2B) that patients receive treatment with a long-acting injectable antipsychotic medication if they prefer such treatment or if they have a history of poor or uncertain adherence.*

11. APA *recommends* (1C) that patients who have acute dystonia associated with antipsychotic therapy be treated with an anticholinergic medication.

12. APA *suggests* (2C) the following options for patients who have parkinsonism associated with antipsychotic therapy: lowering the dosage of the antipsychotic medication, switching to another antipsychotic medication, or treating with an anticholinergic medication.

13. APA *suggests* (2C) the following options for patients who have akathisia associated with antipsychotic therapy: lowering the dosage of the antipsychotic medication, switching to another antipsychotic medication, adding a benzodiazepine medication, or adding a beta-adrenergic blocking agent.

14. APA *recommends* (1B) that patients who have moderate to severe or disabling tardive dyskinesia associated with antipsychotic therapy be treated with a reversible inhibitor of the vesicular monoamine transporter 2 (VMAT2).

Psychosocial intervention

15. APA *recommends* (1B) that patients with schizophrenia who are experiencing a first episode of psychosis be treated in a coordinated specialty care program.*

16. APA *recommends* (1B) that patients with schizophrenia be treated with cognitive-behavioral therapy for psychosis (CBTp).*

17. APA *recommends* (1B) that patients with schizophrenia receive psychoeducation.*

18. APA *recommends* (1B) that patients with schizophrenia receive supported employment services.*

19. APA *recommends* (1B) that patients with schizophrenia receive assertive community treatment if there is a history of poor engagement with services leading to frequent relapse or social disruption (e.g. homelessness; legal difficulties, including imprisonment).*

20. APA *suggests* (2B) that patients with schizophrenia who have ongoing contact with family receive family interventions.*

21. APA *suggests* (2C) that patients with schizophrenia receive interventions aimed at developing self-management skills and enhancing person-oriented recovery.*

22. APA *suggests* (2C) that patients with schizophrenia receive cognitive remediation.*

23. APA *suggests* (2C) that patients with schizophrenia who have a therapeutic goal of enhanced social functioning receive social skills training.*

Each statement includes a number rating that reflects the confidence in the statement:

1. Recommendation, indicating the benefits of the intervention outweigh the harms;
2. Suggestion, indicating the balance of benefits and harms is more difficult to judge, or the benefits or the harms may be less clear.

With a suggestion, patient values and preferences may be more variable, and this can influence the clinical decision that is ultimately made.

Each statement also has a letter rating for the strength of supporting research evidence (A=high; B=moderate; C=low), which reflects the level of confidence that the evidence for a guideline statement reflects a true effect based on consistency of findings across studies, directness of the effect on a specific health outcome, precision of the estimate of effect, and risk of bias in available studies.

References:

Keepers, G. A., Fochtmann, L. J., Anzia, J. M., Benjamin, S., Lyness, J. M., Mojtabai, R., Servis, M., Walaszek, A., Buckley, P., Lenzenweger, M. F., Young, A. S., Degenhardt, A., & Hong, S.-H. (2020). The American Psychiatric Association practice guideline for the treatment of patients with schizophrenia. *American Journal of Psychiatry*, *177*(9), 868–872.
<https://doi.org/10.1176/appi.ajp.2020.177901>

National Institute of Mental Health. (n.d.). *Schizophrenia*.
<https://www.nimh.nih.gov/health/publications/schizophrenia>