

Schizophrenia

CLINICAL PRACTICE GUIDELINE
SCHIZOPHRENIA
INTRODUCTION:
Schizophrenia is a disorder, or group of disorders, that affects the chemical balance of the brain, and in some cases the structure of the brain. Schizophrenia is unrelated to what some people call a “split personality”.
CLINICAL SIGNS
<p>Main Symptoms (two or more present)</p> <ul style="list-style-type: none"> • Delusions • Hallucinations • Disorganized speech • Grossly disorganized or catatonic behavior • Negative symptoms (e.g., flattened affect, avolition) <p>Impairment Social and/or occupational dysfunction</p> <p>Suicide Suicidal thoughts, plans or attempts may be present</p> <p>Duration Main symptoms present for at least one month with continuous signs of disturbance for at least six months</p> <p>Subtypes</p> <ul style="list-style-type: none"> • Paranoid – preoccupation with delusions or auditory hallucinations • Disorganized – disorganized speech and behavior and inappropriate affect • Catatonic – characteristic motor symptoms • Undifferentiated – used when no features predominate • Residual – negative symptoms predominate over positive features <p>Course Varies widely based on severity and medication adherence</p>
LAB VALUES TO OBTAIN
Weight, vital signs and metabolic laboratory studies should be obtained as clinically indicated.
TREATMENT GOALS
<p>Psychiatric Management Consists of an array of interventions and activities that research has shown to be important in managing the illness, including:</p>

Diagnostic evaluation, including medication and substance abuse evaluation and assessment for comorbid medical conditions

Assessment of risk, especially suicidality, at every treatment contact

- Development of a treatment plan
- Establishing and maintaining a therapeutic alliance
- Providing education to patients and families, emphasizing a recovery model
- Maximizing treatment adherence by managing medication side effects
- Focusing on attitudes and behaviors regarding medications
- Treatment of comorbid conditions
- Coordination of care
- Attention to psychosocial issues

TREATMENT PHASES

Acute Phase – In addition to Psychiatric Management, treatment should include:

- Antipsychotic medication – see attached medication algorithm
- Psychosocial interventions – reducing stressful relationships, environments or life events; providing a structured environment;
- Family involvement in treatment; risk reduction; discharge planning
- Stabilization Phase – Maintenance of antipsychotic medications to facilitate further symptom reduction and consolidate remission; psychosocial interventions, including supportive psychotherapy; transition to community support resources; psycho-education for the patient and family aimed at reducing the risk of relapse
- Stable Phase – Maintenance of antipsychotic medications to reduce relapse and recurrence, continued psychosocial interventions, housing assistance, self-help peer support programs, supported employment, social skills training, etc.

OTHER CONSIDERATIONS

Atypical Antipsychotics – The Medical Advisory Committee has adopted the Food and Drug Administration (FDA) recommendation that any patient treated with atypical antipsychotics be monitored for symptoms of hyperglycemia and/or emerging symptoms of diabetes mellitus and for excessive weight gain. The American Diabetes Association, the American Psychiatric Association, the American Association of Clinical Endocrinologists and the North American Association for the Study of Obesity, among others, specifically recommend the minimum monitoring schedule outlined in Table 1. The prescribing psychiatrist is responsible for ensuring that his or her patients are being monitored at least as frequently as recommended. It is well known that people on antipsychotic medication develop dyskinesias and EPS which must be monitored and documented as indicated.

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* More frequent assessments may be warranted based on clinical

- Since schizophrenia is known to interact with comorbid medical conditions, it is important to assess for such conditions and to coordinate treatment with other providers.
- Since patients are particularly vulnerable to relapse following an acute episode, especially when medications are discontinued, it is important that there are no gaps in service delivery.
- Long-acting Injectable Antipsychotics can assist in promoting adherence to antipsychotic medications. While they can be used in all patients, long-acting injectable antipsychotics are especially important for patients with a history of non-adherence to oral medications. Nearly half of patients with schizophrenia have co-occurring substance abuse disorders. In such cases, an integrated multidisciplinary treatment approach is recommended to address both disorders simultaneously
- Any antipsychotic drug use and particularly Second Generation Antipsychotic use should be monitored as for Schizophrenia.

REFERRAL

Referral to a behavioral health case manager for care coordination may be necessary when:

- Active symptoms require a medication evaluation or adjustment
- There are side effects from the current medications
- There are chronic comorbid medical conditions
- There is suicidal ideation or a history of suicide attempts
- There is homicidal ideation or a history of violence
- There is evidence of a substance use disorder

A follow-up visit with a behavioral health provider should occur within seven calendar days of discharge from a hospital for treatment of schizophrenia.

ADHERENCE INDICATORS

A psychiatric evaluation occurs within 14 calendar days of a new episode of care for schizophrenia.

A follow-up visit with a behavioral health provider occurs within seven calendar days of discharge from a hospital for treatment of schizophrenia.

EDUCATION

The following themes should be communicated to the member:

- Schizophrenia is a biological and no-fault illness
- Schizophrenia is responsive to daily medication treatment

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- Let the member know he or she should continue medications even if he or she is feeling better
- Severity and risk of relapse often depend on whether medications are taken as prescribed
- Encourage the member to talk to his or her doctor about side effects before stopping medications or if he or she has any questions
- It is important to seek out available support in the community (e.g., ACT teams, psychosocial rehabilitation and recovery services, peer support and self-help, supervised housing, vocational rehabilitation, respite care)
- It is important to reduce stress and use family support
- Emphasize recovery model

REFERENCES

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