

# Approach to Schizophrenia Management

## At-a-Glance

Schizophrenia practice guidelines are a useful resource for patient management (Stahl SM, et al. *CNS Spectr.* 2013;18(3):150-162). In addition to treating the core symptoms of schizophrenia, various coexisting symptoms, such as agitation, aggression/hostility, insomnia, and depression must also be managed. The side effects of schizophrenia medications must also be considered and may include diabetes, tremors, hostility, and depression. Regular patient monitoring is critical to assess treatment response.

### Schizophrenia Management

- Optimal treatment requires a team approach.
- At each visit where medications are evaluated, decisions will be based on objective as well as subjective assessments of patient response.
- Physicians will assess core symptom severity, other symptoms (anxiety, mood, etc.), and side effects.
- Patients will provide a global self-report of symptoms and side effects.
- Persistent positive or negative symptoms, unacceptable side effects, or the need for multiple side effect medications indicate that a medication change may be necessary. As much as possible, patients should receive an adequate trial of each antipsychotic medication.
- Patients need at least 4 weeks of therapeutic doses of an antipsychotic (excluding clozapine) before they can be classified as “nonresponders” to the medication. Clozapine requires more time, up to 3 months.
- During acute relapses, multiweek trials of agents are difficult to sustain. However, failure to respond to an antipsychotic in 1–2 weeks should not eliminate that medication from future consideration as a possibly effective agent. Another trial may be worthwhile under more elective circumstances.
- No algorithm addresses all clinical situations that will arise in the medication management of schizophrenia.
- Choice of antipsychotic medication should be guided by considering the clinical characteristics of the patient and the efficacy and side effect profiles of the medication.