

## Schizophrenia: Management of First-Episode Psychosis and Schizophrenia (2023)

### About the Guideline

- The Department of Veterans Affairs (VA) and the Department of Defense (DoD) have reviewed and synthesized systematic and epidemiological evidence.
- Multidisciplinary experts defined a standard of care for individuals experiencing a first episode of psychosis in schizophrenia.

### Key Clinical Considerations

Become familiar with evidence-based practice and recommendations in these guidelines, especially if you work in an acute care or mental health care setting.

### Assessment and Evaluation

- Utilize evidence-based screening tools to identify individuals at risk for psychosis.
- There is no recommendation for or against the use of biomarker screening tools to identify individuals at risk for psychosis.

### Management of First-Episode Psychosis

- Treatment with early intervention services is recommended.
- Family interventions such as education, family support, and problem solving are recommended.
- The use of the Individual Placement and Support model is suggested for patients with a goal of education and/or employment.
- There is no recommendation for or against any specific duration of therapy for early intervention services, nor is there a recommendation for or against a specific duration of treatment with antipsychotic medication after response or remission.

### Pharmacologic Intervention

- An antipsychotic medication, other than cloZAPine, is recommended treatment for an acute episode of schizophrenia or first-time psychosis.
- Antipsychotic medication is recommended for maintenance therapy to prevent relapse and hospitalization.
- Trial of another antipsychotic medication is suggested for patients who do not respond to a trial of an antipsychotic medication.
- Long-acting injectable antipsychotics are suggested to improve medication adherence.
- Choice of antipsychotic medications should be based on individual patient evaluation, characteristics, and the side effects of the medications.
- CloZAPine is recommended for patients with treatment-resistant schizophrenia.
  - Augmenting cloZAPine with another second-generation antipsychotic is suggested in patients without adequate response from cloZAPine alone.

### Treatment of Side Effects

- There is no suggestion for or against the treatment of hyperprolactinemia-related side effects of antipsychotic medications.

- MetFORMIN, topiramate, or aripiprazole augmentation is suggested for treatment of metabolic side effects and weight loss.
- A trial of a vesicular monoamine transporter 2 inhibitor is suggested to treat tardive dyskinesia.
- Diphenhydramine is suggested for patients with sialorrhea (excessive salivation).
- There is no recommendation for or against the augmentation with nonantipsychotic medications to treat cognitive or other negative symptoms.

### Nonpharmacologic Interventions

- To decrease the risk for relapse and hospitalization, the following are recommended:
  - Psychosocial interventions for a support person or family member
  - Use of service models based on standard Assertive Community Treatment for patients showing signs of severe functional impairments.
- Employment support is recommended for patients with schizophrenia, as appropriate.
- Face-to-face individualized smoking cessation intervention is recommended.
- Cognitive training programs to treat impairments are suggested.
- Skills and training for patients with severe functional impairments or deficits in problem-solving, social, and social-cognitive skills is suggested.
- Aerobic exercise and/or yoga are suggested as additions to treatment to reduce symptoms and improve function.
- Cognitive behavioral therapy is suggested in combination with pharmacotherapy in patients with prodromal and early psychosis.
- Dietary interventions, exercise, lifestyle counseling, and/or psychoeducation for metabolic side effects and weight management are suggested.
- There is no recommendation for or against the following:
  - Specific supported housing interventions for patients with housing insecurities
  - Transcranial direct current stimulation and repetitive transcranial magnetic stimulation
  - Electroconvulsive therapy
  - Motivational interviewing or shared decision-making to increase medication compliance
  - Use of the Clubhouse model for vocational rehabilitation to increase employment outcomes
  - Targeted peer-provided interventions
  - Illness Management and Recovery in combination with pharmacotherapy
  - Virtual reality interventions
  - Augmenting pharmacotherapy with acupuncture
  - Case management to improve preventive screening and medical outcomes
  - Specific, integrated, nonintegrated, or psychosocial treatments in addition to the usual care for schizophrenia and comorbid substance use disorder

### Reference

Department of Veterans Affairs and Department of Defense. (2023). *VA/DoD clinical practice guideline for management of first-episode psychosis and schizophrenia* (version 1.0). Retrieved December 2023 from [https://www.healthquality.va.gov/guidelines/MH/scz/VADoDCPGSchizophreniaCPG\\_Final\\_508.pdf](https://www.healthquality.va.gov/guidelines/MH/scz/VADoDCPGSchizophreniaCPG_Final_508.pdf)