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Behavioral Health Clinical Practice Guidelines for:

# Schizophrenia

## OBJECTIVE

To guide the appropriate diagnosis and treatment of schizophrenia in adults

## DIAGNOSIS & ASSESSMENT

### MEETS DSM-5 DIAGNOSTIC CRITERIA

2 or more of the following symptoms, present most of the time for at least a month with at least 1 being:

- Delusions, Hallucinations, Disorganized Speech, Gross Disorganization/Catatonic Behavior, Diminished emotional expression

And may also have:

- Decreased functioning in one or more life areas (work, relationships, ADL's)
- Continuous disturbance for at least 6 months with 1 month of active symptoms

It is not due to another mental health disorder, physiological effects of substances, or another medical condition.

If has history of ASD, then must also have prominent delusions or hallucinations plus other symptoms of Schizophrenia for a diagnosis.

Please also note specifiers.

### EVALUATION

Psychiatric evaluation to assess:

- Patient safety
- Level of functioning
- Appropriate level of care (inpatient, outpatient, partial hospitalization or intensive outpatient program)
- Establish goals for treatment
- Early diagnosis and effective treatment in the first episode is very important and can reduce the risk of chronic schizophrenia, minimize the risk of relapse, and reduce future treatment costs. First episode patients are generally more sensitive to the therapeutic effects and side effects of medications and often require lower doses than patients with chronic schizophrenia.

## TREATMENT

### EVALUATION & MANAGEMENT

Antipsychotic medications are used to treat schizophrenia.

Typically symptoms of schizophrenia, such as feeling agitated and having hallucinations, go away within days.

Symptoms like delusions usually go away within a few weeks.

After about six weeks, many will see significant improvement.

Some side effects are: drowsiness, dizziness and blurred vision, and rapid heartbeat, sensitivity to sun, skin rashes, weight gain and side effects related to physical movements.

Antipsychotic medications are not FDA approved for the treatment of behavioral disorders in patients with dementia.

Guidelines state that second-generation agents should be considered first-line options for patients in the acute phase.

Weight gain and metabolic side effects are common or frequent adverse effects of the second generation anti-psychotics. Regular monitoring of weight, body mass index, serum lipids and fasting glucose levels is recommended for all patients.

### THERAPY

Psychosocial treatment can help people with schizophrenia that are already stabilized on antipsychotic medication.

Therapy can assist patients in being better able to understand and live with schizophrenia by teaching coping skills.

The schizophrenia patient outcome research team identified eight psychosocial treatments that it recommends:

1. Assertive community treatment (ACT)
2. Supported employment
3. Skills training
4. Cognitive behavior therapy
5. Token economy interventions, for long-term inpatient or residential care systems
6. Family based services
7. Psychosocial interventions for alcohol and substance abuse (most common co-occurring disorder with schizophrenia)
8. Psychosocial interventions for weight management and smoking cessation (there is an increased poor health status in those with schizophrenia)

*Disclaimer: Recommendation of treatment does not guarantee coverage of services.*

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| Therapeutic Class/ Brand Name | Dosage Forms | Recommended Starting Dose | FDA Maximum Daily Dose | Comments |
|---|---|---|---|---|
| **Typical Antipsychotics (First Generation)** | | | | |
| THORAZINE® (generic) chlorpromazine | 10, 25, 50, 100, 200 mg tablet<br>25mg/1mL IM solution | PO: 30 mg daily in 2-4 divided doses<br>IM: 25 mg | PO: 1 g<br>IM: 200 mg | High risk of EPS<br>Significant sedation<br>High risk orthostasis, tachycardia<br>High risk anticholinergic effects<br>Boxed warning for QTc prolongation |
| HALDOL® (generic) haloperidol | 2mg/1mL oral solution<br>5mg/1mL IM solution | PO: 0.5-5 mg BID-TID<br>IM: 2-5 mg/hr or q4-8h | PO: 100 mg<br>IM: not available | Higher risk of EPS<br>Moderate sedation<br>Low risk orthostasis, tachycardia<br>Low risk of anticholinergic effects |
| **Atypical Antipsychotics (Second Generation)** | | | | |
| ABILIFY® (generic) aripiprazole | 2, 5, 10, 15, 20, 30 mg oral tablet<br>10, 15 mg ODT<br>1mg/1mL oral solution | 10-15 mg once daily | 15 mg | Low risk for weight gain, lipid abnormalities, hyperglycemia |
| SAPHRIS® (generic) asenapine | 2.5, 5, 10 mg SL tablet | 5 mg BID | 20 mg | Low risk for weight gain, lipid abnormalities, hyperglycemia<br>Possible tongue numbness<br>No food or drink 10 mins after dose |
| REXULTI® (generic) brexpiprazole | 0.25, 0.5, 1, 2, 3, 4 mg tablet | 1 mg once daily | 4 mg | Also indicated for major depressive disorder |
| VRAYLAR® (generic) cariprazine | 1.5, 3, 4.5, 6 mg capsule | 1.5 mg once daily | 6 mg | Also indicated for bipolar disorder |
| CLOZARIL® (generic) clozapine | 25, 50, 100, 200 mg tablet<br>12.5, 25, 100, 150, 200 mg ODT | 12.5 mg once daily or BID | 900 mg | All parties must be certified/enrolled in Clozapine REMS<br>High risk for weight gain, lipid abnormalities, hyperglycemia<br>Highest risk for agranulocytosis – to start treatment, baseline ANC must be ≥ 1500mm3<br>Highest risk for seizures (dose-dependent)<br>High risk of sedation<br>High risk of anticholinergic effects<br>Low risk of EPS |
| LATUDA® (generic) lurasidone | 20, 40, 60, 80, 120 mg tablet | 40 mg once daily | 160 mg | Low risk for weight gain, lipid abnormalities, hyperglycemia<br>Take with food ≥ 350 kcal |
| ZYPREXA® (generic) olanzapine | 2.5, 5, 7.5, 10, 15, 20 mg tablet<br>5, 10, 15, 20 mg ODT | 5-10 mg once daily | 20 mg | High risk for weight gain, lipid abnormalities, hyperglycemia |

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| Therapeutic Class/ Brand Name | Dosage Forms | Recommended Starting Dose | FDA Maximum Daily Dose | Comments |
|---|---|---|---|---|
| INVEGA® (generic) paliperidone | 1.5, 3, 6, 9 mg extended release tablet | 6 mg once daily | 12 mg | Highest risk for hyperprolactinemia<br>EPS at higher doses<br>Moderate risk for weight gain, lipid abnormalities, hyperglycemia |
| SEROQUEL® (generic) quetiapine | 25, 50, 100, 200, 300, 400 mg tablet<br>50, 150, 200, 300, 400 mg extended release tablet | IR: 25 mg BID<br>ER: 300 mg once daily | IR: 750 mg<br>ER: 800 mg | Lowest risk of EPS<br>Take at night without food or with a light snack (≤300 kcal) |
| RISPERDAL® (generic) risperidone | 0.25, 0.5, 1, 2, 3, 4 mg tablet<br>0.25, 0.5, 1, 2, 3, 4 mg ODT<br>1mg/1mL oral solution | 2 mg daily in 1-2 divided doses | 6 mg | Highest risk for hyperprolactinemia<br>EPS at higher doses > 6 mg/day<br>Moderate risk for weight gain, lipid abnormalities, hyperglycemia<br>Moderate risk for QTc prolongation |
| GEODON® (generic) ziprasidone | 20, 40, 60, 80 mg capsule | 20 mg BID | 200 mg | Low risk for weight gain, lipid abnormalities, hyperglycemia<br>Highest risk for QTc prolongation<br>Must take with food |

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