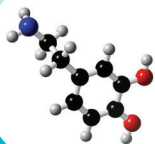


MANAGEMENT OF SCHIZOPHRENIA IN ADULTS



QUICK REFERENCE FOR HEALTHCARE PROVIDERS



MINISTRY OF HEALTH
MALAYSIA



MALAYSIAN PSYCHIATRIC
ASSOCIATION



ACADEMY OF MEDICINE
MALAYSIA

KEY MESSAGES

- Schizophrenia is a major psychiatric disorder that alters an individual's perception, thought, affect and behaviour.
- The incidence rate is 16 per 100,000 (range of 8 to 43 per 100,000).
- Although there is effective biopsychosocial treatment available, substantial number of people with schizophrenia remains undiagnosed and untreated.
- People who develop symptoms of schizophrenia should be diagnosed and treated early.
- The management of schizophrenia may be divided into acute phase, relapse prevention and stable phase.
- Antipsychotics (APs) are the mainstay of pharmacological treatment. Conventional APs should be used as a first option; most commonly used are haloperidol, perphenazine or sulpiride. As options, amisulpride or olanzapine may also be considered.
- Effective psychosocial interventions include family intervention, psychoeducation, social skills training and cognitive remediation therapy.
- It is essential that the following services be considered i.e. community mental health team to prevent relapse and readmission, assertive community treatment for more difficult cases, supported employment for all who want to work, and crisis intervention and home treatment as alternative to acute inpatient care.

This Quick Reference provides key messages and a summary of the main recommendations in the Clinical Practice Guidelines (CPG) Management of Schizophrenia in Adults (May 2009).

Details of the evidence supporting these recommendations can be found in the above CPG, available on the following websites:

Ministry of Health Malaysia	:	http://www.moh.gov.my
Academy of Medicine Malaysia	:	http://www.acadmed.org.my
Malaysian Psychiatric Association	:	http://www.psychiatry-malaysia.org

DIAGNOSTIC CRITERIA

International Classification of Diseases-10 (ICD-10)

F20	Schizophrenia:
	<p>Characterised by:</p> <ul style="list-style-type: none"> • distortions of thinking and perception • inappropriate or blunted affects • clear consciousness and intellectual capacity maintained • certain cognitive deficits may evolve over time • the most important psychopathological phenomena include <ul style="list-style-type: none"> ❑ thought echo ❑ thought insertion or withdrawal ❑ thought broadcasting ❑ delusional perception and delusion of control ❑ influence of passivity ❑ third person hallucination ❑ negative symptoms <p>The course of schizophrenic disorders can be either continuous, or episodic with progressive or stable deficit, or there can be one or more episodes with complete or incomplete remission.</p> <p>The following should be excluded:</p> <ul style="list-style-type: none"> • bipolar disorder • overt brain disease • drug intoxication or withdrawal

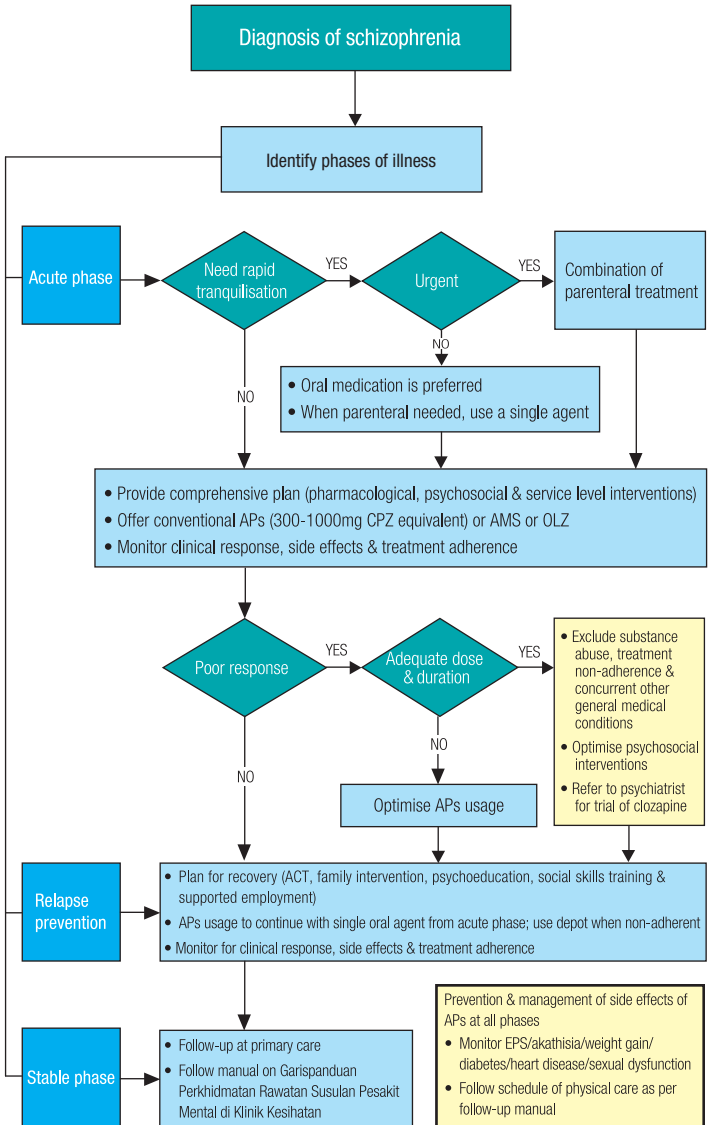
CRITERIA FOR EARLY REFERRAL TO SPECIALIST CARE

- Prodromal or attenuated symptoms
- Unclear diagnosis
- Treatment adherence issues
- Poor response to treatment
- Potential violent behaviour to self or others
- Drug-related complications
- Plan for psychosocial rehabilitation
- Co-morbid substance abuse
- Special group e.g. pregnancy, paediatric and geriatric age

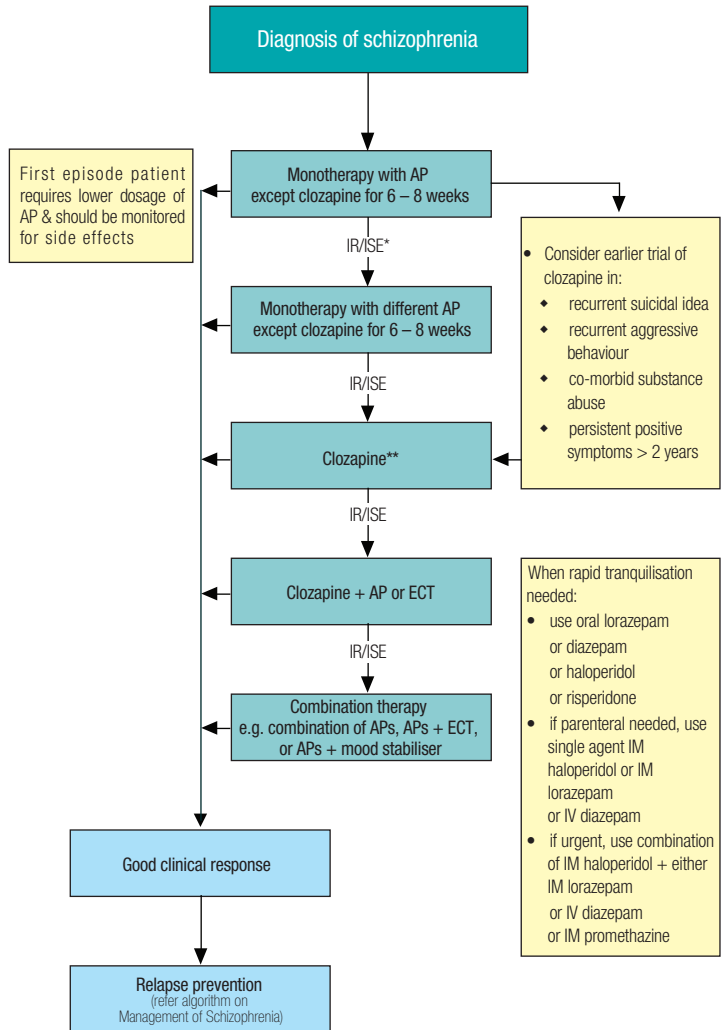
CRITERIA FOR HOSPITALISATION

- Risk of harm/neglect to self or others
- Deterioration in psychosocial functioning
- Serious/life-threatening drug reactions

ALGORITHM FOR MANAGEMENT OF SCHIZOPHRENIA



ALGORITHM FOR MEDICATIONS OF SCHIZOPHRENIA



* IR/SE = Insufficient response/intolerable side effects

** Refer to psychiatrist for trial of clozapine

SUGGESTED AP DOSAGES AND ADVERSE EFFECTS

Drug	Starting Dose	Target Dose or Range	Antipsychotic Schedule	Side Effects
Amisulpride (Solian)	50 mg/day	50-300 mg for negative symptoms 400-800 mg for positive symptoms	Once daily If more than 400 mg, twice daily	Insomnia Anxiety Agitation Somnolence Nausea Dry mouth Acute dystonia Galactorrhoea
Aripiprazole (Abilify) <i>Generic available</i>	10-15 mg/day	10-30 mg/day	Once daily	Agitation Constipation EPS Insomnia Nausea Somnolence
Olanzapine (Zyprexa)	5-10 mg/day	10-20 mg/day	Once daily	Constipation Dizziness Dry mouth IGT Hyperlipidaemia Increased appetite Sedation Weight gain
Quetiapine (Seroquel)	50 mg/day	300-800 mg/day	Twice daily	Dry mouth IGT Headache Hyperlipidaemia Increased appetite Orthostatic hypotension Sedation Weight gain
Paliperidone (Invega)	3 mg/day	6-12 mg/day	Once in the morning	EPS IGT
Risperidone (Risperdal) <i>Generic available</i>	1-2 mg/day	2-6 mg/day	Once daily	Galactorrhoea Hyperlipidaemia Menstrual irregularity
Risperidone microspheres long-acting injection (Consta)	25 mg/2 weeks	25-50 mg/2 weeks	Once every 2 weeks	Orthostatic hypotension Prolactin elevation Sedation Sexual dysfunction Tardive dyskinesia Weight gain

SUGGESTED AP DOSAGES AND ADVERSE EFFECTS (cont.)

Drug	Starting Dose	Target Dose or Range	Antipsychotic Schedule	Side Effects
Clozapine (Clozaril) <i>Generic available</i>	12.5 mg/day	300-900 mg/day (serum level for doses > 600 mg/ day)	Twice daily	Agranulocytosis Excess salivation Fever IGT Hyperlipidaemia Increased appetite Myocarditis Orthostatic hypotension Sedation Seizures Tachycardia Weight gain
Chlorpromazine	50-100 mg/day	300-1000 mg/ day	3 times daily	Constipation Dry mouth EPS Orthostatic hypotension Photosensitivity Sedation Tachycardia Tardive dyskinesia
Perphenazine	4-8 mg/day	16-64 mg/day	3 times daily	
Fluphenazine depot (Modectate) <i>Generic available</i>	12.5-25 mg IM/1-3 weeks	6.25-50 mg IM/2-4 weeks	Every 1-3 weeks	
Flupenthixol decanoate (Fluanxol)	10-20 mg IM/ 1-3 weeks	10-40 mg IM/2-4 weeks	Every 1-3 weeks	
Haloperidol	2-5 mg/day	2-20 mg/day	1-3 times daily	
Sulpiride <i>Generic available</i>	200-400 mg/ day	400-800 mg/ day	Twice daily	
Zuclopenthixol acetate (Acuphase)	50-100 mg IM/ 2-3 days	50-200 mg/ 3 days	—	
Zuclopenthixol decanoate (Clopixol depot)	100-200 mg IM/ 1-3 weeks	100-400 mg/ 1-3 weeks	Every 1-3 weeks	

PATIENT MONITORING PARAMETERS

Test	Remark
BMI	At every visit
Blood pressure and pulse rate	At every visit
Side effects	At every visit (follow Senarai Semak Kesan Sampingan Ubat-ubatan Psikotropik/PKM 17/2001 PIN 2003)
Electrocardiogram	At least once for patient > 40 years old or as clinically indicated
Total White Blood Count	a. upon starting AP b. for clozapine: <ul style="list-style-type: none"> • every week for first 18 weeks • every month after that for first year • every visit subsequently
Fasting plasma glucose level ± haemoglobin A _{1c}	a. upon starting AP treatment and yearly b. if patient has risk factor for Diabetes Mellitus <ul style="list-style-type: none"> • upon starting • at four months • every year subsequently
Lipid screening	Upon starting and <ul style="list-style-type: none"> • every two years if lipid levels are normal • every 6 months if Low Density Lipoprotein (LDL) level is > 3.3.mmol/L
Pregnancy test	As clinically indicated