

Florida Best Practice Medication Guidelines for Schizophrenia



Measurement-based care

- Treatment targets need to be precisely defined
- Use of rating scales recommended
- Effectiveness and safety/tolerability of medication treatment must be systematically assessed

Collaborative treatment decision-making

- Selection of antipsychotic medication made on the basis of prior individual treatment response, side effect experience, medication side-effect profile, and long-term treatment planning

Recommended scales for bipolar disorder:

- ✓ Clinical Global Impression Scale (CGI)
<http://www.depression-webworld.com>
- ✓ Brief Psychiatric Rating Scale (BPRS)
<http://www.priory.com/psych/bprs.htm> or
<http://www.cnsforum.com/clinicalresources/ratingscales/ratingspsychiatry/schizophrenia/>

References:

1. The Schizophrenia Patient Outcomes Research Team (PORT): Updated Treatment Recommendations 2009
2. Effectiveness of Antipsychotic Drugs in Patients with Chronic Schizophrenia N Engl J Med 2005;353:1029-23
3. Effectiveness of antipsychotic drugs in first-episode schizophrenia and schizophreniform disorder: an open randomized clinical trial. Lancet 2008;371:1085-97
4. Second-generation versus first-generation antipsychotic drugs for schizophrenia: a meta-analysis. Lancet 2009;373:31-41
5. Tandon R, Belmaker RH, Gattaz WF, et al: World Psychiatric Association Pharmacopsychiatry Section statement on comparative effectiveness of antipsychotics in the treatment of schizophrenia. Schizophrenia Research 100:20-38. 2008

Level 0
Comprehensive Assessment

- Careful differential diagnostic evaluation
- Suicidality and aggression
- Psychiatric, substance abuse and physical co-morbidities
- Measurement based care
- Collaborative treatment decision-making
- Integration with primary care providers

Level 1
Monotherapy with an anti-psychotic other than clozapine

- For initial episode of schizophrenia
 - antipsychotic other than olanzapine, clozapine, haloperidol or asenapine

Footnote: *In view of the limited clinical experience or increased risk of metabolic side-effects asenapine, iloperidone and olanzapine are not recommended for initial episode of schizophrenia.*

Level 2
If Level 1 ineffective or not tolerated*, then different antipsychotic other than clozapine, or asenapine

- Selection should be guided by reason of inefficacy or intolerance; consider long-acting injectable for nonadherence

Level 3
If Levels 1 and 2 are ineffective or not tolerated*, consider clozapine

Level 4
If Levels 1-3 are ineffective or not tolerated*

- Diagnostic review and or consultation
- Clozapine if not tried earlier
- First Generation Antipsychotic (FGA) or Second Generation Antipsychotic (SGA) + Electroconvulsive Therapy (ECT) or repetitive transcranial magnetic stimulation (rTMS)
- Clozapine augmentation with FGA or SGA
 - suggestive evidence to support the use of high-potency agents
- FGA or SGA augmentation with anticonvulsant
 - Little evidence to support this approach
- Other antipsychotic combinations (if partial response with one agent)
 - Little evidence to support this approach for enhanced efficacy
 - May be useful for the treatment of side effects

* Number of iterations at each level and adjunctive treatment(s) to be determined by clinician judgment/patient needs

Recommended antipsychotic dosage range for the treatment of schizophrenia

Adapted from 2009 PORT Recommended Dosage Range

Medication	Chlorpromazine Equivalents ¹	Acute Therapy	Maintenance Therapy
First generation antipsychotics			

Phenothiazines			
Fluphenazine HCl	2	6-20 mg/day	6-12 mg/day
Fluphenazine decanoate ²	NA	NA	6.25-25 mg/2wks
Trifluoperazine	5	15-50 mg/day	15-30 mg/day
Perphenazine	8	20-80 mg/day	20-60 mg/day
Mesoridazine	50	150-400 mg/day	150-300 mg/day
Chlorpromazine	100	300-1,000 mg/day	300-600 mg/day
Thioridazine	100	300-800 mg/day	300-600 mg/day

Butyrophenone			
Haloperidol	2	6-20 mg/day	6-12 mg/day
Haloperidol decanoate ³	NA	NA	50-200 mg/4wks

Others			
Thiothixene	5	15-50 mg/day	15-30 mg/day
Molindone	10	30-100 mg/day	30-60 mg/day
Loxapine	10	30-100 mg/day	30-60 mg/day

Second generation antipsychotics			
Clozapine	NA	150-600 mg/day	150-600 mg/day
Risperidone	NA	2-8 mg/day	2-8 mg/day
Olanzapine	NA	10-20 mg/day	10-20 mg/day
Quetiapine	NA	300-750 mg/day	300-750 mg/day
Ziprasidone	NA	120-160 mg/day	120-160 mg/day
Aripiprazole	NA	10-30 mg/day	10-30 mg/day

- ¹ Approximate dose equivalent to 100 mg of chlorpromazine (relative potency); it may not be the same at lower vs. higher doses. Chlorpromazine equivalent doses are not relevant to the second generation antipsychotics and therefore are not provided for these agents.
- ² Fluphenazine decanoate dosage recommendations are based on an empirical rule suggested by Kane (1996) (25 mg every 3 wks of decanoate is equivalent to 665 chlorpromazine equivalents per day). These are theoretically determined values and should be interpreted as approximations only (Baldessarini et al. 1988).
- ³ Haloperidol decanoate dosage recommendations are based on the following rule: 5 mg oral haloperidol (250 chlorpromazine equivalents) per day is equivalent to 50 mg haloperidol decanoate every month. These are theoretically determined values and should be interpreted as approximations only (Zito 1994)