

Treatment of Schizophrenia with Antipsychotic Medications

All antipsychotic medications are effective for treatment of schizophrenia, but there is no clear or consistent evidence to suggest that, with the exception of clozapine, one antipsychotic medication is more effective than another based on a range of outcomes (social or occupational function, quality of life, response, remission, mortality, self-harm, core illness symptoms and treatment discontinuation).¹⁻

⁴ Currently, there is also no reliable strategy to predict an individual's specific response to an antipsychotic medication.

Side effect profiles and individual tolerability also vary between antipsychotic medications. No clear continuum of risk is evident between antipsychotic medications when all adverse effects are considered.^{1,2}

Choose a medication based on its side effect profile and availability of a long-acting formulation.

The differences in side effect profiles of antipsychotic medications differ more than differences in effectiveness, so choice of treatment should be based on the side effect profiles of the medication, the individual's treatment-related preferences, and prior treatment response.^{2,3}

When initially choosing an oral antipsychotic medication for maintenance treatment, discuss the feasibility of using a long-acting formulation long-term with the patient. The oral and long-acting injectable formulations of a specific medication are comparable, so trial the oral formulation first to assure efficacy and tolerability. Product labeling for each medication describes approximate conversion ratios and whether a brief overlap of concomitant treatment after the first injection is needed.

- Long-acting injectable antipsychotic medications have shown to lower risk of hospitalization and relapse when compared to oral antipsychotic medications.⁵ Some injectable medications have also shown to improve social functioning and reduce risk of treatment discontinuation compared to oral treatment.¹ Use of a long-acting injectable offers convenience to the patient and can assure the provider of treatment adherence. Providers are immediately aware of a missed visit or injection, which provides them timely opportunity to intervene before symptoms occur.²
- Long-acting injectable antipsychotic medications are also a logical option for patients involved in transitions of care (i.e., at inpatient discharge or upon release from a correctional facility) when risk of reduced adherence may be increased.
- Long-acting injectable medications remain underutilized despite these documented benefits. Use a patient-centered, recovery-oriented, and trauma-informed approach⁶ when discussing the benefits of long-acting injectable treatment. Remain cognizant that people with schizophrenia are more likely to have received involuntary treatment than people with other mental health conditions and such experiences may inform their choices about long-acting medications.⁷

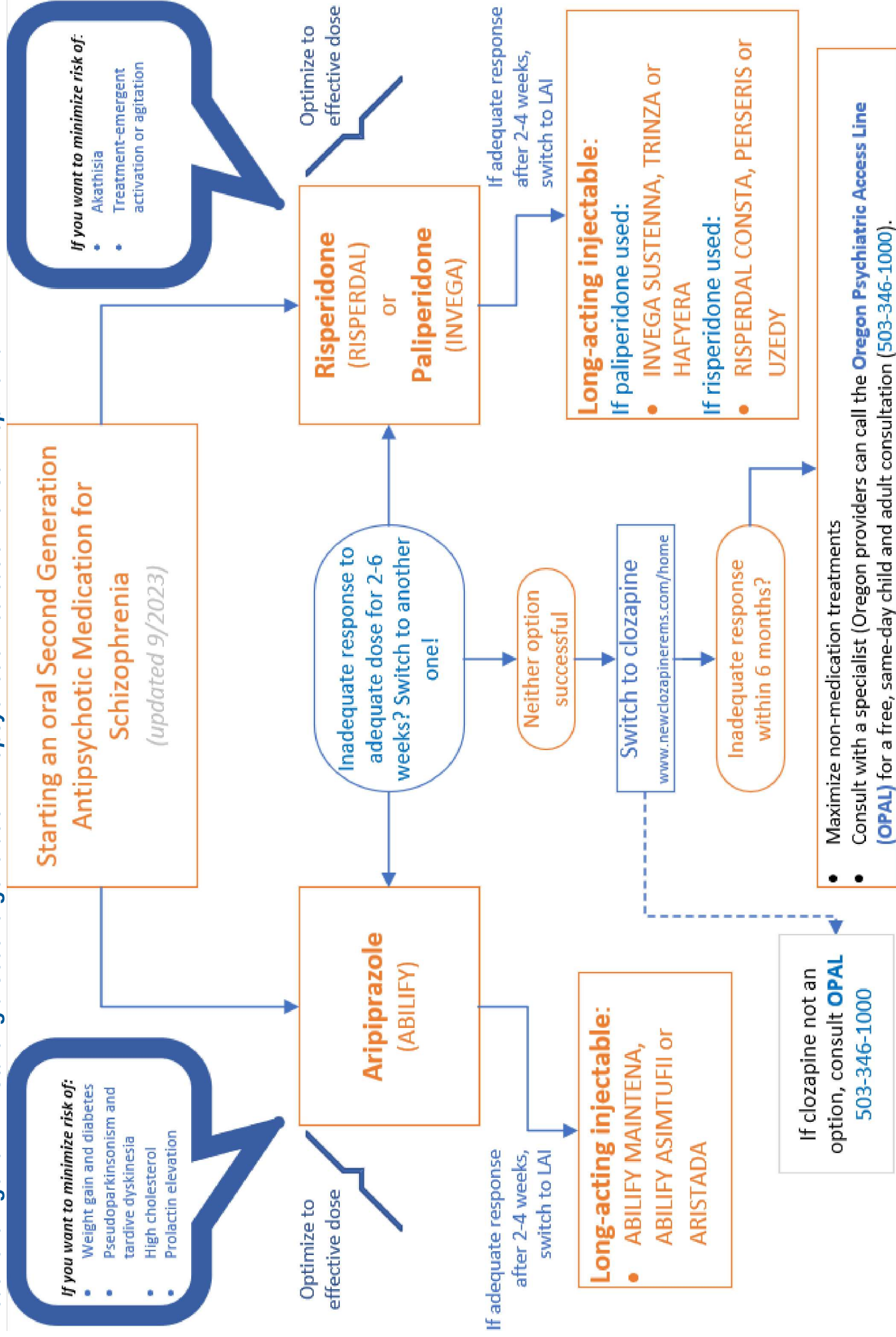
People with schizophrenia who choose to remain on treatment long-term may benefit from an antipsychotic medication that provides the best balance between effectiveness and tolerability.⁸

People who do not respond to two trials of antipsychotic medication with adequate dosage, duration, and adherence should be offered clozapine. Clozapine is associated with better effectiveness outcomes in people whose condition has not sufficiently responded to other antipsychotic medications.^{4,9}

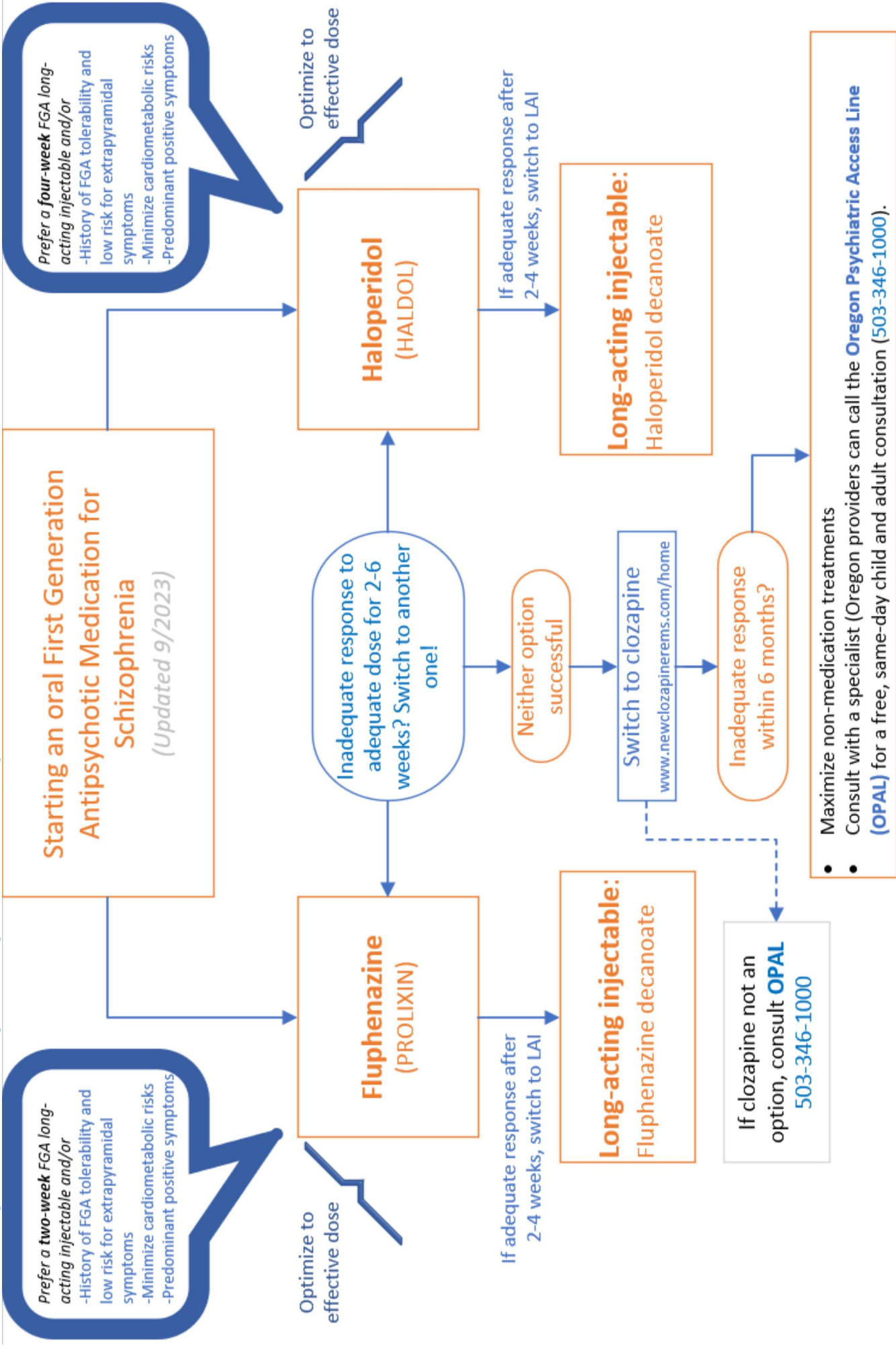
The [Lester UK Positive Cardiometabolic Health Resource](#) offers providers a simple assessment and intervention framework to protect the cardiovascular and metabolic health of patients receiving antipsychotic medication.¹⁰

The Mental Health Clinical Advisory Group recommends the following algorithms when starting an antipsychotic medication for schizophrenia:

Treatment Algorithm 1. Starting a Second-generation Antipsychotic Medication for Schizophrenia.



Treatment Algorithm 2. Starting a First-generation Antipsychotic Medication for Schizophrenia.



References:

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