

**EVIDENCE-BASED
TREATMENTS
FOR
SCHIZOPHRENIA:**

**Information for
Clinicians
and
Mental Health Plan
Administrators**

**American Psychiatric Association
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BACKGROUND

Despite the existence of an extensive and robust research base for the treatment of schizophrenia, national data reveals that many individuals with the illness do not currently receive evidence-based treatments. In fact, fewer than half of individuals with schizophrenia treated by psychiatrists receive evidence-based psychosocial treatments recommended by the APA and the Patient Outcomes Research Team (PORT) practice guidelines (West et al 2005). Although physician adherence to the evidence base for psychopharmacologic treatments is generally higher, with 99% of individuals with schizophrenia receiving antipsychotic medications, significantly fewer are prescribed other recommended pharmacological treatments, for example depot antipsychotic medications, benzodiazepines, or prophylactic antiparkinsonian medications (West et al 2005). This is particularly troubling, as these interventions have been shown to provide individuals with schizophrenia significant relief from psychotic symptoms and improved opportunities to lead more fulfilling lives (Lehman, et al 2005).

In an effort to close the gap between what is known and what is practiced, the APA is working with the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the authors of the APA and PORT evidence-based practice guidelines, and other leading national experts on the treatment of schizophrenia to identify and disseminate the most important evidence-based psychosocial and psychopharmacologic treatments for individuals with schizophrenia. These top-rated evidence-based treatment approaches were culled from the APA (2004) and PORT (2004) recommendations, which included a comprehensive review of the latest and best available scientific research.

Are you able to offer all of these fundamental evidence-based treatments to individuals suffering from schizophrenia? If you are not currently able to provide or refer individuals suffering from schizophrenia to these services, resource links are provided here that may help you advocate for or identify these services. More information on all of these recommendations can be found in the *APA Practice Guideline for the Treatment of Schizophrenia* (APA,2004; www.psych.org/psych_pract) and the *PORT Updated Treatment Recommendations 2003*.

ASSESSMENT AND GENERAL TREATMENT RECOMMENDATIONS

- ✓ **Individualized Treatment Plans.** Assess and document a treatment plan to include individual's goals and anticipated outcomes of treatment.
- ✓ **Substance Use Problems.** Provide ongoing assessment of and (when indicated) treatment or referral for treatment for co-occurring substance use disorders.
- ✓ **Mood and Anxiety Disorders.** Assess and treat co-occurring mood and anxiety symptoms that are not responsive to antipsychotic medications.
- ✓ **Aggressive Behaviors.** Provide ongoing assessment of and treatment for dangerous or aggressive behaviors including suicidal ideation or harm to others.
 - Individuals with schizophrenia who display imminent risk of harm to self and/or others should be evaluated for hospitalization
 - For individuals with schizophrenia who display persistent suicidal ideation or behaviors a trial of clozapine should be considered.

PSYCHOSOCIAL TREATMENTS

- ✓ **Illness Education.** Offer or provide patient and family education on the course and outcome of the illness including strategies for problem solving, relapse prevention, and symptom and medication management.
- ✓ **Family Intervention.** Provide or refer for family intervention, while maintaining ongoing contact with individual and their families. The key elements of the family intervention include: duration of at least 9 months, illness education, crisis intervention, emotional support, and training in how to cope with illness symptoms and related problems.
- ✓ **Supported Employment.** Make supported employment available as an option to individuals who have the goal of employment. The key elements of supported employment include: individualized job development, rapid placement emphasizing competitive employment, ongoing job support, and integration of vocational and mental health services.

- ✓ **Assertive Community Treatment Programs.** Make available or refer individuals with schizophrenia with any of the following characteristics to an assertive community treatment (ACT) program: history of repeated hospitalizations, difficulty remaining in traditional services, or recent homelessness. The key elements of ACT include: a multidisciplinary team (including a psychiatrist), a shared caseload among team members, direct service provision by team members, a high frequency of patient contact, low patient-to-staff ratios, and outreach to individual in the community.
- ✓ **Adjunctive Cognitive Behavioral Psychotherapy.** Persons with schizophrenia who have residual symptoms while receiving adequate pharmacotherapy should be evaluated for adjunctive cognitive behaviorally-oriented psychotherapy (CBT).

PSYCHOPHARMACOLOGICAL TREATMENTS

- ✓ **Treatment with Antipsychotic Medications.** For treatment-responsive individuals, make available and promote ongoing treatment with a wide variety of antipsychotic medications.
- ✓ **Monitoring for Side Effects.** Implement procedures for routine monitoring of adverse effects (neurological, metabolic, etc.) of antipsychotics and provide timely response when such side effects develop.
- ✓ **Clozapine as a Treatment Option.** Make available and offer treatment with clozapine to treatment-resistant individuals who experience only partial or sub-optimal response to two standard antipsychotic treatments (at least one second-generation agent have been prescribed), or to individuals who are intolerant of side effects. Target symptoms for clozapine treatment include: residual positive psychotic symptoms and chronic and persistent suicidal behaviors or behaviors that have not responded to other treatments. Implement procedures to monitor side effects (e.g. hematologic monitoring). Individuals (and when permissible, their family members) should be informed about advantages and risk of clozapine.
- ✓ **Injectable Maintenance Treatment.** Offer treatment with long-acting injectable antipsychotic medication maintenance treatment for persons who have a history of frequent relapse on oral medication or a history of problems with adherence on oral medication, or who prefer the long-acting injectable depot regimen.

ADDITIONAL INFORMATION AND RESOURCES

For More Information on Evidence-Based Treatment Recommendations for Schizophrenia:

American Psychiatric Association Practice Guideline for the Treatment of Schizophrenia www.psych.org/psych_pract/

Lehman AF, Kreyenbuhl J et al., The Schizophrenia Patient Outcomes Research Team (PORT) updated treatment recommendations 2003. *Schizophrenia Bulletin*,2004,30;193-217

Evidence-Based Practices Toolkits:

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.mentalhealth.org/cmhs/communitysupport/toolkits/

www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/cooccurring/

www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/family/

www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/

www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community/

www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/illness/

Implementing Evidence-Based Practices Project

www.mentalhealthpractices.org



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**American Psychiatric Association
1000 Wilson Blvd
Suite 1825
Arlington, VA 22209**