



## Guideposts for the Treatment of Schizophrenia

Optum is committed to assuring our members are receiving the highest quality evidence based and person-centered care available. Optum recognizes the time demand on providers and offers this resource to give rapid access to evidence based strategies and guidance from professional organizations. These key components from several best practice guidelines will serve as a common language among Optum, providers and members that allows us to all work together in a member-centric manner. We want to partner with you to provide the highest quality care to our members.

1. The possibility of an organic cause of the identified psychosis is considered and ruled out when making a diagnosis of schizophrenia (National Institute for Health and Care Excellence (NICE (UK)), 2014).
2. Social needs (Social Determinants of Health - SDOH) impacting, or with the potential to impact, recovery should be identified and addressed throughout treatment (National Alliance on Mental Illness, Circle of Care).
3. Patients with schizophrenia should be treated with an antipsychotic medication and monitored for effectiveness and side effects (American Psychiatric Association, 2021).
4. Medication assessment should include the use of the long-acting injectable (LAI) versions of antipsychotic medication; consideration should include patient age, preferences and/or a history of poor or uncertain adherence and first episode psychosis (APA).
5. Referrals to treatment resources and social support programs, including ACT, First Episode Psychosis (FEP) programs, intensive community treatment teams, family support, supported employment and peer support should be made, when available (APA).
6. Consideration of the use of Clozapine for patients who are at imminent danger due to suicide risk and are non-responsive to alternative treatments (APA).

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## Guideposts Details

- 1. The possibility of an organic cause of the identified psychosis is considered and ruled out when making a diagnosis of schizophrenia** (National Institute for Health and Care Excellence (NICE (UK)), 2014).

### Background Information:

Carry out a comprehensive multidisciplinary assessment of people with psychotic symptoms. This could include assessment by a psychiatrist, nurse practitioner, a psychologist and a professional with expertise in the treatment of people with psychosis or schizophrenia.

The assessment should address the following domains:

- psychiatric (mental health problems, risk of harm to self or others, alcohol consumption, and prescribed and non-prescribed drug history)
- medical, including medical history and full physical examination to identify physical illness (including organic brain disorders) and prescribed drug treatments that may result in psychosis
- physical health and wellbeing (including weight, smoking, nutrition, physical activity, and sexual health)
- psychological and psychosocial, including social networks, relationships, and history of trauma
- developmental (social, cognitive, and motor development and skills, including coexisting neurodevelopmental conditions)
- social (accommodation, culture and ethnicity, leisure activities and recreation, and responsibilities for children or as a caregiver)
- occupational and educational (attendance at college, educational attainment, employment, and activities of daily living)
- economic status

Assess for post-traumatic stress disorder and other reactions to trauma because people with psychosis or schizophrenia are likely to have experienced previous adverse events or trauma associated with the development of the psychosis or as a result of the psychosis itself.

Routinely monitor for other coexisting conditions, including depression, anxiety, and substance misuse.

**2. Social needs (SDOH) impacting, or with the potential to impact, recovery should be identified and addressed throughout treatment** (National Alliance on Mental Illness, Circle of Care).

#### **Background Information:**

Decent, safe, affordable housing lays a foundation for recovery, yet without financial assistance, independent housing is out of reach for many people on a fixed income. A recent study of mental health caregivers found that 45% of the care recipients lived with the caregiver. Although there are advantages to living as an extended family, the situation can also be stressful. Mental health agencies often employ housing specialists to help with subsidized housing. In some communities, the waiting lists are long, but signing up is still worthwhile (NAMI).

**3. Patients diagnosed with schizophrenia should be assessed for treatment with antipsychotic medication and monitored for effectiveness and side effects** (American Psychiatric Association, 2021).

#### **Background Information:**

Guidelines recommend the administration of antipsychotics to treat both acute and recurrent symptoms in schizophrenia. Second-generation (atypical) antipsychotics (e.g., aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone), are recommended for acute treatment of a first episode of schizophrenia, though there may be individual circumstances in which first-generation (typical) antipsychotics (e.g., chlorpromazine, fluphenazine, haloperidol, perphenazine) may be

appropriate as initial therapy. Certain antipsychotics are approved for treatment of children and adolescents with schizophrenia. Patients should be monitored for effectiveness and side effects. As symptoms improve, the recommendation is to continue treatment with antipsychotics and the same antipsychotic if symptoms have improved. Clozapine is recommended for patients with treatment-resistant schizophrenia or for those where the risk for suicide attempts or suicide remains substantial despite other treatments. Clozapine is also suggested for schizophrenia if the risk for aggressive behavior remains substantial despite other treatments.

- 4. Medication assessment should include the use of the long-acting injectable (LAI) versions of antipsychotic medication; consideration should include patient age, preferences and/or a history of poor or uncertain adherence and first episode psychosis (APA).**

#### **Background Information:**

The duration of untreated psychosis is a significant predictor of outcome, with early intervention yielding the best outcomes. Also, each psychotic episode results in additional destruction of brain tissue resulting in increased disability. Therefore, early intervention and medication adherence will result in a better outcome. When adherence is poor or uncertain, use of an LAI formulation of an antipsychotic may improve adherence, as well as response. LAI formulations may be preferred by some patients and may be particularly useful for patients with a history of poor or uncertain adherence.

- 5. Referrals to treatment resources and social support programs, including ACT, First Episode Psychosis (FEP) programs, intensive community treatment teams, family support, supported employment and peer support should be made, when available (APA).**

#### **Background Information:**

People living with schizophrenia have needs that morph and change throughout their lifetime. A person-centered treatment plan, that is developed using shared decision making, should include referrals to treatment and support to enhance long term successful outcomes.

- 6. Consideration of the use of Clozapine for patients who are at imminent danger due to suicide risk and are non-responsive to alternative treatments (APA).**

#### **Background Information:**

The American Psychiatric Association: Practice Guideline for the Treatment of Patients with Schizophrenia (2019) identifies several clinical presentations when a prescriber might consider the use of clozapine for the treatment of patients with schizophrenia. These situations include patients who have not responded to other antipsychotic medications. The patient may be identified as having treatment-resistant schizophrenia. Other considerations for the use of clozapine are the risk of suicide attempts or suicide risk remains substantial despite other treatments. Clozapine has also been recommended for patients who have risk for aggressive behavior despite other treatments.