

# Schizophrenia Treatment Guidelines

## (Statement Summary)

### Assessment and Determination of Treatment Plan

1. APA recommends (1C) that the initial assessment of a patient with a possible psychotic disorder include the reason the individual is presenting for evaluation; the patient's goals and preferences for treatment; a review of psychiatric symptoms and trauma history; an assessment of tobacco use and other substance use; a psychiatric treatment history; an assessment of physical health; an assessment of psychosocial and cultural factors; a mental status examination, including cognitive assessment; and an assessment of risk of suicide and aggressive behaviors, as outlined in APA's Practice Guidelines for the Psychiatric Evaluation of Adults (3rd edition).
2. APA recommends (1C) that the initial psychiatric evaluation of a patient with a possible psychotic disorder include a quantitative measure to identify and determine the severity of symptoms and impairments of functioning that may be a focus of treatment.
3. APA recommends (1C) that patients with schizophrenia have a documented, comprehensive, and person-centered treatment plan that includes evidence-based nonpharmacological and pharmacological treatments.

### Pharmacotherapy

1. APA recommends (1A) that patients with schizophrenia be treated with an antipsychotic medication and monitored for effectiveness and side effects.\*
2. APA recommends (1A) that patients with schizophrenia whose symptoms have improved with an antipsychotic medication continue to be treated with an antipsychotic medication.\*
3. APA suggests (2B) that patients with schizophrenia whose symptoms have improved with an antipsychotic medication continue to be treated with the same antipsychotic medication.\*
4. APA recommends (1B) that patients with treatment-resistant schizophrenia be treated with clozapine.\*
5. APA recommends (1B) that patients with schizophrenia be treated with clozapine if the risk for suicide attempts or suicide remains substantial despite other treatments.\*
6. APA suggests (2C) that patients with schizophrenia be treated with clozapine if the risk for aggressive behavior remains substantial despite other treatments.\*
7. APA suggests (2B) that patients receive treatment with a long-acting injectable antipsychotic medication if they prefer such treatment or if they have a history of poor or uncertain adherence.\*
8. APA recommends (1C) that patients who have acute dystonia associated with antipsychotic therapy be treated with an anticholinergic medication.
9. APA suggests (2C) the following options for patients who have parkinsonism associated with antipsychotic therapy: lowering the dosage of the antipsychotic medication, switching to another antipsychotic medication, or treating with an anticholinergic medication.
10. APA suggests (2C) the following options for patients who have akathisia associated with antipsychotic therapy: lowering the dosage of the antipsychotic medication, switching to another antipsychotic medication, adding a benzodiazepine medication, or adding a beta-adrenergic blocking agent.
11. APA recommends (1B) that patients who have moderate to severe or disabling tardive dyskinesia associated with antipsychotic therapy be treated with a reversible inhibitor of the vesicular monoamine transporter 2 (VMAT2).

## Psychosocial Interventions

1. APA recommends (1B) that patients with schizophrenia who are experiencing a first episode of psychosis be treated in a coordinated specialty care program.\*
2. APA recommends (1B) that patients with schizophrenia be treated with cognitive-behavioral therapy for psychosis (CBTp).\*
3. APA recommends (1B) that patients with schizophrenia receive psychoeducation.\*
4. APA recommends (1B) that patients with schizophrenia receive supported employment services.\*
5. APA recommends (1B) that patients with schizophrenia receive assertive community treatment if there is a history of poor engagement with services leading to frequent relapse or social disruption (e.g., homelessness; legal difficulties, including imprisonment).\*
6. APA suggests (2B) that patients with schizophrenia who have ongoing contact with family receive family interventions.\*
7. APA suggests (2C) that patients with schizophrenia receive interventions aimed at developing self-management skills and enhancing person-oriented recovery.\*
8. APA suggests (2C) that patients with schizophrenia receive cognitive remediation.\*
9. APA suggests (2C) that patients with schizophrenia who have a therapeutic goal of enhanced social functioning receive social skills training.\*
10. APA suggests (2C) that patients with schizophrenia be treated with supportive psychotherapy.\*

\*This guideline statement should be implemented in the context of a person-centered treatment plan that includes evidence-based nonpharmacological and pharmacological treatments for schizophrenia.

## Reference

American Psychiatric Association. (2020). The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. In American Psychiatric Association (Vol. 3, p. 5). <https://doi.org/10.1176/appi.books.9780890424841>