

# Management of schizophrenia

Year 6 MBChB

University of Nairobi

Kamau J W

# Schizophrenia

- This is a clinical syndrome of variable but profoundly disruptive psychopathology that involves cognition, emotion, perception and other aspects of behaviour
- The disorder usually begins before the age of 25 years, persists through out life and affects persons of all social classes
- Effects of the illness vary from patient to patient, but the effect of the illness is usually severe and long lasting
- Diagnosis is based entirely on clinical history and MSE.

# Course of schizophrenia

- A premorbid pattern of symptoms
- Characteristically, symptoms may begin in adolescence
- Social and environmental stressors may be precipitators
  - Going away to college, substance use, death of a relative
- Classic course of schizophrenia is one of remissions and exacerbations

# Prognosis of schizophrenia

- Good prognosis

- Late onset; obvious precipitating factors; acute onset; good premorbid functioning (sexual and work histories); mood disorder symptoms; married; good support system; positive symptoms

# Prognosis of schizophrenia

## ○ Poor prognosis

- Young onset; no precipitating factors; insidious onset; poor premorbid social, sexual and work histories; withdrawn autistic behaviour
- Single divorced or widowed; family history of schizophrenia; poor social support; negative symptoms; history of perinatal trauma; no remission in 3 years; negative symptoms; many relapses

# Treatment

## ○ Hospitalization

- For diagnostic purposes
- Stabilisation of medication
- For patient safety (homicidal and suicidal ideation)
- Grossly disorganised and inappropriate behaviour including inability to look after basic needs
- To establish community support systems

# Treatment

## ○ Pharmacotherapy

- Introduction of chlorpromazine in 1952 for the treatment of psychiatric illness
- Antipsychotics reduce psychotic symptom expression and reduce relapse rates
- Antipsychotics share the capacity to antagonise post synaptic dopamine receptors in the brain
- Lowest possible doses should be used
- Single antipsychotic use is recommended for a large majority of patients
- Antipsychotics should not be used as prn sedatives

# Treatment

## ○ Pharmacotherapy...

- Those receiving antipsychotics should undergo close monitoring of physical health (blood pressure, pulse, ECG, plasma glucose, plasma lipids)
- Do not use a loading dose of an antipsychotic
- Categorised into:
  - First generation antipsychotics (dopamine receptor antagonists)
  - Second generation antipsychotics (serotonin dopamine antagonists)



# Treatment

## ○ Acute psychosis

- Focus on alleviating the most severe psychotic symptoms
- Acute schizophrenia may be associated with agitation resulting from frightening delusions, hallucinations, paranoia...
- Antipsychotics and benzodiazepines can result in relatively rapid calming of patients
- Intramuscular formulations for highly agitated patients

# Treatment

## ○ Stabilisation and maintenance

- Goal is to prevent psychotic relapse and assist patient to improve their level of functioning
- Stable patients maintained on an antipsychotic have a much lower relapse rate than patients who have their meds stopped. 16-23 % of those receiving treatment may experience a relapse within a year compared to 53-72% not on meds
- Even patients who had only one episode have a four in five chance of relapsing at least once over the following 5 years

# Treatment

## ○ Non compliance

- 40-50% of patients become non compliant within 1 or 2 years
- Compliance can be improved with long acting formulations that include: haloperidol, fluphenazine, palliperidone

# Treatment

## ○ **Poor responders**

- Approximately 60 % improve on treatment from their acute state (complete remission or have mild symptoms)
  - 4-6 week trial
  - Monitor plasma levels where applicable
  - Clozapine

# Treatment

## ○ **Managing side effects**

### ○ Extrapiramidal side effects

- Reduce the dose of the antipsychotic
- Anticholinergic antiparkinsonian drugs
- Beta blockers for akathisia

### ○ Tardive dyskinesia

- Lowest effective dose; prescribe cautiously in children and the elderly; clozapine

# Treatment

## ○ Other side effects

- Sedation, postural hypotension
- Elevated prolactin levels
- Effects of clozapine

# Treatment

- Other biological therapies
  - ECT

# Treatment

- Psychosocial therapies
  - Social skills training
  - Family oriented therapies
  - Case management
  - Group therapy
  - Cognitive behavioural therapy
  - Individual psychotherapy



The image features a teal-colored upper section and a black lower section, separated by a white, jagged, hand-drawn style line. The word "Questions?" is centered in the black section in a white, sans-serif font.

Questions?